

# PUBLIC INSPECTION COPY

Form **990**

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

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

2020

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

|  |   |  |  |   |                   |  |            |  |            |                           |                 |    |                |  |  |                                      |                      |  |  |   |  |  |   |  |   |  |  |  |  |  |                                      |  |  |  |   |  |                                  |  |  |                                      |
|--|---|--|--|---|-------------------|--|------------|--|------------|---------------------------|-----------------|----|----------------|--|--|--------------------------------------|----------------------|--|--|---|--|--|---|--|---|--|--|--|--|--|--------------------------------------|--|--|--|---|--|----------------------------------|--|--|--------------------------------------|
| <b>A</b> For the 2020 calendar year, or tax year beginning , 2020, and ending , 20   |   |  |  |   |                   |  |            |  |            |                           |                 |    |                |  |  |                                      |                      |  |  |   |  |  |   |  |   |  |  |  |  |  |                                      |  |  |  |   |  |                                  |  |  |                                      |
| <b>B</b> Check if applicable:  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>C</b> Name of organization <u>Vermont Public Interest Research Group, Inc.</u></td> <td><b>D</b> Employer identification number</td> </tr> <tr> <td colspan="2">Doing business as</td> <td>03-0228267</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> <td><b>E</b> Telephone number</td> </tr> <tr> <td>141 Main Street</td> <td>#6</td> <td>(802) 223-5221</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code</td> <td><b>G</b> Gross receipts \$1,087,800.</td> </tr> <tr> <td colspan="2">Montpelier, VT 05602</td> <td></td> </tr> <tr> <td colspan="2"><b>F</b> Name and address of principal officer:</td> <td><b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td colspan="2">Paul Burns, 141 Main St. #6, Montpelier, VT 05602</td> <td><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td colspan="2"></td> <td>If "No," attach a list. See instructions</td> </tr> <tr> <td colspan="2"><b>I</b> Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( 4 ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</td> <td><b>H(c)</b> Group exemption number ▶</td> </tr> <tr> <td colspan="2"><b>J</b> Website: ▶ <u>www.vpirg.org</u></td> <td></td> </tr> <tr> <td colspan="2"><b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</td> <td><b>L</b> Year of formation: 1972</td> </tr> <tr> <td colspan="2"></td> <td><b>M</b> State of legal domicile: VT</td> </tr> </table> | <b>C</b> Name of organization <u>Vermont Public Interest Research Group, Inc.</u>  |  | <b>D</b> Employer identification number | Doing business as |  | 03-0228267 | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | <b>E</b> Telephone number | 141 Main Street | #6 | (802) 223-5221 | City or town, state or province, country, and ZIP or foreign postal code |  | <b>G</b> Gross receipts \$1,087,800. | Montpelier, VT 05602 |  |  | <b>F</b> Name and address of principal officer: |  | <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Paul Burns, 141 Main St. #6, Montpelier, VT 05602 |  | <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  | If "No," attach a list. See instructions | <b>I</b> Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( 4 ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 |  | <b>H(c)</b> Group exemption number ▶ | <b>J</b> Website: ▶ <u>www.vpirg.org</u> |  |  | <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ |  | <b>L</b> Year of formation: 1972 |  |  | <b>M</b> State of legal domicile: VT |
| <b>C</b> Name of organization <u>Vermont Public Interest Research Group, Inc.</u>  |   | <b>D</b> Employer identification number  |  |   |                   |  |            |  |            |                           |                 |    |                |  |  |                                      |                      |  |  |   |  |  |   |  |   |  |  |  |  |  |                                      |  |  |  |   |  |                                  |  |  |                                      |
| Doing business as  |   | 03-0228267   |  |   |                   |  |            |  |            |                           |                 |    |                |  |  |                                      |                      |  |  |   |  |  |   |  |   |  |  |  |  |  |                                      |  |  |  |   |  |                                  |  |  |                                      |
| Number and street (or P.O. box if mail is not delivered to street address)   | Room/suite  | <b>E</b> Telephone number  |  |   |                   |  |            |  |            |                           |                 |    |                |  |  |                                      |                      |  |  |   |  |  |   |  |   |  |  |  |  |  |                                      |  |  |  |   |  |                                  |  |  |                                      |
| 141 Main Street  | #6  | (802) 223-5221   |  |   |                   |  |            |  |            |                           |                 |    |                |  |  |                                      |                      |  |  |   |  |  |   |  |   |  |  |  |  |  |                                      |  |  |  |   |  |                                  |  |  |                                      |
| City or town, state or province, country, and ZIP or foreign postal code   |   | <b>G</b> Gross receipts \$1,087,800.   |  |   |                   |  |            |  |            |                           |                 |    |                |  |  |                                      |                      |  |  |   |  |  |   |  |   |  |  |  |  |  |                                      |  |  |  |   |  |                                  |  |  |                                      |
| Montpelier, VT 05602   |   |  |  |   |                   |  |            |  |            |                           |                 |    |                |  |  |                                      |                      |  |  |   |  |  |   |  |   |  |  |  |  |  |                                      |  |  |  |   |  |                                  |  |  |                                      |
| <b>F</b> Name and address of principal officer:  |   | <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |   |                   |  |            |  |            |                           |                 |    |                |  |  |                                      |                      |  |  |   |  |  |   |  |   |  |  |  |  |  |                                      |  |  |  |   |  |                                  |  |  |                                      |
| Paul Burns, 141 Main St. #6, Montpelier, VT 05602  |   | <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No                      |  |   |                   |  |            |  |            |                           |                 |    |                |  |  |                                      |                      |  |  |   |  |  |   |  |   |  |  |  |  |  |                                      |  |  |  |   |  |                                  |  |  |                                      |
|  |   | If "No," attach a list. See instructions   |  |   |                   |  |            |  |            |                           |                 |    |                |  |  |                                      |                      |  |  |   |  |  |   |  |   |  |  |  |  |  |                                      |  |  |  |   |  |                                  |  |  |                                      |
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| <b>J</b> Website: ▶ <u>www.vpirg.org</u>   |   |  |  |   |                   |  |            |  |            |                           |                 |    |                |  |  |                                      |                      |  |  |   |  |  |   |  |   |  |  |  |  |  |                                      |  |  |  |   |  |                                  |  |  |                                      |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶                |   | <b>L</b> Year of formation: 1972   |  |   |                   |  |            |  |            |                           |                 |    |                |  |  |                                      |                      |  |  |   |  |  |   |  |   |  |  |  |  |  |                                      |  |  |  |   |  |                                  |  |  |                                      |
|  |   | <b>M</b> State of legal domicile: VT   |  |   |                   |  |            |  |            |                           |                 |    |                |  |  |                                      |                      |  |  |   |  |  |   |  |   |  |  |  |  |  |                                      |  |  |  |   |  |                                  |  |  |                                      |

