DLN: 93493006004090 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019 D Employer identification number B Check if applicable VERMONT LAND TRUST INC □ Address change 03-0264836 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 8 BAILEY AVENUE ☐ Amended return ☐ Application pending (802) 223-5234 City or town, state or province, country, and ZIP or foreign postal code MONTPELIER, VT $\,$ 05602 $\,$ G Gross receipts \$ 24,877,852 Name and address of principal officer H(a) Is this a group return for NICK RICHARDSON ☐Yes **☑**No subordinates? 8 BAILEY AVENUE H(b) Are all subordinates MONTPELIER, VT 05602 ☐ Yes ☐No ıncluded? Tax-exempt status **✓** 501(c)(3) ☐ 501(c)() **◄** (insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► VLT ORG L Year of formation 1977 **M** State of legal domicile K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities TO CONSERVE LAND FOR THE FUTURE OF VERMONT Activities & Governance 2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 14 4 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 0 **6** Total number of volunteers (estimate if necessary) 6 Total unrelated business revenue from Part VIII, column (C), line 12 0 **b** Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 11,180,739 16,992,599 Ravenua 1,748,506 3,247,785 9 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 1,990,324 477,774 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 103,449 120,043 15,023,018 20,838,201 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 109,311 632,677 **14** Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 3,998,518 4,158,425 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . b Total fundraising expenses (Part IX, column (D), line 25) ▶523,743 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 10,596,704 15,043,478 14,704,533 19,834,580 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 . 318,485 1,003,621 Net Assets or Fund Balances Beginning of Current Year End of Year 44,231,760 46,406,619 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 14,370,817 10,953,829 22 Net assets or fund balances Subtract line 21 from line 20 . 32,035,802 33,277,931 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 2020-01-06 Signature of officer Sign Here NICK RICHARDSON PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature Check | If 2019-12-19 P00366101 Paid self-employed Firm's name NATHAN WECHSLER & CO PA Firm's EIN ▶ 02-0327524 Preparer Use Only Firm's address ► 70 COMMERCIAL STREET Phone no (603) 448-2650 CONCORD, NH 03301 ✓ Yes □ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2018)

Form	990 (2018)					Page 2
Pa	rt III Sta	tement of Program S	ervice Accomplis	hments		
	Che	ck if Schedule O contains a	response or note to a	any line in this Part III		🗹
1	Briefly desc	ribe the organization's mis	sion			
VERN FARN CONS	10NT SINCE 1S, HUNDREI SERVATION \	1977, VLT HAS PERMANEN OS OF THOUSANDS OF ACF	NTLY CONSERVED MO RES OF PRODUCTIVE S OF FAMILIES, INVIG	RE THAN 590,000 ACF FORESTLAND, AND NU FORATES FARMS, LAUN	IUNITIES TO CONSERVE LAND FORES THIS LAND INCLUDES MORI MEROUS PARCELS OF COMMUNI MEROUS PARCELS OF COMMUNI MICHES NEW BUSINESSES, MAIN COMMUNITY	E THAN 900 WORKING ITY LANDS THIS
2	Did the org	anization undertake any si	gnificant program ser	vices during the year v	which were not listed on	
	the prior Fo	rm 990 or 990-EZ?				🗌 Yes 🗹 No
	If "Yes," de	scribe these new services o	on Schedule O			
3	Did the org	anization cease conducting	, or make significant	changes in how it cond	lucts, any program	
	services?					☐ Yes ☑ No
	If "Yes," de	scribe these changes on So	chedule O			
4	Section 50:		nizations are required	to report the amount	e largest program services, as moof grants and allocations to othe	
4a	(Code) (Expenses \$	16,171,589	including grants of \$	632,677) (Revenue \$	962,358)
	See Addition	al Data				
4b	(Code) (Expenses §	1,044,968	including grants of \$) (Revenue \$	608,349)
	See Addition	al Data	· ·			
4c	(Code) (Expenses s	5 431,524	including grants of \$) (Revenue \$	500,342)
	See Addition	al Data				_
	(Code) (Expenses \$	283,011	including grants of \$) (Revenue \$	738,706)
	TOGETHER, MANAGEMEN BIODIVERSI	THE TWO ORGANIZATIONS OW T OF THIS LAND PROVIDES DI Y VALUES THIS EXPERIENCE	N AND MANAGE APPROXI RECT EXPERIENCE WITH HAS A DIRECT IMPACT O	MATELY 12,000 ACRES OF THE CHALLENGES OF OW NOUR ABILITY TO UNDER	OF THE VERMONT LAND TRUST AND FIMBERLAND IN THE NORTHERN GRINING AND MANAGING TIMBERLAND FISTAND AND ADDRESS CONCERNS OF NON-MOTORIZED RECREATION	EEN MOUNTAINS THE OR ECONOMIC AND
4d	Other prog	ram services (Describe in S	Schedule O)			_
	(Expenses	\$ 283,011	including grants of	\$) (Revenue \$	738,706)
4e	Total prog	ram service expenses 🕨	17,931,0	92		

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Par	tiv Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	NO
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4		4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?	5		No
6	If "Yes," complete Schedule C, Part III			
	If "Yes," complete Schedule D, Part I 🐕	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	Yes	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	_
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🥞	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🥦	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 🕏	11d	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
Ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2° If "Yes," complete Schedule I, Parts I and III	22	Yes	
1		Г	Form 99 6	$\frac{1}{10000000000000000000000000000000000$

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Pai	t IV Checklist of Required Schedules (continued)			
			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🐒	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
Ь	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Yes

Yes | Form **990** (2018)

114

0

1a

1b

No

Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V $\,$.

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

Part V

b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .

Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

a Initiation fees and capital contributions included on Part VIII, line 12 . . .

13 Section 501(c)(29) qualified nonprofit health insurance issuers.

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

Gross income from other sources (Do not net amounts due or paid to other sources

If "Yes," enter the amount of tax-exempt interest received or accrued during the year

Enter the amount of reserves the organization is required to maintain by the states in

Note. See the instructions for additional information the organization must report on Schedule O

a Is the organization licensed to issue qualified health plans in more than one state?

which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand

Section 501(c)(7) organizations. Enter

Section 501(c)(12) organizations. Enter a Gross income from members or shareholders .

1	2a
	b

13c Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

13b

10a

10b

11a

11b

12b

14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

14a 14b

15

No

No

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13a

9h

12a

Section C. Disclosure

19

20

List the States with which a copy of this Form 990 is required to be filed▶

policy, and financial statements available to the public during the tax year

Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest

State the name, address, and telephone number of the person who possesses the organization's books and records **ALLISON DUDLEY 8 BAILEY AVENUE MONTPELIER, VT 05602 (802) 223-1226

lacksquare Own website lacksquare Another's website lacksquare Upon request lacksquare Other (explain in Schedule O)

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 VT , MA , CT , PA , VA , NH , FL , NY , CA , NJ , MD

rt VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No	" resp	onse to l	lines
	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI.			✓
ction	A. Governing Body and Management			
			Yes	No
Ento	the number of veture manchers of the government had a the and of the tay year.			