| Part I Summary              |  |   |   |
|-----------------------------|--|---|---|
|                             | 1  | Briefly describe the organization's mission or most significant activities: <u>Founded in 1972, the Vermont Public Interest Research Group (VPIRG) is the largest nonprofit consumer and environmental advocacy organization in Vermont. See Page 2 for more information.</u> |   |
|                             | 2  | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.   |   |
| Activities & Governance     | 3  | Number of voting members of the governing body (Part VI, line 1a)   | 3 14  |
|                             | 4  | Number of independent voting members of the governing body (Part VI, line 1b)   | 4 14  |
|                             | 5  | Total number of individuals employed in calendar year 2020 (Part V, line 2a)  | 5 48  |
|                             | 6  | Total number of volunteers (estimate if necessary)  | 6 30  |
|                             | 7a   | Total unrelated business revenue from Part VIII, column (C), line 12  | 7a 0.   |
|                             | 7b   | Net unrelated business taxable income from Form 990-T, Part I, line 11  | 7b 0.   |
|                             | Revenue  | 8   | Contributions and grants (Part VIII, line 1h)               |
| 9                           |  | Program service revenue (Part VIII, line 2g)  |   |
| 10                          |  | Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | 3,901. 2,316.   |
| 11                          |  | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | 7,490. 4,610.   |
| 12                          |  | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 1,494,257. 1,086,650.                                       |
| Expenses                    | 13   | Grants and similar amounts paid (Part IX, column (A), lines 1–3)  | 0. 0.   |
|                             | 14   | Benefits paid to or for members (Part IX, column (A), line 4)   | 0. 0.   |
|                             | 15   | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)   | 648,469. 474,393.   |
|                             | 16a  | Professional fundraising fees (Part IX, column (A), line 11e)   | 0. 0.   |
|                             | b  | Total fundraising expenses (Part IX, column (D), line 25) ▶ 100,451.  |   |
|                             | 17   | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)  | 270,484. 154,049.   |
|                             | 18   | Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)   | 918,953. 628,442.   |
| 19                          | Revenue less expenses. Subtract line 18 from line 12 | 575,304. 458,208.   |   |
| Net Assets or Fund Balances | 20   | Total assets (Part X, line 16)  | Beginning of Current Year 2,630,471. End of Year 3,092,806. |
|                             | 21   | Total liabilities (Part X, line 26)   | 27,859. 31,986.   |
|                             | 22   | Net assets or fund balances. Subtract line 21 from line 20  | 2,602,612. 3,060,820.                                       |

### Part II Signature Block

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

|   |   |                      |      |   |            |                              |  |
|---|---|----------------------|------|---|------------|------------------------------|--|
| <b>Sign Here</b>  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Signature of officer</td> <td style="width: 30%;">Date</td> </tr> <tr> <td>Paul Burns, Executive Director &amp; Authorized Tax Officer</td> <td>11/12/2021</td> </tr> <tr> <td colspan="2">Type or print name and title</td> </tr> </table> | Signature of officer | Date | Paul Burns, Executive Director & Authorized Tax Officer | 11/12/2021 | Type or print name and title |  |
| Signature of officer                                    | Date  |                      |      |   |            |                              |  |
| Paul Burns, Executive Director & Authorized Tax Officer | 11/12/2021  |                      |      |   |            |                              |  |
| Type or print name and title                            |   |                      |      |   |            |                              |  |

|                               |                                  |                      |      |   |           |
|-------------------------------|----------------------------------|----------------------|------|---|-----------|
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name       | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN      |
|                               | William S. Huckabay, CPA         |                      |      |   | P00154308 |
|                               | Firm's name ▶                    | Firm's EIN ▶         |      | Phone no.                                       |           |
|                               | Tapia & Huckabay, P.C.           | 47-1371818           |      | (802) 870-7086                                  |           |
|                               | Firm's address ▶                 |                      |      |   |           |
|                               | P.O. Box 38, Vergennes, VT 05491 |                      |      |   |           |

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions. BAA

REV 09/08/21 PRO

Form **990** (2020)

# PUBLIC INSPECTION COPY

## Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III  Yes  No

**1** Briefly describe the organization's mission:

Founded in 1972, the Vermont Public Interest Research Group (VPIRG) is the largest nonprofit consumer and environmental advocacy organization in Vermont. For nearly five decades, VPIRG has brought the voices of everyday Vermonters 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?  Yes  No

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?  Yes  No

If "Yes," describe these changes on Schedule O.

**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 \$ 105,940. including grants of \$ 0.) (Revenue \$ 0.)

General Membership Services - As the largest membership-based environmental and consumer advocacy organization in the state, VPIRG provides educational and informational resources on our campaigns and related issues to tens of thousands of members and supporters annually.

\* In 2020, in response to the COVID-19 pandemic, VPIRG launched our first ever "Virtual Canvass", reaching out to thousands of VPIRG members statewide through phone calls, emails, text messages, and social media to build support for priority public interest campaigns.

\* VPIRG continues to serve as the go-to resource for individuals and groups to learn about public interest policy issues and opportunities for making their voices heard on issues at critical times throughout the year.

**4b** (Code: ) (Expenses \$ 57,886. including grants of \$ 0.) (Revenue \$ 0.)

Climate & Energy - Our Climate & Energy work is driven by the understanding that we must fully decarbonize both Vermont and the nation, and that everyone deserves access to clean and affordable energy and transportation. Breaking down barriers contributing to rural, BIPOC and low-income communities being left behind in this transition is a core part of our efforts.

\* After years of watching our elected leaders fail to pass the bold climate action necessary to address Vermont's rising carbon pollution, VPIRG and our allies hit the ground running in 2020, organizing a series of "lobby days" for student groups, the faith community, business leaders, and healthcare experts. At the forefront of those efforts was H.688 See Part III, Ln 4b statement

**4c** (Code: ) (Expenses \$ 72,254. including grants of \$ 0.) (Revenue \$ 0.)

Democracy - VPIRG actively supports efforts to make our democracy more open and transparent. We seek to ensure that elections are fair and accessible, and we are committed to reducing the undue influence of money in our political process. In 2020, VPIRG led statewide efforts to ensure that all voters received ballots at home so they could vote without jeopardizing their health or the health of election workers. Current priorities include removing any barriers to full participation in our political process, giving voters more choices by promoting ranked choice voting, and prohibiting direct campaign contributions from corporate entities.

**4d** Other program services (Describe on Schedule O.)

(Expenses \$ 111,145. including grants of \$ 0.) (Revenue \$ 0.)

**4e** Total program service expenses 347,225.

**Part IV Checklist of Required Schedules**

|  |            | Yes | No |
|--|------------|-----|----|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> . . . . .  | <b>1</b>   |     | X  |
| <b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> See instructions? . . . . .  | <b>2</b>   | X   |    |
| <b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> . . . . .   | <b>3</b>   |     | X  |
| <b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> . . . . .  | <b>4</b>   |     |    |
| <b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i> . . . . .  | <b>5</b>   | X   |    |
| <b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i> . . . . .   | <b>6</b>   |     | X  |
| <b>7</b> 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> . . . . .   | <b>7</b>   |     | X  |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> . . . . .  | <b>8</b>   |     | X  |
| <b>9</b> 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> . . . . .             | <b>9</b>   |     | X  |
| <b>10</b> 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> . . . . .  | <b>10</b>  |     | X  |
| <b>11</b> 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.  |            |     |    |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> . . . . .  | <b>11a</b> | X   |    |
| <b>b</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? <i>If "Yes," complete Schedule D, Part VII</i> . . . . .   | <b>11b</b> |     | X  |
| <b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i> . . . . .   | <b>11c</b> |     | X  |
| <b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i> . . . . .  | <b>11d</b> | X   |    |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> . . . . .  | <b>11e</b> |     | X  |
| <b>f</b> 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> . . . . .   | <b>11f</b> |     | X  |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> . . . . .   | <b>12a</b> |     | X  |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> . . . . .  | <b>12b</b> |     | X  |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> . . . . .   | <b>13</b>  |     | X  |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .   | <b>14a</b> |     | X  |
| <b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV.</i> . . . . . | <b>14b</b> |     | X  |
| <b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> . . . . .  | <b>15</b>  |     | X  |
| <b>16</b> 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> . . . . .   | <b>16</b>  |     | X  |
| <b>17</b> 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 "Yes," complete Schedule G, Part I</i> See instructions . . . . .   | <b>17</b>  |     | X  |
| <b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> . . . . .  | <b>18</b>  |     | X  |
| <b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> . . . . .  | <b>19</b>  |     | X  |
| <b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> . . . . .  | <b>20a</b> |     | X  |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .  | <b>20b</b> |     |    |
| <b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .   | <b>21</b>  |     | X  |

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**Part IV Checklist of Required Schedules** *(continued)*

|   |            | Yes | No |
|---|------------|-----|----|
| <b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i>  | <b>22</b>  |     | X  |
| <b>23</b> 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? <i>If "Yes," complete Schedule J</i>   | <b>23</b>  |     | X  |
| <b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>  | <b>24a</b> |     | X  |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | <b>24b</b> |     |    |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?   | <b>24c</b> |     |    |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  | <b>24d</b> |     |    |
| <b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>   | <b>25a</b> |     | X  |
| <b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>   | <b>25b</b> |     | X  |
| <b>26</b> 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>   | <b>26</b>  |     | X  |
| <b>27</b> 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? <i>If "Yes," complete Schedule L, Part III</i> | <b>27</b>  |     | X  |
| <b>28</b> 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):  |            |     |    |
| <b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>  | <b>28a</b> |     | X  |
| <b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>   | <b>28b</b> |     | X  |
| <b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>   | <b>28c</b> |     | X  |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>   | <b>29</b>  |     | X  |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>   | <b>30</b>  |     | X  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>   | <b>31</b>  |     | X  |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>   | <b>32</b>  |     | X  |
| <b>33</b> 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>   | <b>33</b>  |     | X  |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>   | <b>34</b>  | X   |    |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | <b>35a</b> | X   |    |
| <b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>   | <b>35b</b> | X   |    |
| <b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>  | <b>36</b>  |     |    |
| <b>37</b> 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>  | <b>37</b>  |     | X  |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.  | <b>38</b>  | X   |    |

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

|   |           | Yes | No |
|---|-----------|-----|----|
| <b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  | <b>1a</b> | 7   |    |
| <b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  | <b>1b</b> | 0   |    |
| <b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | <b>1c</b> |     |    |



Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

|           |   | Yes | No |
|-----------|---|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year . . . . .   |     |    |
|           | 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>1b</b> | Enter the number of voting members included on line 1a, above, who are independent . . . . .  |     |    |
| <b>2</b>  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .   |     | X  |
| <b>3</b>  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . . . . . |     | X  |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .  |     | X  |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .  |     | X  |
| <b>6</b>  | Did the organization have members or stockholders? . . . . .  | X   |    |
| <b>7a</b> | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .  | X   |    |
| <b>7b</b> | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .   | X   |    |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   |     |    |
| <b>8a</b> | The governing body? . . . . .   | X   |    |
| <b>8b</b> | Each committee with authority to act on behalf of the governing body? . . . . .   | X   |    |
| <b>9</b>  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O . . . . .      |     | X  |

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

|            | Yes | No |
|------------|-----|----|
| <b>10a</b> |     | X  |
| <b>10b</b> |     |    |
| <b>11a</b> | X   |    |
| <b>11b</b> |     |    |
| <b>12a</b> | X   |    |
| <b>12b</b> | X   |    |
| <b>12c</b> | X   |    |
| <b>13</b>  |     | X  |
| <b>14</b>  | X   |    |
| <b>15a</b> | X   |    |
| <b>15b</b> | X   |    |
| <b>16a</b> |     | X  |
| <b>16b</b> |     |    |

**Section 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), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ►  
Paul Burns, 141 Main St. #6, Montpelier, VT 05602 (802)223-5221

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**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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)<br>Name and title                | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--------------------------------------|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|                                      |  | Individual trustee or director   | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) Ashley Orgain<br>President       | 2.00   | X  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (2) Chris Miller<br>Vice President   | 2.00   | X  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (3) Marianne Barton<br>Treasurer     | 2.00   | X  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (4) Jen Duggan<br>Secretary          | 2.00   | X  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (5) Talia Crowley<br>Trustee         | 1.00   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (6) Aiko Schafer<br>Trustee          | 1.00   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (7) Drew Hudson<br>Trustee           | 1.00   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (8) Anna Marchessault<br>Trustee     | 1.00   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (9) Biff Mithoefer<br>Trustee        | 1.00   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (10) Duane Peterson<br>Trustee       | 1.00   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (11) Mathew Rubin<br>Trustee         | 1.00   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (12) Dr. Michael Scollins<br>Trustee | 1.00   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (13) Dori Wolfe<br>Trustee           | 1.00   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (14) Kanika Gandhi<br>Trustee        | 1.00   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |                                     |              |                              |         | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|-------------------------------------|--------------|------------------------------|---------|--|---|---|
|  |  | Individual trustee or director   | Institutional trustee | Officer                             | Key employee | Highest compensated employee | Former  |  |   |   |
| (15) Jen Kimmich<br>Trustee (Left Board in 2020)               | 1.00   | <input checked="" type="checkbox"/>  |                       |                                     |              |                              |         | 0.   | 0.  | 0.  |
| (16) Mark Floegel<br>Trustee (Left Board in 2020)              | 1.00   | <input checked="" type="checkbox"/>  |                       |                                     |              |                              |         | 0.   | 0.  | 0.  |
| (17) Paul Burns<br>Executive Director                          | 14.00<br>26.00   |  |                       | <input checked="" type="checkbox"/> |              |                              |         | 36,950.  | 59,325.   | 15,086.   |
| (18)   |  |  |                       |                                     |              |                              |         |  |   |   |
| (19)   |  |  |                       |                                     |              |                              |         |  |   |   |
| (20)   |  |  |                       |                                     |              |                              |         |  |   |   |
| (21)   |  |  |                       |                                     |              |                              |         |  |   |   |
| (22)   |  |  |                       |                                     |              |                              |         |  |   |   |
| (23)   |  |  |                       |                                     |              |                              |         |  |   |   |
| (24)   |  |  |                       |                                     |              |                              |         |  |   |   |
| (25)   |  |  |                       |                                     |              |                              |         |  |   |   |
| <b>1b Subtotal</b>   |  |  |                       |                                     |              |                              | 36,950. | 59,325.  | 15,086.   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |  |                       |                                     |              |                              |         |  |   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |  |                       |                                     |              |                              | 36,950. | 59,325.  | 15,086.   |   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 0

|  |          | Yes | No                                  |
|--|----------|-----|-------------------------------------|
| <b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>  | <b>3</b> |     | <input checked="" type="checkbox"/> |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | <b>4</b> |     | <input checked="" type="checkbox"/> |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>                       | <b>5</b> |     | <input checked="" type="checkbox"/> |

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶** 0



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**Part VIII Statement of Revenue**