	Check if Schedule O contains a response or note to any line in this Part VI					•
Se	ction A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	14			
	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 in Schedule O					
b	Enter the number of voting members included in line 1a, above, who are independent	1 b	14			
2	Did any officer, director, trustee, or key employee have a family relationship or a busine officer, director, trustee, or key employee?		tionship with any other	2		No
3	Did the organization delegate control over management duties customarily performed by of officers, directors or trustees, or key employees to a management company or other process.			3		No
4	Did the organization make any significant changes to its governing documents since the	prior F	orm 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organ	nızatıo	n's assets?	5		No
6	Did the organization have members or stockholders?			6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power tempers of the governing body?			7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) persons other than the governing body?			7 b	Yes	

b	Enter the number of voting members included in line 1a, above, who are independent 1b 14			
2	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?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? •	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	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?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	

3	of officers, directors or trustees, or key employees to a management company or other person? •	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	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?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
Ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	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 in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	∍.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
		10b 11a	Yes	
11a	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the		Yes	
11 a b	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		Yes Yes	
11a b 12a	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990	11a		
11a b 12a b	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	11a 12a	Yes	
11a b 12a b	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in	11a 12a 12b	Yes Yes	
11a b 12a b	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	11a 12a 12b	Yes Yes	
11a b 12a b c	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy?	11a 12a 12b 12c 13	Yes Yes Yes	
11a b 12a b c 13 14	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent	11a 12a 12b 12c 13	Yes Yes Yes	
11a b 12a b c 13 14 15	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes	

5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	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?	7a	Yes	
Ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
Ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
_Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
Ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
Ь	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

The governing body?	8a	Yes						
Each committee with authority to act on behalf of the governing body?	8 b	Yes	_					
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 in Schedule O	9		No					
Section B. Policies (This Section B requests information about policies not required by the Internal Revenue								
		Yes	No					
Did the organization have local chapters, branches, or affiliates?	10a		No					
If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes						
Describe in Schedule O the process, if any, used by the organization to review this Form 990								
Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes						
Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes						
Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes						
Did the organization have a written whistleblower policy?	13	Yes						
Did the organization have a written document retention and destruction policy?	14	Yes						
Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
The organization's CEO, Executive Director, or top management official	15a	Yes						
	Each committee with authority to act on behalf of the governing body?	Each committee with authority to act on behalf of the governing body?	Each committee with authority to act on behalf of the governing body? 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 in Schedule O					

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"

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

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee)
- organization and any related organizations • List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000
- of reportable compensation from the organization and any related organizations • 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 co	mpensation fro	m the	organ	ızatı	ion a	and ar	ny re	elated organization	S	
List persons in the following order individual trus compensated employees, and former such person		rs, ınstı	tutio	nal t	rust	ees,	offic	ers, key employees	s, highest	
\square Check this box if neither the organization no	r any related or	ganızat	ion c	omp	ens	ated a	any (current officer, dire	ctor, or trustee	
(A) Name and Title	(B) Average hours per week (list any hours for related	pers and	an on on is	e bo both	t che x, u n an or/tr	nless office ustee	er)	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations
(1) MOLLY LANGAN TRUSTEE	1 00	Х						0	0	0
(2) JOHN LAGGIS TRUSTEE	1 00	х						0	0	0
(3) MARC MIHALY CHAIRMAN OF THE BOARD	1 00	х		х				0	0	0
(4) MARY MCBRYDE CHAIRMAN OF THE BOARD (THRU 6/2/19)	1 00	Х		х				0	0	0
(5) KATHERINE SIMS TRUSTEE	1 00	×						0	0	0
(6) SUSAN ABBOTT TRUSTEE	1 00	х						0	0	0
(7) CHARLIE HANCOCK VICE CHAIR	1 00	×		x				0	0	0
(8) WILLIAM KEETON TRUSTEE	1 00	x						0	0	0
(9) ROBIN MORRIS TRUSTEE	1 00	×						0	0	0
(10) DAVID MIDDLETON TRUSTEE	1 00	х						0	0	0
(11) PIETER BOHEN	1 00	x						0	0	0

0 TRUSTEE (12) MARIA YOUNG 0 TRUSTEE (13) MIKE DONOHUE TRUSTEE 0 1 00 (14) CHERYL MORSE 0 0 Х 0 1 00 (15) HEIDI G CHAMBERLAIN TREASURER Х Х 0 0 0 40 00 (16) ELISE ANNES Χ 121,802 3,023 VP COMMUNITY RELATIONS 40 00 (17) MICHELLE CONNOR Х 48.830 0 25.532 SECRETARY Form 990 (2018) Form 990 (2018)

Part VII

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

	(A) Name and Title	(B) Average hours per week (list any hours	Average hours per week (list any hours for related any hours week (list any hours for related any hours week (list any hours for related any hours for related for) ated of other sation the
		organizations below dotted line)	Individual trustee or director	Institutional Trustee Individual trustee or director		employee key employee		Former	2/1099-MISC)	(W- 2/1099- MISC)		organizat relat organiz	ed
(18)	NICK RICHARDSON	40 00			x				146,046		0		3,750
PKES.	IDENT				L^				140,040		1		
(19)	SIOBHAN SMITH	40 00			×				95,731		٥		29,094
VP FC	DR CONSERVATION					<u> </u>			,		+		
											\dagger		
											+		
											\perp		
											T		-
											+		
	Sub-Total				•	•	-						
	Fotal from continuation sheets to Part \ Fotal (add lines 1b and 1c)	•			_	,	-		412,409	0			61,399
2							-1		<u> </u>				
2	Total number of individuals (including but of reportable compensation from the organization)		tnose ii:	stea a	abov	/e) v	vno re	ceiv	ed more than \$100	,000			
												Yes	No No
3	Did the organization list any former offic	er director or t	ructee	kov s	mn	love	e orb	uahe	est compensated er	oplovee on		165	
•	line 1a? If "Yes," complete Schedule J for							_			3		No
4	For any individual listed on line 1a, is the	sum of reporta	ble com	nens	atio	n an	d othe	בר כם	ompensation from th		_		
	organization and related organizations gr	eater than \$150	0,0007	f "Ye	s," c	comp							
	ındıvıdual			•	•	•	•	•			4		No
5	Did any person listed on line 1a receive of												
	services rendered to the organization? If	'Yes," complete	Schedu	ile J f	or s	uch	persor	· .	<u> </u>	<u> </u>	5		No
	ection B. Independent Contractors	}							·				
1	Complete this table for your five highest from the organization Report compensat										ensa	ation	
	nom the organization Report compensat	(A)	idai ye	ai eil	uniy	, WILL	i oi w	rei III	The organization s	(B)	Т	(C)
	Name and I	ousiness address							Descript	ion of services		Compen	

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

Form **990** (2018)

compensation from the organization ▶ 0

Part	VIII	Statement of	Revenue							
		Check if Schedul	e O contains a	respo	onse or note to any					
						(A) Total revenue	e: fu	(B) ated or xempt nction	(C) Unrelated business revenue	Revenue excluded from tax under sections
	1:	a Federated campaig	ns	1a			l Γ€	venue		512 - 514
nts ants		b Membership dues		1b	1,257,192					
Gra not		c Fundraising events		1c						
ts, T	١.	d Related organizatio	ns	1d						
Gif ila		e Government grants (co	ontributions)	1e	12,198,668					
ns, Sim	1	f All other contributions,								
er S		and similar amounts no above	ot included	1f	3,536,739					
들		g Noncash contribution								
Contributions, Gifts, Grants and Other Similar Amounts		in lines 1a - 1f \$	46		<u>7,256</u>					
S P		h Total. Add lines 1a	.11	•		16,992,599	1			
He	_	PROJECT INCOME			Business		096,304	3,096	.304	
V-V		FARM INCOME				515100	151,481	·	,481	
ı Oğ	b					110000			,	
rvic	С			_						
ઝ	d			_						
Jran	e f	All other program se								
Program Service Revenue					3,2	47,785				
		Total. Add lines 2a-2				1				
		Investment income (ii similar amounts) .	· · · ·	• nus, i	interest, and other	396,2	56			396,256
		Income from investme								
	5	Royalties								
	6-	Gross rents	(ı) Real		(II) Personal	-				
	Ua	I GIOSS TEIRS	1	20,043						
	Ŀ	Less rental expenses		0						
		: Rental income or	1	20,043		-				
		(loss)								
	C	Net rental income o			• • • •	120,0	13			120,043
	7=	Gross amount	(ı) Securit	ies	(II) Other	-				
	<i>,</i> a	from sales of assets other	7	51,444	3,369,725					
		than inventory								
	t	Less cost or other basis and	2	31,896	3,807,755					
		sales expenses		19,548		1				
		Gain or (loss) Net gain or (loss)				81,5	18	-438,030		519,548
		Gross income from fi			<u> </u>	1		· .		<u> </u>
ne		(not including \$		of						
Other Revenue		contributions reporte See Part IV, line 18		а] 					
Re	Ŀ	Less direct expense	s	b						
er		: Net income or (loss)			ents	-				
O#	9a	Gross income from g See Part IV, line 19	amıng actıvıtı	es						
				а						
		Less direct expense		Ь]				
		: Net income or (loss) aGross sales of invent		activit	ies >	1				
		returns and allowand			J					
				a		_				
		Less cost of goods s		Ь		J				
	_	Net income or (loss) Miscellaneous		invent	Business Code					
	11	.a				1				
	Ŀ	,								
				_						
	c									
				_						
		All other revenue .								
		Total. Add lines 11a			•					
	12	Total revenue. See	Instructions			20,838,2	01	2,809,755		0 1,035,847
						· · · ·				Form 990 (2018)