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

|   |  |   |  | (A)<br>Total revenue | (B)<br>Related or exempt<br>function revenue | (C)<br>Unrelated<br>business revenue | (D)<br>Revenue excluded<br>from tax under<br>sections 512-514 |               |
|---|--|---|--|----------------------|--|--------------------------------------|---|---------------|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b> | <b>1a</b>  | Federated campaigns . . . . .   | <b>1a</b> 0.   |                      |  |                                      |   |               |
|   | <b>b</b>   | Membership dues . . . . .   | <b>1b</b> 0.   |                      |  |                                      |   |               |
|   | <b>c</b>   | Fundraising events . . . . .  | <b>1c</b> 0.   |                      |  |                                      |   |               |
|   | <b>d</b>   | Related organizations . . . . .   | <b>1d</b> 0.   |                      |  |                                      |   |               |
|   | <b>e</b>   | Government grants (contributions)   | <b>1e</b> 0.   |                      |  |                                      |   |               |
|   | <b>f</b>   | All other contributions, gifts, grants,<br>and similar amounts not included above         | <b>1f</b> 1,079,724.   |                      |  |                                      |   |               |
|   | <b>g</b>   | Noncash contributions included in<br>lines 1a-1f . . . . .                                | <b>1g</b> \$ 0.  |                      |  |                                      |   |               |
|   | <b>h</b>   | <b>Total.</b> Add lines 1a-1f . . . . .   | ▶ 1,079,724.   |                      |  |                                      |   |               |
|   | <b>Program Service<br/>Revenue</b>               |   |  |                      |  |                                      |   | Business Code |
| <b>2a</b>   |  | -----   |  |                      |  |                                      |   |               |
| <b>b</b>  |  | -----   |  |                      |  |                                      |   |               |
| <b>c</b>  |  | -----   |  |                      |  |                                      |   |               |
| <b>d</b>  |  | -----   |  |                      |  |                                      |   |               |
| <b>e</b>  |  | -----   |  |                      |  |                                      |   |               |
| <b>f</b>  |  | All other program service revenue . .   |  |                      |  |                                      |   |               |
| <b>g</b>  | <b>Total.</b> Add lines 2a-2f . . . . .          |   | ▶  |                      |  |                                      |   |               |
| <b>Other Revenue</b>  | <b>3</b>   | Investment income (including dividends, interest, and<br>other similar amounts) . . . . . |  | ▶ 2,316.             | 0.   | 0.                                   | 2,316.  |               |
|   | <b>4</b>   | Income from investment of tax-exempt bond proceeds ▶                                      |  |                      |  |                                      |   |               |
|   | <b>5</b>   | Royalties . . . . .   |  | ▶                    |  |                                      |   |               |
|   | <b>6a</b>  | <b>6a</b>   |  |                      |  |                                      |   |               |
|   |  |   | (i) Real (ii) Personal   |                      |  |                                      |   |               |
|   |  |   | Gross rents . . . . .  | 5,760.               |  |                                      |   |               |
|   |  |   | Less: rental expenses <b>6b</b>  | 1,150.               |  |                                      |   |               |
|   | <b>c</b>   | Rental income or (loss) <b>6c</b>   | 4,610.   |                      |  |                                      |   |               |
|   | <b>d</b>   | Net rental income or (loss) . . . . .   |  | ▶ 4,610.             | 0.   | 0.                                   | 4,610.  |               |
|   | <b>7a</b>  | <b>7a</b>   |  |                      |  |                                      |   |               |
|   |  |   | (i) Securities (ii) Other  |                      |  |                                      |   |               |
|   |  |   | Gross amount from<br>sales of assets<br>other than inventory   |                      |  |                                      |   |               |
|   |  |   | Less: cost or other basis<br>and sales expenses <b>7b</b>  |                      |  |                                      |   |               |
|   | <b>c</b>   | Gain or (loss) <b>7c</b>  |  |                      |  |                                      |   |               |
|   | <b>d</b>   | Net gain or (loss) . . . . .  |  | ▶                    |  |                                      |   |               |
|   | <b>8a</b>  | <b>8a</b>   | Gross income from fundraising<br>events (not including \$ 0.<br>of contributions reported on line<br>1c). See Part IV, line 18 . . . . . |                      |  |                                      |   |               |
|   |  |   | Less: direct expenses <b>8b</b>  |                      |  |                                      |   |               |
|   |  |   | Net income or (loss) from fundraising events . . ▶   |                      |  |                                      |   |               |
|   | <b>9a</b>  | <b>9a</b>   | Gross income from gaming<br>activities. See Part IV, line 19 . . . . .   |                      |  |                                      |   |               |
|   |  |   | Less: direct expenses <b>9b</b>  |                      |  |                                      |   |               |
| Net income or (loss) from gaming activities . . . ▶               |  |   |  |                      |  |                                      |   |               |
| <b>10a</b>  | <b>10a</b>                                       | Gross sales of inventory, less<br>returns and allowances . . . . .                        |  |                      |  |                                      |   |               |
|   |  | Less: cost of goods sold <b>10b</b>   |  |                      |  |                                      |   |               |
|   |  | Net income or (loss) from sales of inventory . . . ▶                                      |  |                      |  |                                      |   |               |
| <b>Miscellaneous<br/>Revenue</b>                                  |  |   |  | Business Code        |  |                                      |   |               |
|   | <b>11a</b>                                       | -----   |  |                      |  |                                      |   |               |
|   | <b>b</b>   | -----   |  |                      |  |                                      |   |               |
|   | <b>c</b>   | -----   |  |                      |  |                                      |   |               |
|   | <b>d</b>   | All other revenue . . . . .   |  |                      |  |                                      |   |               |
| <b>e</b>  | <b>Total.</b> Add lines 11a-11d . . . . .        |   | ▶  |                      |  |                                      |   |               |
| <b>12</b>   | <b>Total revenue.</b> See instructions . . . . . |   | ▶ 1,086,650.   | 0.                   | 0.   | 6,926.                               |   |               |

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**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

|   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>   |                       |                                 |  |                             |
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .   | 0.                    | 0.                              |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .  | 0.                    | 0.                              |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .   | 0.                    | 0.                              |  |                             |
| <b>4</b> Benefits paid to or for members . . . . .  | 0.                    | 0.                              |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .   | 42,740.               | 21,214.                         | 18,709.                                | 2,817.                      |
| <b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .   | 0.                    | 0.                              | 0.                                     | 0.                          |
| <b>7</b> Other salaries and wages . . . . .   | 315,497.              | 181,043.                        | 84,546.                                | 49,908.                     |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .   | 5,894.                | 3,739.                          | 1,490.                                 | 665.                        |
| <b>9</b> Other employee benefits . . . . .  | 81,486.               | 43,096.                         | 29,338.                                | 9,052.                      |
| <b>10</b> Payroll taxes . . . . .   | 28,776.               | 16,296.                         | 7,985.                                 | 4,495.                      |
| <b>11</b> Fees for services (nonemployees):   |                       |                                 |  |                             |
| <b>a</b> Management . . . . .   | 0.                    | 0.                              | 0.                                     | 0.                          |
| <b>b</b> Legal . . . . .  | 5,187.                | 105.                            | 5,082.                                 | 0.                          |
| <b>c</b> Accounting . . . . .   | 3,072.                | 0.                              | 3,072.                                 | 0.                          |
| <b>d</b> Lobbying . . . . .   | 0.                    | 0.                              | 0.                                     | 0.                          |
| <b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .  | 0.                    |                                 |  | 0.                          |
| <b>f</b> Investment management fees . . . . .   | 0.                    | 0.                              | 0.                                     | 0.                          |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .   | 3,192.                | 1,833.                          | 923.                                   | 436.                        |
| <b>12</b> Advertising and promotion . . . . .   | 1,620.                | 1,391.                          | 99.                                    | 130.                        |
| <b>13</b> Office expenses . . . . .   | 21,323.               | 9,204.                          | 2,204.                                 | 9,915.                      |
| <b>14</b> Information technology . . . . .  | 40,985.               | 25,698.                         | 4,362.                                 | 10,925.                     |
| <b>15</b> Royalties . . . . .   | 0.                    | 0.                              | 0.                                     | 0.                          |
| <b>16</b> Occupancy . . . . .   | 27,946.               | 16,638.                         | 8,614.                                 | 2,694.                      |
| <b>17</b> Travel . . . . .  | 403.                  | 220.                            | 114.                                   | 69.                         |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .  | 0.                    | 0.                              | 0.                                     | 0.                          |
| <b>19</b> Conferences, conventions, and meetings . . . . .  | 146.                  | 99.                             | 12.                                    | 35.                         |
| <b>20</b> Interest . . . . .  | 0.                    | 0.                              | 0.                                     | 0.                          |
| <b>21</b> Payments to affiliates . . . . .  | 0.                    | 0.                              | 0.                                     | 0.                          |
| <b>22</b> Depreciation, depletion, and amortization . . . . .   | 2,996.                | 1,714.                          | 1,005.                                 | 277.                        |
| <b>23</b> Insurance . . . . .   | 3,646.                | 2,085.                          | 1,224.                                 | 337.                        |
| <b>24</b> 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.)   |                       |                                 |  |                             |
| <b>a</b> <u>Newsletter &amp; Publications</u> . . . . .   | 29,786.               | 21,208.                         | 192.                                   | 8,386.                      |
| <b>b</b> <u>Bank, Credit Card, &amp; Other Fees</u> . . . . .   | 12,550.               | 1,044.                          | 11,339.                                | 167.                        |
| <b>c</b> <u>Dues &amp; Subscriptions</u> . . . . .  | 1,137.                | 598.                            | 442.                                   | 97.                         |
| <b>d</b> <u>Other Expenses</u> . . . . .  | 60.                   | 0.                              | 14.                                    | 46.                         |
| <b>e</b> All other expenses . . . . .   |                       |                                 |  |                             |
| <b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e   | 628,442.              | 347,225.                        | 180,766.                               | 100,451.                    |
| <b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . . |                       |                                 |  |                             |