65,665

35,523

247

21,896

2,117

14,497

7,196

13,474

4,638

816

3,852

20,914

1,417 523,743

Form 990 (2018)

Part IX Statement of Functional Expenses

(k) and 403(b) employer contributions)

e Professional fundraising services See Part IV, line 17

18 Payments of travel or entertainment expenses for any federal, state, or local public officials19 Conferences, conventions, and meetings

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

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

g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)

9 Other employee benefits . . .

d Lobbying

f Investment management fees . .

12 Advertising and promotion . . .

10 Payroll taxes

b Legal .

c Accounting .

13 Office expenses . .

14 Information technology

20 Interest

expenses on Schedule O)a DEVELOPMENT RIGHTS

c OTHER OPERATING EXPENSE

b PROJECT FEASIBILITY

d PROJECT EXPENSES

e All other expenses

21 Payments to affiliates22 Depreciation, depletion, and amortization .

15 Royalties .

17 Travel .

16 Occupancy .

23 Insurance .

Section $501(c)(3)$ and $501(c)(4)$ organizations must complete all c	olumns All other orga	anizations must com	plete column (A)	
Check if Schedule O contains a response or note to any	/ line in this Part IX .			🗹
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	585,876	585,876		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	46,801	46,801		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	790,330	331,160	346,618	112,552
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,265,646	1,814,884	237,209	213,553
8 Pension plan accruals and contributions (include section 401	60,237	47,446	7,405	5,386

700,807

341,405

84.138

47,000

218,546

402,927

2,765

144,695

399,469

133,375

46,291

328,957

179,068

99,105

12,065,849

215,114

208,744

197,636

269,799

19,834,580

531,998

243,775

84.138

24,591

142,731

210,820

2,475

94,499

290,591

110,647

30,232

296,272

129,678

70,052

12,065,849

201,776

136,329

176,907

261,565

17.931.092

103,144

62,107

22,162

53,919

189,990

290

35,699

101,682

9,254

11,421

32,685

49,390

28,237

9 486

51,501

20.729

6,817

1,379,745

Page **11**

10,953,829

44,231,760 Form **990** (2018)

Р	art X	Balance Sheet Check if Schedule O contains a response or not		and long on the Dant IV			
		Check it Schedule O contains a response of hou	e to a	iy iine iii tiiis Pait ix	(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			362,660	1	511,842
	2	Savings and temporary cash investments .			2,084,414	2	1,594,748
	3	Pledges and grants receivable, net			629,553	3	521,143
	4	Accounts receivable, net	68,755	4	151,828		
	5	Loans and other receivables from current and for trustees, key employees, and highest compensa Part II of Schedule L Loans and other receivables from other disquali	nployees Complete		5		
Assets	7	section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organiza- voluntary employees' beneficiary organizations Part II of Schedule L	928.000	6	508.001		
	-				12.743	8	12.743
	8				26.885	9	29,187
	-	Prepaid expenses and deferred charges		, -	20,003	9	29,107
	IUa	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	19,703,559			
	ь	Less accumulated depreciation	10 b	1,935,858	19,142,161	10c	17,767,701
	11	Investments—publicly traded securities .			6,342,768	11	6,640,949
	12	Investments—other securities See Part IV, line	11 .		157,354	12	188,951
	13	Investments—program-related See Part IV, line	11 .	. [2,488,215	13	1,582,095
	14	Intangible assets		[14	
	15	Other assets See Part IV, line 11			14,163,111	15	14,722,572
	16	Total assets.Add lines 1 through 15 (must equ	al line	34)	46,406,619	16	44,231,760
	17	Accounts payable and accrued expenses			276,024	17	327,867
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
S	21	Escrow or custodial account liability Complete F	Part IV	of Schedule D		21	
Liabilities	22	Loans and other payables to current and former key employees, highest compensated employee					
ge [3]		persons Complete Part II of Schedule L				22	
=	23	Secured mortgages and notes payable to unrela	ited th	ird parties	12,283,880	23	9,035,040
	24	Unsecured notes and loans payable to unrelated	d thırd	parties		24	
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24		s to related third parties,	1,810,913	25	1,590,922

(^
. 5	<u> </u>
	_
=	_
3	
7	2
-	
.40:	
747:1	

26

34

Complete Part X of Schedule D

Total liabilities and net assets/fund balances

Total liabilities. Add lines 17 through 25 . .

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ces		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.			
<u>a</u>	27	Unrestricted net assets	9,518,854	27	10,030,313
<u>8</u>	28	Temporarily restricted net assets	8,299,229	28	8,508,429
Ę	29	Permanently restricted net assets	14,217,719	29	14,739,189
Ξ		Organizations that do not follow SFAS 117 (ASC 958),			
sori	30	check here ► □ and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
set	31	Paid-in or capital surplus, or land, building or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	32,035,802	33	33,277,931
Z	٦.	Tatal haladana and out a saturble of halana	46 406 610	4	44 224 760

14,370,817

46,406,619

26

34

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

3a

3b

Yes

Yes (2018)

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

Software Version:

EIN: 03-0264836

Name: VERMONT LAND TRUST INC

Form 990 (2018)

Form 990, Part III, Line 4a:

CONSERVATION ACCOMPLISHMENTSTHE VERMONT LAND TRUST IS A MEMBER-SUPPORTED LAND CONSERVATION ORGANIZATION THAT HAS WORKED WITH FAMILIES, COMMUNITIES, FARMERS, AND FORESTLAND OWNERS SINCE 1977 TO CONSERVE OVER 2,000 PARCELS OF LAND IMPORTANT TO VERMONTERS VLT HAS PERMANENTLY CONSERVED MORE THAN 590,000 ACRES THIS LAND INCLUDES MORE THAN 1,000 WORKING FARMS, MORE THAN 410,000 ACRES OF PRODUCTIVE FORESTLAND, AND NUMEROUS PARCELS OF COMMUNITY LANDS OUR STAFF CHOOSES INITIATIVES AND WEIGHS INVESTMENTS OF RESOURCES IN OUR EFFORT TO BEST SERVE CURRENT AND FUTURE RESIDENTS AND VISITORS TO VERMONT OUR ACCOMPLISHMENTS INCLUDE PROTECTING AND STEWARDING FARMS, FORESTS, COMMUNITY LANDS, AND ASSOCIATED IMPORTANT NATURAL AREAS PROTECTING AND STEWARDING LAND THAT CONTRIBUTES TO THE CULTURAL, ECONOMIC, AND ECOLOGICAL VITALITY OF LOCAL COMMUNITIES PROTECTING AND STEWARDING LAND THAT IS ACCESSIBLE TO THE PUBLIC. AND THAT IS BOTH AFFORDABLE AND AVAILABLE FOR THOSE WHO

WISH TO USE IT IMPROVING THE LIVES OF INDIVIDUALS AND FAMILIES BY INVIGORATING FARMS, LAUNCHING NEW BUSINESSES, MAINTAINING SCENIC VISTAS,

PROVIDING LOCAL FOOD, ENCOURAGING RECREATIONAL OPPORTUNITIES, AND FOSTERING A RENEWED SENSE OF COMMUNITY

Form 990, Part III, Line 4b: STEWARDSHIP ACCOMPLISHMENTSTHE VERMONT LAND TRUST ACCEPTS THE RESPONSIBILITY TO SAFEGUARD AND UPHOLD, FOR THE BENEFIT OF ALL VERMONTERS, THE LEGAL AGREEMENT SIGNED VOLUNTARILY BY THE LANDOWNER WE CALL THIS WORK STEWARDSHIP OUR STEWARDSHIP ROLE MEANS THAT WE MONITOR ALL OUR CONSERVED PROPERTIES ON AN ANNUAL BASIS AND MEET WITH ALMOST 90% OF THE OWNERS OF CONSERVED LAND. THESE EXPERIENCES, VISITING THE LAND AND

CREATING RELATIONSHIPS WITH LANDOWNERS, ARE CORE TO CREATING BALANCED CARE FOR THE ECOLOGICAL INTEGRITY, CULTURAL HERITAGE, AND ECONOMIC

PRODUCTIVITY OF CONSERVED PROPERTIES

Form 990, Part III, Line 4c: THE BREWSTER UPLANDS CONSERVATION TRUST IS A PROJECT TO MANAGE 1,000+ ACRES FOR PUBLIC ACCESS RECREATION AND EDUCATIONAL PURPOSES

SCHEDUL Form 990 or 90EZ)	I	Complete if the o	Charity Statu rganization is a sect 4947(a)(1) nonexe Attach to Form	ion 501(c)(3) mpt charitable 990 or Form 99	organization or e trust. 90-EZ.	a section	2018
epartment of the T ternal Revenue So	ervice	► Go to	www.irs.gov/Forms	990 for the late	est information		Open to Public Inspection
lame of the o ERMONT LAND T						Employer identific	ation number
Part I R	eason for	Public Charity Stat	us (All organization	s must comple	ete this part.) S	03-0264836 See instructions.	
		vate foundation because					
1	hurch, conve	ention of churches, or a	ssociation of churches	described in sec	tion 170(b)(1)	(A)(i).	
2	school describ	ped in section 170(b)	(1)(A)(ii). (Attach Sch	edule E (Form 9	990 or 990-EZ))		
B	nospital or a d	cooperative hospital ser	vice organization desci	ribed in section	170(b)(1)(A)(iii).	
nai	me, city, and			· .			·
	-	operated for the benef (Complete Part II)	it of a college or univer	sity owned or o	perated by a gov	ernmental unit descri	bed in section 170
		, or local government o	r governmental unit de	scribed in sectio	on 170(b)(1)(A	ı)(v).	
		that normally receives)(1)(A)(vi). (Complete		s support from a	a governmental u	ınıt or from the gener	al public described ii
B	community tr	ust described in sectio	n 170(b)(1)(A)(vi)	(Complete Part I	Π)		
		research organization d college of agriculture S					ege or university or
fro Inv	m activities r estment inco	that normally receives elated to its exempt fulume and unrelated busing section 509(a)(2).	nctions—subject to cert ness taxable income (le	aın exceptions,	and (2) no more	than 331/3% of its si	ipport from gross
		organized and operate		r public safety S	See section 509	(a)(4).	
mo	re publicly si	organized and operate upported organizations ough 12d that describes	described in section 5	09(a)(1) or se	ction 509(a)(2). See section 509(a	
Ty org	pe I. A suppo ganization(s)	orting organization oper the power to regularly IV, Sections A and B	rated, supervised, or co appoint or elect a majo	ontrolled by its s	supported organiz	zation(s), typically by	
ma	nagement of	porting organization sup the supporting organize Part IV, Sections A	ation vested in the san				
		ionally integrated. A nization(s) (see instruct					ited with, its
l ∏ Ty fur	pe III non-factionally inte	functionally integrate grated The organization ou must complete Pa	d. A supporting organion generally must satis	zation operated fy a distribution	in connection wi requirement and	th its supported orgai	
	•	od must complete Pa If the organization recei	•	•		pe I, Type II, Type II	I functionally
_	-	ype III non-functionally upported organizations	ıntegrated supporting	organization			
	he following i e of supporte	nformation about the s	T'		angahan bakad	(w) Amount of	(vi) ^
	e of supporte anization	d (ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ling document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (se instructions)
				Yes	No		
tal							-
	Reduction	Act Notice, see the I	nstructions for	Cat No 1128!	5F !	 Schedule A (Form 9	90 or 990-F7) 20'

instructions

P	Support Schedule for (b)(1)(A)(ix) (Complete only if you ch	necked the box or	n line 5, 7, 8, or	9 of Part I or if	the organization	n failed to qualify	
_	III. If the organization for	ails to qualify und	der the tests list	ed below, please	e complete Part	III.)	
_ 2	Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")	10,809,042	10,434,027	9,630,200	11,180,739	16,992,599	59,046,607
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to						
4	the organization without charge Total. Add lines 1 through 3	10,809,042	10,434,027	9,630,200	11,180,739	16,992,599	59,046,607
5	The portion of total contributions by each person (other than a governmental unit or publicly	10,005,042	10,434,027	3,030,230	11,100,735	10,552,555	33,040,007
	supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2,770,465
5	Public support. Subtract line 5 from line 4						56,276,142
S	ection B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a)2014	(b) 2015	(c)2016	(d) 2017	(e)2018	(f)Total
7	Amounts from line 4	10,809,042	10,434,027	9,630,200	11,180,739	16,992,599	59,046,607
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and	474,998	567,263	433,932	443,794	396,256	2,316,243
9	income from similar sources Net income from unrelated business activities, whether or not the						
10	business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						61,362,850
12	Gross receipts from related activities,	etc (see instruction	ns)			12	9,378,112
L3	First five years. If the Form 990 is for	-		•	•	• • • • • •	nization,
_	check this box and stop here			<u> </u>			
	Section C. Computation of Publi			. (6)		T T	
	Public support percentage for 2018 (II			olumn (r))		14	91 710 %
	Public support percentage for 2017 Sc				11 - 22 + (20)	15	87 560 %
16a	33 1/3% support test—2018. If the				9 14 IS 33 1/3% OF	more, check this b	_
Ŀ	and stop here. The organization qual 33 1/3% support test—2017. If th	e organization did i	not check a box or	line 13 or 16a, a	nd line 15 is 33 1/.	3% or more, check	_
17a	box and stop here. The organization 10%-facts-and-circumstances tes is 10% or more, and if the organization in Part VI how the organization meets	t—2018. If the org on meets the "facts-	anization did not c	heck a box on lines" test, check this	box and stop her	r e. Explain	▶⊔ _
b	organization 10%-facts-and-circumstances tes 15 is 10% or more, and if the organizes Explain in Part VI how the organization	zation meets the "fa	acts-and-circumsta	inces" test, check	this box and stop	here.	▶□
	supported organization Private foundation If the organization			_	•		▶ □