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**Part X Balance Sheet**

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

|   |  | (A)<br>Beginning of year |            | (B)<br>End of year |         |
|---|--|--------------------------|------------|--------------------|---------|
| <b>Assets</b>   | <b>1</b> Cash—non-interest-bearing . . . . .   | 62,065.                  | <b>1</b>   | 132,777.           |         |
|   | <b>2</b> Savings and temporary cash investments . . . . .  | 266,848.                 | <b>2</b>   | 269,164.           |         |
|   | <b>3</b> Pledges and grants receivable, net . . . . .  |                          | <b>3</b>   |                    |         |
|   | <b>4</b> Accounts receivable, net . . . . .  |                          | <b>4</b>   |                    |         |
|   | <b>5</b> 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 . . . . . |                          | <b>5</b>   |                    |         |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .   |                          | <b>6</b>   |                    |         |
|   | <b>7</b> Notes and loans receivable, net . . . . .   |                          | <b>7</b>   |                    |         |
|   | <b>8</b> Inventories for sale or use . . . . .   |                          | <b>8</b>   |                    |         |
|   | <b>9</b> Prepaid expenses and deferred charges . . . . .   | 17,053.                  | <b>9</b>   | 18,276.            |         |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .   | 66,645.                  |            |                    |         |
|   | <b>b</b> Less: accumulated depreciation . . . . .  | 42,774.                  | 22,922.    | <b>10c</b>         | 23,871. |
|   | <b>11</b> Investments—publicly traded securities . . . . .   |                          | <b>11</b>  |                    |         |
|   | <b>12</b> Investments—other securities. See Part IV, line 11 . . . . .   |                          | <b>12</b>  |                    |         |
|   | <b>13</b> Investments—program-related. See Part IV, line 11 . . . . .  |                          | <b>13</b>  |                    |         |
|   | <b>14</b> Intangible assets . . . . .  |                          | <b>14</b>  |                    |         |
|   | <b>15</b> Other assets. See Part IV, line 11 . . . . .   | 2,261,583.               | <b>15</b>  | 2,648,718.         |         |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . . | 2,630,471.   | <b>16</b>                | 3,092,806. |                    |         |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses . . . . .  | 27,859.                  | <b>17</b>  | 31,986.            |         |
|   | <b>18</b> Grants payable . . . . .   |                          | <b>18</b>  |                    |         |
|   | <b>19</b> Deferred revenue . . . . .   |                          | <b>19</b>  |                    |         |
|   | <b>20</b> Tax-exempt bond liabilities . . . . .  |                          | <b>20</b>  |                    |         |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .  |                          | <b>21</b>  |                    |         |
|   | <b>22</b> 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 . . . . .     |                          | <b>22</b>  |                    |         |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .   |                          | <b>23</b>  |                    |         |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .   |                          | <b>24</b>  |                    |         |
|   | <b>25</b> 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 . . . . .  |                          | <b>25</b>  |                    |         |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .   | 27,859.                  | <b>26</b>  | 31,986.            |         |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>   |                          |            |                    |         |
|   | <b>27</b> Net assets without donor restrictions . . . . .  | 2,602,612.               | <b>27</b>  | 3,014,570.         |         |
|   | <b>28</b> Net assets with donor restrictions . . . . .   | 0.                       | <b>28</b>  | 46,250.            |         |
|   | <b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>  |                          |            |                    |         |
|   | <b>29</b> Capital stock or trust principal, or current funds . . . . .   |                          | <b>29</b>  |                    |         |
|   | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .   |                          | <b>30</b>  |                    |         |
|   | <b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .   |                          | <b>31</b>  |                    |         |
|   | <b>32</b> Total net assets or fund balances . . . . .  | 2,602,612.               | <b>32</b>  | 3,060,820.         |         |
| <b>33</b> Total liabilities and net assets/fund balances . . . . .            | 2,630,471.   | <b>33</b>                | 3,092,806. |                    |         |

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**Part XI Reconciliation of Net Assets**

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

|           |  |           |            |
|-----------|--|-----------|------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12) . . . . .  | <b>1</b>  | 1,086,650. |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25) . . . . .   | <b>2</b>  | 628,442.   |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1 . . . . .   | <b>3</b>  | 458,208.   |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) . . . . .                      | <b>4</b>  | 2,602,612. |
| <b>5</b>  | Net unrealized gains (losses) on investments . . . . .   | <b>5</b>  |            |
| <b>6</b>  | Donated services and use of facilities . . . . .   | <b>6</b>  |            |
| <b>7</b>  | Investment expenses . . . . .  | <b>7</b>  |            |
| <b>8</b>  | Prior period adjustments . . . . .   | <b>8</b>  |            |
| <b>9</b>  | Other changes in net assets or fund balances (explain on Schedule O) . . . . .   | <b>9</b>  |            |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) . . . . . | <b>10</b> | 3,060,820. |

**Part XII Financial Statements and Reporting**

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

|   |           | Yes | No |
|---|-----------|-----|----|
| <b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  |           |     |    |
| <b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .<br>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | <b>2a</b> |     | x  |
| <b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . .<br>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                            | <b>2b</b> |     | x  |
| <b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . .<br>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  | <b>2c</b> |     |    |
| <b>3a</b> 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? . . . . .  | <b>3a</b> |     | x  |
| <b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . . . .   | <b>3b</b> |     |    |

## 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   |
|---|
| to public policy debates concerning the environment, health care, consumer protection, and democracy. VPIRG's mission is to promote and protect the health of Vermont's people, environment and locally-based economy by informing and mobilizing individuals and communities across the state. |

### Form 990: Return of Organization Exempt from Income Tax

#### Form 990, Page 2, Part III, Line 4b (continued)

#### Continuation Statement

| Description  |
|--|
| - the Global Warming Solutions Act - legislation turning Vermont's climate goals into legally binding requirements and laying the groundwork for solutions that will create good green jobs and enhance the resilience of our communities.   |
| *  |
| The Solutions Act passed through the House and Senate with overwhelming support, before being vetoed by Governor Scott. Working alongside our allies and climate champions in the legislature, we were able to override the governor's veto and enact this landmark climate legislation in September 2020.   |
| *  |
| Also in 2020, VPIRG worked with our allies to successfully press for maintained or increased levels of funding for weatherization, electric vehicle incentives, EV charging infrastructure, and other critical climate programs. And we played a critical role in the passage of S.337, the Energy Efficiency Modernization Act, creating a three-year pilot program allowing Efficiency Vermont to spend up to \$2 million annually on projects aimed at reducing climate pollution in Vermont's thermal and transportation sectors - building on their historic focus on electric energy efficiency. |



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**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**  
Department of the Treasury  
Internal Revenue Service

## Schedule of Contributors

OMB No. 1545-0047

2020

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

Name of the organization Vermont Public Interest Research Group, Inc. Employer identification number 03-0228267

**Organization type** (check one):

**Filers of:**

**Section:**

- Form 990 or 990-EZ  501(c)( 4 ) (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**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the 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 (entering "N/A" in column (b) instead of the contributor name and address), 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 *exclusively* 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 *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**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).

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|  |  |
|--|--|
| Name of organization<br>Vermont Public Interest Research Group, Inc. | Employer identification number<br>03-0228267 |
|--|--|

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|---|----------------------------|---|
| 1          | Not Applicable - 501(c)(4) Organization<br>141 Main Street<br>Montpelier VT 05602 | \$ 35,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          | Not Applicable - 501(c)(4) Organization<br>141 Main Street<br>Montpelier VT 05602 | \$ 26,250.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          | Not Applicable - 501(c)(4) Organization<br>141 Main Street<br>Montpelier VT 05602 | \$ 20,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          | Not Applicable - 501(c)(4) Organization<br>141 Main Street<br>Montpelier VT 05602 | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| -----      | -----   | \$ -----                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| -----      | -----   | \$ -----                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

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|  |  |
|--|--|
| Name of organization<br>Vermont Public Interest Research Group, Inc. | Employer identification number<br>03-0228267 |
|--|--|

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|---------------------|---|---|-------------------|
| -----               | -----<br>-----<br>-----                   | \$-----                                   | -----             |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| -----               | -----<br>-----<br>-----                   | \$-----                                   | -----             |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| -----               | -----<br>-----<br>-----                   | \$-----                                   | -----             |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| -----               | -----<br>-----<br>-----                   | \$-----                                   | -----             |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| -----               | -----<br>-----<br>-----                   | \$-----                                   | -----             |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| -----               | -----<br>-----<br>-----                   | \$-----                                   | -----             |

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|  |  |
|--|--|
| Name of organization<br>Vermont Public Interest Research Group, Inc. | Employer identification number<br>03-0228267 |
|--|--|

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift     | (c) Use of gift         | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| -----               | -----<br>-----<br>----- | -----<br>-----<br>----- | -----<br>-----<br>-----             |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| -----<br>-----<br>-----                 | -----<br>-----<br>-----                  |

| (a) No. from Part I | (b) Purpose of gift     | (c) Use of gift         | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| -----               | -----<br>-----<br>----- | -----<br>-----<br>----- | -----<br>-----<br>-----             |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| -----<br>-----<br>-----                 | -----<br>-----<br>-----                  |

| (a) No. from Part I | (b) Purpose of gift     | (c) Use of gift         | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| -----               | -----<br>-----<br>----- | -----<br>-----<br>----- | -----<br>-----<br>-----             |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| -----<br>-----<br>-----                 | -----<br>-----<br>-----                  |

| (a) No. from Part I | (b) Purpose of gift     | (c) Use of gift         | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| -----               | -----<br>-----<br>----- | -----<br>-----<br>----- | -----<br>-----<br>-----             |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| -----<br>-----<br>-----                 | -----<br>-----<br>-----                  |

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

## Political Campaign and Lobbying Activities

OMB No. 1545-0047

# 2020

### 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](http://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**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

|  |  |
|--|--|
| Name of organization<br>Vermont Public Interest Research Group, Inc. | Employer identification number<br>03-0228267 |
|--|--|

### Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (See instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (See instructions) . . . . . ▶ \$ 0.
- 3 Volunteer hours for political campaign activities (See instructions) . . . . . ▶ 0

### Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . . . ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . . . ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . .  Yes  No
- 4a Was a correction made? . . . . .  Yes  No
- b If "Yes," describe in Part IV.

### Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . ▶ \$ 0.
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ▶ \$ 0.
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . ▶ \$
- 4 Did the filing organization file **Form 1120-POL** for this year? . . . . .  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (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)      |             |         |   |  |



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**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

| <b>Limits on Lobbying Expenditures</b><br>(The term "expenditures" means amounts paid or incurred.)   |   | (a) Filing organization's totals                | (b) Affiliated group totals                              |                    |                               |   |  |   |  |  |   |                   |              |  |  |
|---|---|---|--|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| <b>1a</b>   | Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .   |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>b</b>  | Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .   |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>c</b>  | Total lobbying expenditures (add lines 1a and 1b) . . . . .   |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>d</b>  | Other exempt purpose expenditures . . . . .   |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>e</b>  | Total exempt purpose expenditures (add lines 1c and 1d) . . . . .   |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>f</b>  | Lobbying nontaxable amount. Enter the amount from the following table in both columns.  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> |   | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is:                       | Not over \$500,000 | 20% of the amount 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 over \$1,500,000. | Over \$17,000,000 | \$1,000,000. |  |  |
| If the amount on line 1e, column (a) or (b) is:   | The lobbying nontaxable amount is:  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Not over \$500,000  | 20% of the amount 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 over \$1,500,000.   |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$17,000,000   | \$1,000,000.  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>g</b>  | Grassroots nontaxable amount (enter 25% of line 1f) . . . . .   |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>h</b>  | Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .   |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>i</b>  | Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .   |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>j</b>  | If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . . |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                    |                               |   |  |   |  |  |   |                   |              |  |  |

**4-Year Averaging Period Under Section 501(h)**  
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
 See the separate instructions for lines 2a through 2f.)

| <b>Lobbying Expenditures During 4-Year Averaging Period</b>      |          |          |          |          |           |
|--|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in)                      | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) Total |
| <b>2a</b> Lobbying nontaxable amount                             |          |          |          |          |           |
| <b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))   |          |          |          |          |           |
| <b>c</b> Total lobbying expenditures                             |          |          |          |          |           |
| <b>d</b> Grassroots nontaxable amount                            |          |          |          |          |           |
| <b>e</b> Grassroots ceiling amount (150% of line 2d, column (e)) |          |          |          |          |           |
| <b>f</b> Grassroots lobbying expenditures                        |          |          |          |          |           |

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**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

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

|   | (a) |    | (b)    |
|---|-----|----|--------|
|   | Yes | No | Amount |
| <b>1</b> 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: |     |    |        |
| <b>a</b> Volunteers?  |     |    |        |
| <b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?   |     |    |        |
| <b>c</b> Media advertisements?  |     |    |        |
| <b>d</b> Mailings to members, legislators, or the public?   |     |    |        |
| <b>e</b> Publications, or published or broadcast statements?  |     |    |        |
| <b>f</b> Grants to other organizations for lobbying purposes?   |     |    |        |
| <b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?  |     |    |        |
| <b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  |     |    |        |
| <b>i</b> Other activities?  |     |    |        |
| <b>j</b> Total. Add lines 1c through 1i   |     |    |        |
| <b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?   |     |    |        |
| <b>b</b> If "Yes," enter the amount of any tax incurred under section 4912  |     |    |        |
| <b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912   |     |    |        |
| <b>d</b> 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)(5), or section 501(c)(6).**

|  | 1 | Yes | No |
|--|---|-----|----|
| <b>1</b> Were substantially all (90% or more) dues received nondeductible by members?  | 1 | X   |    |
| <b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?                                   | 2 |     | X  |
| <b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? | 3 |     | X  |

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

|   |           |  |
|---|-----------|--|
| <b>1</b> Dues, assessments and similar amounts from members   | <b>1</b>  |  |
| <b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).   |           |  |
| <b>a</b> Current year   | <b>2a</b> |  |
| <b>b</b> Carryover from last year   | <b>2b</b> |  |
| <b>c</b> Total  | <b>2c</b> |  |
| <b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  | <b>3</b>  |  |
| <b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | <b>4</b>  |  |
| <b>5</b> Taxable amount of lobbying and political expenditures (See instructions)   | <b>5</b>  |  |

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

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**Part IV** Supplemental Information *(continued)*

Lined area for supplemental information.

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## SCHEDULE D (Form 990)

Department of the Treasury  
Internal Revenue Service

### 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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

# 2020

**Open to Public  
Inspection**

Name of the organization

Vermont Public Interest Research Group, Inc.