Page 2

Р	Support Schedule for						
	(Complete only if you c						ler Part II. If
- C	the organization fails to ection A. Public Support	quality under t	ne tests listed	pelow, please co	omplete Part II.)	
30	Calendar year		43.554.5		413.004-		(0) =
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions,						
_	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
_	organization's tax-exempt purpose Gross receipts from activities that are						
3	not an unrelated trade or business						
	under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
_	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6)						
36	ection B. Total Support Calendar year			I	1		1
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
b	income from similar sources Unrelated business taxable income						
D	(less section 511 taxes) from						
	businesses acquired after June 30,						
	1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12							
	loss from the sale of capital assets						
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is fo	r the organization	ı 's fırst, second, tl	nird, fourth, or fift	:h tax vear as a se	ction 501(c)(3) c	rganization.
	check this box and stop here	,	, ,	, ,	,	(), ()	• □
Se	ection C. Computation of Public	Support Perce	ntage				<u> </u>
15	Public support percentage for 2018 (lin			column (f))		15	
16	Public support percentage from 2017 S					16	
	ection D. Computation of Investi					1 1	
<u> </u>	Investment income percentage for 201			line 13, column (f	·))	17	
18	Investment income percentage from 2	•		,	• •	18	
	331/3% support tests—2018. If the		·	on line 14 and lin	ne 15 is more than		ne 17 is not
							_
	more than 33 1/3%, check this box and s						
b	33 1/3% support tests—2017. If the	-			•		_
	not more than 33 1/3%, check this box	and stop here.	The organization	qualifies as a publ	icly supported org	anization	▶⊔_
20	Private foundation. If the organization	on did not check a	box on line 14, 1	.9a, or 19b, check	this box and see	instructions	▶ □

Schedule A (Form 990 or 990-EZ) 2018 Page 4 Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V) Section A. All Supporting Organizations

Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509

(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

3а Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the

determination 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you

checked 12a or 12b in Part I, answer (b) and (c) below 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations

Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported

organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by 5a

amendment to the organizing document) Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?

5b 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

than (1) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its

6

7

8

answer line 10b below

the organization had excess business holdings)

supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in

section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

complete Part I of Schedule L (Form 990 or 990-EZ)

8 Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI.

9a Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI.

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

9b which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

9с

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

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

>cn	edule A (Form 990 or 990-E2) 2018		F	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11 c		
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization	-		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
_	<u> </u>			
	ection D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		103	-140
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations		l	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ions)		
	The organization satisfied the Activities Test Complete line 2 below	•		
	b			
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test Answer (a) and (b) below.	į	Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement			
,		2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	_		
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard	3h		

Sched	lule A (Form 990 or 990-EZ) 2018			Page 6
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrat	ed Type III supporting or	ganızatıon (see

Schedule A (Form 990 or 990-EZ) (2018)

c Remainder Subtract lines 4a and 4b from 4

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2
If the amount is greater than zero, explain in Part VI

Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.
 Excess distributions carryover to 2019. Add lines.

a Excess from 2014. **b** Excess from 2015. **c** Excess from 2016.

See instructions

d Excess from 2017.e Excess from 2018.

3_j and 4c

8 Breakdown of line 7

Additional Data

Software ID: Software Version:

EIN: 03-0264836

Name: VERMONT LAND TRUST INC

Part VI
Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See Instructions)

Facts And Circumstances Test

SCHEDULE C

For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ.

Political Campaign and Lobbying Activities

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

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

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

Schedule C (Form 990 or 990-EZ) 2018

Cat No 50084S

DLN: 93493006004090

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

EZ)

(Form 990 or 990-

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C • Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B Section 527 organizations Complete Part I-A only If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** VERMONT LAND TRUST INC 03-0264836 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A 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) 3 Volunteer hours for political campaign activities (see instructions) Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 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? Was a correction made? ☐ Yes □ No If "Yes," describe in Part IV Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 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 (e) Amount of political filing organization's contributions received funds If none, enter and promptly and -0directly delivered to a separate political organization If none, enter -0-2 5

Lobbying nontaxable amount Enter the amount from columns	n the following table in both
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

Calendar year (or fiscal year

beginning in)

Lobbying nontaxable amount

(150% of line 2a, column(e))

Total lobbying expenditures

Grassroots ceiling amount

Grassroots nontaxable amount

(150% of line 2d, column (e))

Grassroots lobbying expenditures

Lobbying ceiling amount

2a

Schedule C (Form 990 or 990-EZ) 2018

250,000

(d) 2018

1,000,000

39,899

250,000

Schedule C (Form 990 or 990-EZ) 2018

(e) Total

3,563,113

5,344,670

265,842

890,779

1,336,169

Page 2

0 i Subtract line 1f from line 1c If zero or less, enter -0j 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? 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.)

h Subtract line 1g from line 1a If zero or less, enter -0-☐ Yes ☐ No

Lobbying Expenditures During 4-Year Averaging Period

908,476

96,548

227,119

(b) 2016

769,410

74,021

192,353

(c) 2017

885,227

55,374

221,307

(a) 2015

activity

Volunteers?

Part IV

Return Reference

1

(b)

Amount

(a)

No

Yes

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year 2b Carryover from last year C Total 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

Explanation

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

Taxable amount of lobbying and political expenditures (see instructions)

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

Supplemental Information

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

including any attempt to influence public opinion on a legislative matter or referendum, through the use of

5

SCHEDULE D

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Supplemental Financial Statements

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

DLN: 93493006004090 OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

(Form 990)

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

	me of the organization			Employer ide	entification number	
VER	MONT LAND TRUST INC			03-0264836		
Pa	Organizations Maintaining Donor Advis					_
	Complete if the organization answered "Ye			(h)[d		_
	Tatal wound or at and of year	(a) Donor advise	ea runas	(b)Fund:	s and other accounts	_
	Total number at end of year					_
	Aggregate value of contributions to (during year)					_
	Aggregate value of grants from (during year)					_
•	Aggregate value at end of year					
	Did the organization inform all donors and donor advisor organization's property, subject to the organization's ex-		ts held in donor ad	vised funds are	the Yes No	
	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?					
Pa	rt III Conservation Easements. Complete if th	ie organization answere	ed "Yes" on Forn	n 990, Part IV	, line 7.	_
	Purpose(s) of conservation easements held by the organ	nization (check all that app	oly)			
	Preservation of land for public use (e g , recreation	or education)	Preservation of an	historically imp	ortant land area	
	✓ Protection of natural habitat		Preservation of a c			
	_		rieservacion or a c	ertined mstoric	structure	
	✓ Preservation of open space					
	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conservation con	tribution in the for		ation at the End of the Year	7
а	Total number of conservation easements		ı	2a	2,205	1
b	Total acreage restricted by conservation easements			2b	493,165 00	-
c	Number of conservation easements on a certified historic	c structure included in (a)		2c	133,103 00	1
d	Number of conservation easements included in (c) acqui	` ,	t on a historic	2d		-
ŭ	structure listed in the National Register	rea area 7, 25, 55, and no		24		J
ı	Number of conservation easements modified, transferre tax year ▶5	d, released, extinguished,	or terminated by	the organizatior	n during the	
	Number of states where property subject to conservatio	n easement is located >		1		
i	Does the organization have a written policy regarding th	— ne periodic monitorina, ins	pection, handling	of violations.		
	and enforcement of the conservation easements it holds	37	,	,	☑ Yes ☐ No	
,	Staff and volunteer hours devoted to monitoring, inspect 8100 00	ting, handling of violations	s, and enforcing co	onservation ease	ements during the year	
,	Amount of expenses incurred in monitoring, inspecting, ▶ \$ 345,819	handling of violations, and	d enforcing conser	vation easemen	ts during the year	
,	Does each conservation easement reported on line 2(d) and section 170(h)(4)(B)(ii)?	above satisfy the requirer	ments of section 1	70(h)(4)(B)(ı)	☑ Yes □ No	
l	In Part XIII, describe how the organization reports consibalance sheet, and include, if applicable, the text of the the organization's accounting for conservation easement	footnote to the organizati				
ar	Organizations Maintaining Collections Complete if the organization answered "Yes			er Similar As	ssets.	
a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finan	public exhibition, education	n, or research in f			
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for publ following amounts relating to these items					
(i) Revenue included on Form 990, Part VIII, line 1			▶ \$		
(i	ii)Assets included in Form 990, Part X			- \$		
:	If the organization received or held works of art, historic following amounts required to be reported under SFAS 1			ncıal gaın, provi	de the	
а	Revenue included on Form 990, Part VIII, line 1	-		▶ \$		
b	Assets included in Form 990, Part X			▶ \$		