Employer identification number

03-0228267

### Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

|   | (a) Donor advised funds | (b) Funds and other accounts                             |
|---|-------------------------|--|
| 1 Total number at end of year . . . . .   |                         |  |
| 2 Aggregate value of contributions to (during 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 advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .  |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . . |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |

### Part II 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).<br><input type="checkbox"/> Preservation of land for public use (for example, recreation or education) <input type="checkbox"/> Preservation of a historically important land area<br><input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure<br><input type="checkbox"/> Preservation of open space |  |
| 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.   |  |
| a Total number of conservation easements . . . . .  | 2a   |
| b Total acreage restricted by conservation easements . . . . .  | 2b   |
| c Number of conservation easements on a certified historic structure included in (a) . . . . .  | 2c   |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .  | 2d   |
| 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶   |  |
| 4 Number of states where property subject to conservation easement is located ▶   |  |
| 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶   |  |
| 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$  |  |
| 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.   |  |

### Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

|  |      |
|--|------|
| 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. |      |
| b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:   |      |
| (i) Revenue included on Form 990, Part VIII, line 1 . . . . .  | ▶ \$ |
| (ii) Assets included in Form 990, Part X . . . . .   | ▶ \$ |
| 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 FASB ASC 958 relating to these items:   |      |
| a Revenue included on Form 990, Part VIII, line 1 . . . . .  | ▶ \$ |
| b Assets included in Form 990, Part X . . . . .  | ▶ \$ |

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**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

**3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a**  Public exhibition
- d**  Loan or exchange program
- b**  Scholarly research
- e**  Other .....
- c**  Preservation for future generations

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

|   | Amount |
|---|--------|
| <b>1c</b> Beginning balance             |        |
| <b>1d</b> Additions during the year     |        |
| <b>1e</b> Distributions during the year |        |
| <b>1f</b> Ending balance                |        |

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

|   | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance                     |                  |                |                    |                      |                     |
| <b>b</b> Contributions                                  |                  |                |                    |                      |                     |
| <b>c</b> Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| <b>d</b> Grants or scholarships                         |                  |                |                    |                      |                     |
| <b>e</b> Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| <b>f</b> Administrative expenses                        |                  |                |                    |                      |                     |
| <b>g</b> End of year balance                            |                  |                |                    |                      |                     |

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ ..... %
- b** Permanent endowment ▶ ..... %
- c** Term endowment ▶ ..... %

The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations
- (ii)** Related organizations

|               | Yes | No |
|---------------|-----|----|
| <b>3a(i)</b>  |     |    |
| <b>3a(ii)</b> |     |    |
| <b>3b</b>     |     |    |

**b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land   | 0.                                   | 0.                              |                              | 0.             |
| <b>b</b> Buildings   | 0.                                   | 0.                              | 0.                           | 0.             |
| <b>c</b> Leasehold improvements  | 0.                                   | 5,838.                          | 5,838.                       | 0.             |
| <b>d</b> Equipment   | 0.                                   | 52,859.                         | 28,988.                      | 23,871.        |
| <b>e</b> Other   | 0.                                   | 7,948.                          | 7,948.                       | 0.             |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | 23,871.        |



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**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security)               | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives . . . . .   |                |  |
| (2) Closely held equity interests . . . . .   |                |  |
| (3) Other _____   |                |  |
| (A) _____   |                |  |
| (B) _____   |                |  |
| (C) _____   |                |  |
| (D) _____   |                |  |
| (E) _____   |                |  |
| (F) _____   |                |  |
| (G) _____   |                |  |
| (H) _____   |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) . . . . . ▶ |                |  |

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment   | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1)   |                |  |
| (2)   |                |  |
| (3)   |                |  |
| (4)   |                |  |
| (5)   |                |  |
| (6)   |                |  |
| (7)   |                |  |
| (8)   |                |  |
| (9)   |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) . . . . . ▶ |                |  |

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description   | (b) Book value |
|---|----------------|
| (1) Due from affiliate (VPIREF)   | 2,637,530.     |
| (2) Due from affiliate (VPIRG Votes)  | 2,829.         |
| (3) Security deposit  | 3,775.         |
| (4) Salary advances   | 4,584.         |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ▶ | 2,648,718.     |

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability   | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . . ▶ |                |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

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**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

|          |  |           |           |  |
|----------|--|-----------|-----------|--|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements . . . . .                       |           | <b>1</b>  |  |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                                      |           |           |  |
| <b>a</b> | Net unrealized gains (losses) on investments . . . . .   | <b>2a</b> |           |  |
| <b>b</b> | Donated services and use of facilities . . . . .   | <b>2b</b> |           |  |
| <b>c</b> | Recoveries of prior year grants . . . . .  | <b>2c</b> |           |  |
| <b>d</b> | Other (Describe in Part XIII.) . . . . .   | <b>2d</b> |           |  |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .  |           | <b>2e</b> |  |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .   |           | <b>3</b>  |  |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                                     |           |           |  |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                               | <b>4a</b> |           |  |
| <b>b</b> | Other (Describe in Part XIII.) . . . . .   | <b>4b</b> |           |  |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .  |           | <b>4c</b> |  |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . . |           | <b>5</b>  |  |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

|          |   |           |           |  |
|----------|---|-----------|-----------|--|
| <b>1</b> | Total expenses and losses per audited financial statements . . . . .                                      |           | <b>1</b>  |  |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:   |           |           |  |
| <b>a</b> | Donated services and use of facilities . . . . .  | <b>2a</b> |           |  |
| <b>b</b> | Prior year adjustments . . . . .  | <b>2b</b> |           |  |
| <b>c</b> | Other losses . . . . .  | <b>2c</b> |           |  |
| <b>d</b> | Other (Describe in Part XIII.) . . . . .  | <b>2d</b> |           |  |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .   |           | <b>2e</b> |  |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .  |           | <b>3</b>  |  |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:  |           |           |  |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                                | <b>4a</b> |           |  |
| <b>b</b> | Other (Describe in Part XIII.) . . . . .  | <b>4b</b> |           |  |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .   |           | <b>4c</b> |  |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . . |           | <b>5</b>  |  |

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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

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

OMB No. 1545-0047

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

**2020**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

**Open to Public  
Inspection**

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Employer identification number

Vermont Public Interest Research Group, Inc.

03-0228267

Pt VI, Line 6: Supporters of VPIRG who make contributions of at least \$30 per year - to either VPIRG or its affiliate VPIREF - are automatically considered members.

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

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

Pt VI, Line 11b: A draft of Form 990 is reviewed by management with a copy of Form 990, in PDF format, made available to the Board prior to 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 the annual salary review of all top officials.

Pt VI, Line 15b: See above description for Part VI, Line 15a.

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

Other: Part III / Line 4d - Other Programs:

Other: Zero Waste - VPIRG 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, VPIRG successfully advocated for the enactment of the nation's most comprehensive law to deal with the scourge of single-use plastic pollution. Despite last minute attempts by the plastics industry to derail implementation of the law, it took effect on July 1, 2020.

Also in 2020, VPIRG supported legislation to address additional throwaway plastic products. We led state efforts to modernize Vermont's popular beverage container

# PUBLIC INSPECTION COPY

Name of the organization

Vermont Public Interest Research Group, Inc.

Employer identification number

03-0228267

redemption program and helped to expose the improper disposal of recyclable materials in the state as well.

Other: Environmental Health - VPIRG works to protect public health and our environment from the hidden dangers of toxic chemicals that we're exposed to every day. In 2020, a major focus for us was legislation aimed at banning toxic PFAS chemicals in common products such as carpets and rugs, firefighting foam, and food packaging. These toxic "forever chemicals" have been linked to cancers and other problems with human health and have come under growing public scrutiny in recent years as they have been discovered in public and private water supplies across Vermont.

VPIRG also worked to ensure proper implementation of policies already enacted to protect children from lead in school water, and from children's products containing other toxins.

Other: Consumer Protection - VPIRG serves as a watchdog, protecting the public interest when corporations attempt to put profits over people, and ensures that the policies and laws that we do pass to protect the public interest are, in fact, enforced. In recent years, VPIRG's Consumer Protection Program has placed a specific emphasis on working for policies that protect consumers in the digital space. In 2020, the governor signed into law wide-ranging legislation (Act 89) containing several VPIRG-backed provisions aimed at improving data privacy for Vermont students, better protecting all Vermonters' personal information, informing them when their data has been compromised, and keeping them out of unwanted 'zombie contacts.' VPIRG had advocated for enactment of this law since it was introduced in 2019. VPIRG also has a long commitment to addressing Vermont's connectivity issues and moving Vermont much more rapidly toward universal broadband coverage. The pandemic thrust into stark relief the need for access to affordable, high-speed internet and the serious digital divide that exists in Vermont. In 2020, VPIRG supported - and the legislature ultimately authorized - around \$20 million to

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|  |  |
|--|--|
| Name of the organization<br>Vermont Public Interest Research Group, Inc. | Employer identification number<br>03-0228267 |
|--|--|

fund a variety of programs designed to expand access, including funding for line extensions, subsidies to Vermonters with low incomes, and planning support to community-owned internet providers.