Cat No 52283D

Schedule D (Form 990) 2018

Par	t III	Organizations Ma	aintaining Collect	tions of Art,	Histori	cal T	reası	ires, oi	· Other :	Similar	Assets (c	ontın	ued)	
3		the organization's acq (check all that apply)	uisition, accession, ar	nd other record	s, check	any of	the fo	llowing t	hat are a	sıgnıfıcan	t use of its	colle	ction	
а		Public exhibition			d		Loan	or excha	ange prog	rams				
b		Scholarly research			e		Othe	r						
С		Preservation for future	e generations											
4	Provid Part X	le a description of the	organization's collecti	ons and explai	n how the	ey furtl	ner the	e organız	ation's ex	empt pur	pose in			
5	During	g the year, did the org s to be sold to raise fur								ılar	☐ Ye:	5	□ N-	o
Pai	rt IV		odial Arrangeme ganızatıon answere		orm 990	, Part	IV, lı	ine 9, oi	r reporte	d an am			990,	Part
1a		organization an agent ed on Form 990, Part I		r other interme	ediary for	contri	bution	s or othe	er assets i	not	☐ Ye	5	□ N	0
b	If "Ye	s," explain the arrange	ement in Part XIII and	I complete the	following	table					Amount			_
c		ning balance	interior in Fare Alli and	r complete the	ronoving	table			1c		7			_
d	_	ons during the year							1d					_
e		outions during the year	r						1e					_
f		g balance							1f					_
2a		ie organization include	an amount on Form (000 Bart V lin	o 21 for	occrou		ıctadıala	scount lin	د بیانط،			□ N	_
_		_								·	_	5	□ N	0
b	rt V	s," explain the arrange	ds. Complete if the											
FG	rt V	Endowment run		a)Current year		rior yea			ears back	(d)Three		(a)Fo	ur year	rs back
1a	Beainni	ng of year balance .		19,661,757		19,515			17,651,411		20,338,554	(0)10		550,798
	-	utions		2,296,494	1	1,803	_		2,814,765		1,409,127			587,873
		estment earnings, gair	ns, and losses	1,091,985	5	1,715	5,187		2,369,414		-189,113			583,671
		or scholarships												
	Other e	expenditures for facilitie ograms	es	2,536,408	3	3,182	2,981		3,156,596		3,753,440		3,3	315,653
f	Admini	strative expenses .	🗀	185,352	2	189	9,038		163,851		153,717		:	168,135
g	End of	year balance	🗀	20,328,476	5	19,661	1,757	1	19,515,143	1	7,651,411		20,3	338,554
2 a b	Board Perma	de the estimated perce designated or quasi-e anent endowment > orarily restricted endov	ndowment ► 19 6 73 550 %	500 %	ce (line 1	g, colu	mn (a)) held a	s		•			
С		ercentages on lines 2a												
За		ere endowment funds			ation that	t are h	eld an	ıd admını	stered for	r the				
	-	ızatıon by	·	_									Yes	No
	. ,	related organizations				•						(i)	Yes	
L		elated organizations .			lar C-L	م داری		• •				(ii)		No_
ь 4		s" on 3a(II), are the rel Ibe In Part XIII the Inte	-	•							3	b		
	rt VI	Land, Buildings,		arrización s ena	- Transfer of	anas								
			ganization answere	d "Yes" on Fo	orm 990	, Part	IV, lı	ne 11a.	. See For	m 990, I	Part X, lin	e 10		
	Descri	ption of property	(a) Cost or other b (investment)	asıs (b) Co.	st or other	basis (other)	(c) Acc	umulated d	epreciation	(4	d) Boo	ok value	e
1a	Land		14,	062,301		83	33,776						14	,896,077
	Building		<u>'</u>	•			19,925			1,167,96	1			,751,964
		old improvements												
		ent				69	96,529			600,78	5			95,744
	Other			35,526			55,502			167,11				23,916

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) .

Part VII Investments—Other Securities. Complete if the organiza	ition answ	ered "Yes" on Form 9	990, Part IV, line 11b.
See Form 990, Part X, line 12. (a) Description of security or category (including name of security)	(b) Book value	. ,	nod of valuation of-year market value
(1) Financial derivatives			
A)			
В)			
C)			
D)			
E)			
F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related.		20 11c Soo Form 000	Dart V June 12
Complete if the organization answered 'Yes' on Form 990, I (a) Description of investment (b) B	Book value	(c) Met	nod of valuation
(1)		Cost or end-	of-year market value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization answered 'Yes' on Form	rm 990, Pai	rt IV, line 11d See Form	n 990, Part X, line 15
(a) Description (1) CHARITABLE REMAINDER TRUSTS			(b) Book value 1,087,971
(2) BENEFICIAL INTEREST IN NET ASSETS HELD BY VERMONT COMMUNITY FOUN	NDATION		13,612,761
(3) DEPOSITS (4)			21,840
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)			▶ 14,722,572
Part X Other Liabilities. Complete if the organization answered 'Y See Form 990, Part X, line 25.			11e or 11f.
(a) Description of liability	(b) Bo	ook value	
(1) Federal income taxes			
DEFERRED CHARITABLE ANNUITIES DEFERRED OPTION PAYMENTS		1,585,627 5,295	
(3)			
		l	
(4)			
(5)			
(4) (5) (6)			
(4) (5) (6) (7)			
(4) (5) (6) (7)			
(4) (5) (6) (7)		1,590,922	

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

2b b 2c c

2a

2a 2b

2c

2d

4a

4b

Explanation

238.508

3,807,755

2e

3

4c

5

Page 4

24,884,464

4,046,263

20,838,201

20,838,201

23,642,335

3,807,755

19,834,580

19.834.580

Schedule D (Form 990) 2018

n

d 2d 3.807.755 2e e 3

3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1

Investment expenses not included on Form 990, Part VIII, line 7b . 4a 4b

b

Add lines **4a** and **4b** 4c c 5

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

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional 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

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

5

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . .

Donated services and use of facilities . . .

Other (Describe in Part XIII)

Add lines 2a through 2d

Supplemental Information

Net unrealized gains (losses) on investments

Schedule D (Form 990) 2018

Part XI

1

2

c

d

3

4

b

5

Part XIII

See Additional Data Table

Return Reference

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Schedule D (Form 990) 2018	Page 5
Part XIII Supplemental Info	mation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