Other: Health Care Reform - VPIRG works to reform our health care system so that it provides all Vermonters access to quality, affordable health care when they need it. We remain committed to advancing policies that ensure no Vermonter ever has to decide between receiving a paycheck or caring for a loved one.

Pt III, Line 4d:

Expenses: \$111,145 including grants of: \$0 Revenue: \$0

Description: Other programs include Zero Waste, Environmental Health, Consumer Protection and Health Care Reform. See Schedule O (above) for a complete description of these programs.



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**SCHEDULE R  
(Form 990)**

## Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ 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](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

Vermont Public Interest Research Group, Inc.

Employer identification number

03-0228267

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

| (a)<br>Name, address, and EIN (if applicable) of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (1) .....   |                         |  |                     |                           |                                  |
| (2) .....   |                         |  |                     |                           |                                  |
| (3) .....   |                         |  |                     |                           |                                  |
| (4) .....   |                         |  |                     |                           |                                  |
| (5) .....   |                         |  |                     |                           |                                  |
| (6) .....   |                         |  |                     |                           |                                  |

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

| (a)<br>Name, address, and EIN of related organization  | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity        | (g)<br>Section 512(b)(13) controlled entity? |    |
|--|-------------------------|--|----------------------------|---|---|--|----|
|  |                         |  |                            |   |   | Yes  | No |
| (1) <u>Vt Public Interest Res. &amp; Educ. Fund, Inc. 51-0163801</u><br><u>141 Main St. #6 Montpelier VT 05602</u> | Education               | VT   | 501(c)(3)                  | 509(a)(1)   | Vt Public Interest Research Group, Inc. | X  |    |
| (2) .....  |                         |  |                            |   |   |  |    |
| (3) .....  |                         |  |                            |   |   |  |    |
| (4) .....  |                         |  |                            |   |   |  |    |
| (5) .....  |                         |  |                            |   |   |  |    |
| (6) .....  |                         |  |                            |   |   |  |    |
| (7) .....  |                         |  |                            |   |   |  |    |

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**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Predominant income (related, unrelated, excluded from tax under sections 512–514) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
|   |                         |  |                                  |  |                              |                                    | Yes                                  | No |  | Yes                                 | No |                             |
| (1) .....   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (2) .....   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (3) .....   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (4) .....   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (5) .....   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (6) .....   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (7) .....   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Type of entity (C corp, S corp, or trust) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Percentage ownership | (i)<br>Section 512(b)(13) controlled entity? |    |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|--|----|
|   |                         |  |                                  |  |                              |                                    |                             | Yes  | No |
| (1) .....   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (2) .....   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (3) .....   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (4) .....   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (5) .....   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (6) .....   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (7) .....   |                         |  |                                  |  |                              |                                    |                             |  |    |

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

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

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

|  |           | Yes | No |
|--|-----------|-----|----|
| <b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . . | <b>1a</b> |     | X  |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .   | <b>1b</b> |     | X  |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .   | <b>1c</b> |     | X  |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .  | <b>1d</b> | X   |    |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .   | <b>1e</b> |     | X  |
| <b>f</b> Dividends from related organization(s) . . . . .  | <b>1f</b> |     | X  |
| <b>g</b> Sale of assets to related organization(s) . . . . .   | <b>1g</b> |     | X  |
| <b>h</b> Purchase of assets from related organization(s) . . . . .   | <b>1h</b> |     | X  |
| <b>i</b> Exchange of assets with related organization(s) . . . . .   | <b>1i</b> |     | X  |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .  | <b>1j</b> |     | X  |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .  | <b>1k</b> |     | X  |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .                              | <b>1l</b> |     | X  |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .                               | <b>1m</b> |     | X  |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .                               | <b>1n</b> | X   |    |
| <b>o</b> Sharing of paid employees with related organization(s) . . . . .  | <b>1o</b> | X   |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .  | <b>1p</b> |     | X  |
| <b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .  | <b>1q</b> |     | X  |
| <b>r</b> Other transfer of cash or property to related organization(s) . . . . .   | <b>1r</b> |     | X  |
| <b>s</b> Other transfer of cash or property from related organization(s) . . . . .   | <b>1s</b> |     | X  |

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

| (a)<br>Name of related organization                           | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|---|-------------------------------|------------------------|--|
| (1) Vermont Public Interest Research and Education Fund, Inc. | d                             | 2,637,530.             | Cost   |
| (2) Vermont Public Interest Research and Education Fund, Inc. | n                             | 47,068.                | Cost   |
| (3) Vermont Public Interest Research and Education Fund, Inc. | o                             | 682,450.               | Cost   |
| (4)   |                               |                        |  |
| (5)   |                               |                        |  |
| (6)   |                               |                        |  |

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**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)<br>Name, address, and EIN of entity | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or foreign<br>country) | (d)<br>Predominant<br>income (related,<br>unrelated, excluded<br>from tax under<br>sections 512–514) | (e)<br>Are all partners<br>section<br>501(c)(3)<br>organizations? |    | (f)<br>Share of<br>total income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V—UBI<br>amount in box 20<br>of Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|---|-------------------------|--|--|---|----|---------------------------------|--|---|----|---|---|----|--------------------------------|
|   |                         |  |  | Yes   | No |                                 |  | Yes                                     | No |   | Yes                                       | No |                                |
| (1) .....                               |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (2) .....                               |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (3) .....                               |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (4) .....                               |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (5) .....                               |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (6) .....                               |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (7) .....                               |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (8) .....                               |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (9) .....                               |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (10) .....                              |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (11) .....                              |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (12) .....                              |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (13) .....                              |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (14) .....                              |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (15) .....                              |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (16) .....                              |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |

**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

(The form contains multiple horizontal dashed lines intended for providing supplemental information.)

# PUBLIC INSPECTION COPY

Form **8868**

## Application for Automatic Extension of Time To File an Exempt Organization Return

(Rev. January 2020)

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

► **File a separate application for each return.**  
► **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**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](http://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).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

|  |  |   |
|--|--|---|
| <b>Type or print</b><br><br>File by the due date for filing your return. See instructions. | Name of exempt organization or other filer, see instructions.<br><u>Vermont Public Interest Research Group, Inc.</u>   | Taxpayer identification number (TIN)<br><u>03-0228267</u> |
|  | Number, street, and room or suite no. If a P.O. box, see instructions.<br><u>141 Main Street, #6</u>                   |   |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><u>Montpelier VT 05602</u> |   |

Enter the Return Code for the return that this application is for (file a separate application for each return) . . . . . 

|   |   |
|---|---|
| 0 | 1 |
|---|---|

| Application Is For                       | Return Code | Application Is For                | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ                  | 01          | Form 990-T (corporation)          | 07          |
| Form 990-BL                              | 02          | Form 1041-A                       | 08          |
| Form 4720 (individual)                   | 03          | Form 4720 (other than individual) | 09          |
| Form 990-PF                              | 04          | Form 5227                         | 10          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 6069                         | 11          |
| Form 990-T (trust other than above)      | 06          | Form 8870                         | 12          |

• The books are in the care of ► Paul Burns

Telephone No. ► (802) 223-5221 Fax No. ► (802) 223-6855

- If the organization does not have an office or place of business in the United States, check this box . . . . . ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box . . . . . ►  . If it is for part of the group, check this box . . . . . ►  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until Nov 15, 20 21, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

►  calendar year 20 20 or

►  tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

|   |           |    |    |
|---|-----------|----|----|
| <b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.                                   | <b>3a</b> | \$ | 0. |
| <b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | <b>3b</b> | \$ | 0. |
| <b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.              | <b>3c</b> | \$ | 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.