Supplemental Information	on
Return Reference	Explanation
PART II, LINE 5	GENSBURG (STAHLER) KIRBY & LYNDON, VT MARCH 20, 2019 THE PURPOSES OF THE GENSBURG CONSERVA TION EASEMENT ARE TO CONSERVE PRODUCTIVE AGRICULTURAL AND FORESTRY USES, AS WELL AS TO CON SERVE THE SCENIC VALUES, NATURAL RESOURCES AND RECREATIONAL OPPORTUNITIES ASSOCIATED WITH THE PROPERTY FOR PRESENT AND FUTURE GENERATIONS THE MODIFICATION TO THE EASEMENT STRENGTH ENED THE PROTECTION OF THE AGRICULTURAL ALDLE ("OPAV") TO THE CONSERVED PROPERTY THE OP AV CLEARLY FURTHERS THE PURPOSES OF THE EASEMENT BY KEEPING THE AGRICULTURAL LAND AFFORDAB LE TO FARMERS, AS SUPPORTED BY VERMONT LAW AND POLICY, WHICH RESULTS IN THE LAND AFFORDAB LE TO FARMERS, AS SUPPORTED BY VERMONT LAW AND POLICY, WHICH RESULTS IN THE LAND REMAINING IN PRODUCTIVE USE AND THEREFORE AS OPEN FARMLAND IN ADDITION, THE AMENDMENT FUTHERED THE CONSERVATION PURPOSES OF THE EASEMENT BY ADDING 9 4 ACRES OF PREVIOUSLY UNCONSERVED LAND TO THE EASEMENT THE NEW LAND INCLUDED THE EXISTING FARM INFRASTRUCTURE AND FARM HOUSING, AND THE EASEMENT ON THE 9 4 ACRES RESTRICTS THOSE IMPROVEMENTS AND THEIR USES WITHIN A FAR MISTEAD COMPLEX AREA IN ADDITION, THE AMENDMENT STRENGTHENED THE SUBDIVISION RESTRICTIONS OF THE PROPERTY BY INCLUDING LIMITATIONS ON PARTITION AND SEPRARTE CONVEYANCE IN THE EASEMENT ON RESTRICTIONS OF THE PROPERTY BY INCLUDING LIMITATIONS ON PARTITION AND SEPRARTE CONVEYANCE IN THE EASEMENT ON REPORT THE VLT BOARD OF TRUSTEES APPROVED THIS MODIFICATION TO BENHANCE THE RESTRICTIONS ON THE GENSBRUG FARM BAGLEY GRANVILLE, VT MAY 8, 2019 THE PURPOSE OF THE BAGLEY FARM CO NERVATION EASEMENT IS TO CONSERVE PRODUCTIVE AGRICULTURAL AND FORESTRY USES, AS WELL AS TO CONSERVE THE SCENIC VALUES, NATURAL RESOURCES, WILDLIFE HABITATS, AND RECREATIONAL OPPOR TUNITIES ASSOCIATED WITH THE PROPERTY THE MODIFICATION TO THE BAGLEY FARM CO NERVET FOR THE PROPERTY OF ADDITIONAL PROPERTY THE OPAVCLEARLY FURTHERS THE PURPOSES OF THE EASEMENT BY KEEPING THE AGRICULTURAL LAND AFFORDAD BLE TO FARMERS, AS SUPPORTED BY VERMONT THE PROPERTY BY ADDING 8 ACRES OF PREVIOUSLY UNCONSE

Supplemental Information				
Return Reference	Explanation			
PART II, LINE 5	ICATION TO ENHANCE THE RESTRICTIONS ON THE BAGLEY FARM CROWE M (HALLEY) WOODSTOCK, VT JUN E 5, 2019 THE PURPOSES OF THE CROWE M CONSERVATION EASEMENT ARE TO CONSERVE PRODUCTIVE AGR ICULTURAL AND WOOD LANDS IN ORDER TO CONTRIBUTE TO THE IMPLEMENTATION OF THE POLICIES OF THE STATE OF VERMONT DESIGNED TO FOSTER THE CONSERVATION OF THE STATE'S AGRICULTURAL, FORES T, AND OTHER NATURAL RESOURCES, AS WELL AS TO CONSERVE THE SCENIC QUALITIES, NATURAL RESOURCES, AS WILL AS TO CONSERVE THE SCENIC QUALITIES, NATURAL RESOURCES, AS WILL AS TO CONSERVE THE SCENIC QUALITIES, NATURAL RESOURCES, SWILDLIFE HABITATS AND RECREATIONAL OPPORTUNITIES ASSOCIATED WITH THE PROPERTY THE M ODIFICATION TO THE EASEMENT STRENGTHENED THE PROTECTION OF THE AGRICULTURAL, FORESTRY AND SCENIC VALUES OF THE PROPERTY BY ADDING AN OPTION TO PURCHASE AT AGRICULTURAL VALUE ("OPAV") TO A PORTION OF THE ORIGINALLY CONSERVED PROPERTY THE OPAV CLEARLY FURTHERS THE PURPOS ES OF THE EASEMENT BY KEEPING THE AGRICULTURAL LAND AFFORDABLE TO FARMERS, AS SUPPORTED BY VERMONT LAW AND POLICY, WHICH RESULTS IN THE LAND AFFORDABLE TO FARMERS, AS SUPPORTED BY VERMONT LAW AND POLICY, WHICH RESULTS IN THE LAND REMAINING IN PRODUCTIVE USE AND THEREFORE AS OPEN FARMLAND. THE LANDOWNER DONATED THE ADDITIONAL RESTRICTIONS VLT AND THE LANDOWN NER SIGNED AN UPDATED BASELINE DOCUMENTATION REPORT THE VLT BOARD OF TRUSTEES APPROVED TH IS MODIFICATION TO ENHANCE THE RESTRICTIONS ON THE CROWE M PROPERTY BUMP-AQUAVIVA WESTMIN STER, VT OCTOBER 26, 2018 THE PURPOSES OF THE BUMP-AQUAVIVA CONSERVATION EASEMENT ARE TO C ONSERVE PRODUCTIVE AGRICULTURAL AND WOOD LANDS IN ORDER TO CONTRIBUTE TO THE IMPLEMENTATIO N OF THE POLICIES OF THE STATE OF VERMONT DESIGNED TO FOSTER THE CONSERVATION OF THE STATE 'S AGRICULTURAL, FOREST, AND OTHER NATURAL RESOURCES, AS WELL AS TO CONSERVE THE SCENIC VALUES, NATURAL RESOURCES, WILLLIFE HABITATS AND RECREATIONAL OPPORTUNITIES ASSOCIATED WITH THE PROPERTY THE MODIFICATION TO THE EASEMENT STRENGTHENED THE PROPERTY THE OPAV REPLACED A LIMITED OP TION TO P			

Supplemental Information	
Return Reference	Explanation
PART II, LINE 5	URCES AND RECREATIONAL OPPORTUNITIES ASSOCIATED WITH THE PROPERTY TO IMPROVE THE QUALITY OF LIFE FOR VERMONTERS AND TO MAINTAIN FOR THE BENEFIT OF FUTURE GENERATIONS THE ESSENTIAL CHARACTERISTICS OF THE VERMONT COUNTRYSIDE THE MODIFICATION TO THE EASEMENT STRENGTHENED THE PROTECTION OF THE AGRICULTURAL, FORESTRY AND SCENIC VALUES OF THE PROPERTY BY ADDING A NOPTION TO PURCHASE AT AGRICULTURAL VALUE ("OPAV") TO THE ORIGINALLY CONSERVED PROPERTY THE OPAV CLEARLY FURTHERS THE PURPOSES OF THE EASEMENT BY KEEPING THE AGRICULTURAL LAND AF FORDABLE TO FARMERS, AS SUPPORTED BY VERMONT LAW AND POLICY, WHICH RESULTS IN THE LAND REM AINING IN PRODUCTIVE USE AND THEREFORE AS OPEN FARMLAND THE EASEMENT IS CO-HELD BY VLT AN DOTHE VERMONT HOUSING AND CONSERVATION BOARD ("VHCB AND TOGETHER WITH VLT, THE "CO-HOLDERS") THE CO-HOLDERS PAID SLIGHTLY LESS THAN FAIR MARKET VALUE FOR THE ADDITIONAL RESTRICTIONS, THE VALUE OF WHICH WAS DETERMINED BY AN INDEPENDENT APPRAISER VLT AND THE LANDOWNER SIGNED AN UPDATED BASELINE DOCUMENTATION REPORT VHCB AND THE VLT BOARD OF TRUSTEES APPROVED THIS MODIFICATION TO ENHANCE THE RESTRICTIONS ON THE SHEPARD DETARM

Supplemental Information	
Return Reference	Explanation
PART II, LINE 9	EASEMENTS ACQUIRED BY THE TRUST ARE CONSERVATION EASEMENTS AND REPRESENT NUMEROUS RESTRICTIONS OVER THE USE AND DEVELOPMENT OF LAND NOT OWNED BY THE TRUST SINCE THESE EASEMENTS HAVE NO MARKETABLE VALUE, THEY ARE NOT RECORDED AS ASSETS ON THE STATEMENT OF FINANCIAL POSITION ALL EASEMENTS ACQUIRED BY PURCHASE ARE EXPENSED AS DEVELOPMENT RIGHTS IN THE STATEMENT OF FUNCTIONAL EXPENSES IN SOME INSTANCES WHEN THE TRUST PURCHASES A CONSERVATION EASEMENT ON FARMLAND, IT MAY ALSO ACQUIRE AN OPTION TO PURCHASE THE CONSERVED FARM AT AGRICULTURAL VALUE IN THE EVENT THE LANDOWNER ELECTS TO SELL THE PROPERTY TO AN UNRELATED PARTY OR TO SOMEONE WHO IS NOT A QUALIFIED FARMER AS DEFINED IN THE EASEMENT AGREEMENT THE TRUST ALSO HOLDS TITLE TO CERTAIN PARCELS WHICH MANAGEMENT DEEMS NOT TO HAVE ANY FAIR VALUE DUE TO THE CONSERVATION RESTRICTIONS OR OTHER LIMITATIONS IN ALL CASES, THE TRUST MONITORS ACTIVITIES ON THE LAND AND ENFORCES RESTRICTIONS

Supplemental Information					
Return Reference	Explanation				
PART V, LINE 4	VERMONT LAND TRUST'S ENDOWMENTS SUPPORT A VARIETY OF USES INCLUDING - FUNDING THE LAND AND CONSERVATION EASEMENT STEWARDSHIP PROGRAM - ENFORCING CONSERVATION EASEMENT VIOLATIONS - PROVIDING CONSERVATION PROJECT SUPPORT - PROVIDING SUPPORT FOR GENERAL LAND CONSERVATION OPERATIONS				

Supplemental Information	
Return Reference	Explanation
PART X, LINE 2	THE TRUST IS EXEMPT FROM FEDERAL INCOME TAXES UNDER INTERNAL REVENUE CODE SECTION 501(C)(3) CONTRIBUTIONS TO THE TRUST ARE DEDUCTIBLE AS ALLOWED UNDER SECTION 170(B)(1)(A)VI) OF THE CODE THE TRUST HAS ADOPTED THE PROVISIONS OF FASB INTERPRETATION NO 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES (FASB ASC 740) ACCORDINGLY, MANAGEMENT HAS EVALUATED THE TRUST'S TAX POSITIONS AND CONCLUDED THE TRUST HAS MAINTAINED ITS TAX-EXEMPT STATUS, DOES NOT HAVE ANY SIGNIFICANT UNRELATED BUSINESS INCOME AND HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT OR DISCLOSURE IN THE FINANCIAL STATEMENTS WITH FEW EXCEPTIONS, THE TRUST IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U S FEDERAL OR STATE TAX AUTHORITIES FOR YEARS BEFORE 2016

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	COST OF TIMBER HARVEST EXPENSE AND DEPLETION COST OF LAND SOLD

Sı

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	COST OF TIMBER HARVEST EXPENSE AND DEPLETION COST OF LAND SOLD

DLN: 93493006004090 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ▶ Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number VERMONT LAND TRUST INC 03-0264836 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization (book, FMV, appraisal, noncash assistance or assistance grant cash or government assistance other) (1) See Additional Data (4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

(6)

(7)

Explanation

Return Reference

PART I, LINE 2 TO ENSURE COMPLIANCE WITH THE POLICIES, THE TRUST MONITORS THE CLOSINGS OF THE PROPERTIES TO ENSURE THAT THE FUNDS ARE BEING USED FOR THE

INTENDED PURPOSE INSPECTIONS OF THE PROPERTIES ARE ALSO DONE ANNUALLY Schedule I (Form 990) 2018

Additional Data

1290 VT RT 30 W PAWLET, VT 05761 COLD HOLLOW TO CANADA

PO BOX 406

MONTGOMERY, VT 05471

Software ID: **Software Version:**

EIN: 03-0264836

Name: VERMONT LAND TRUST INC

8,000

36-4717953

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation
organization		ıf applıcable	grant	cash	(book, FMV, appraisal,

organization	(-)	ıf applıcable	grant	cash	(book, FMV, appraisal,	l
or government			_	assistance	other)	ĺ

organization	if applicable	grant	cash	(book, FMV, appraisal,
or government			assistance	other)

501(C)3

or government				assistance	other)	
DEER FLATS FARM LLC	04-3658693	501(C)3	20,000			

_				
or government			assistance	other)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (g) Description of non-cash assistance

(h) Purpose of grant

or assistance

WATER QUALITY

SEQUESTRATION

CARBON

PROJECT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (d) Amount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant (b) EIN (c) IRC section organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 82-1194722 501(C)3 557.876 PROSPECT MOUNTAIN LAND ACOUISITION ASSOCIATION 204 PROSPECT ACCESS

WOUDFORD, VT 05201

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493006004090 SCHEDULE M OMB No 1545-0047 **Noncash Contributions** (Form 990) ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization Employer identification number VERMONT LAND TRUST INC 03-0264836 Part I Types of Property (b) (a) (c) (d) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art-Works of art . . Art-Historical treasures 3 Art—Fractional interests 4 Books and publications Clothing and household goods Cars and other vehicles **7** Boats and planes . . 8 Intellectual property . . . Securities-Publicly traded . Χ 179,256 FAIR MARKET VALUE 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures OZERO VALUE 14 Qualified conservation Х contribution—Other . Real estate—Residential . Real estate—Commercial . Χ Real estate—Other . . 338,000 FAIR MARKET VALUE 18 Collectibles 19 Food inventory . . . 20 Drugs and medical supplies . 21 Taxidermy 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . 25 Other ▶ (___ 26 Other ▶ (______) 27 Other ▶ (______) Number of Forms 8283 received by the organization during the tax year for contributions 8 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt 30a Nο b If "Yes," describe the arrangement in Part II Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Yes b If "Yes," describe in Part II If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, Schedule M (Form 990) (2018) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 51227J

Page 2 Schedule M (Form 990) (2018) Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information. Return Reference Explanation PART I, LINE 32B VERMONT LAND TRUST USES REALTORS TO SELL REAL ESTATE VERMONT LAND TRUST DOES NOT RECORD AS REVENUE DONATIONS OF CONSERVATION EASEMENTS PART I, LINE 33 BECAUSE THEY HAVE NO MARKETABLE VALUE Schedule M (Form 990) (2018)

efile GRAPH	IC print - DO NOT PROCESS As Filed Data -		DLN: 93493006004090
SCHEDUL (Form 990 or EZ)	OMB No 1545-0047 2018 Open to Public Inspection		
Namel Betherofg VERMONT LAND TH 990 Schedul		03-02648	r identification number 336
Return Reference		Explanation	
FORM 990, PART VI, SECTION A, LINE 6	THE VERMONT LAND TRUST IS A MEMBERSHIP OR	GANIZATION	

Return Explanation
Reference

FORM 990, THE VERMONT LAND TRUST IS A MEMBERSHIP ORGANIZATION
PART VI,
SECTION A,
LINE 7A

Return Explanation
Reference

FORM 990,
PART VI,
SECTION A,
STEES, TO ELECT THE BOARD OF TRUSTEES, TO PETITION FOR SPECIAL MEETINGS OF THE MEMBERSHIP,
LINE 7B
AND TO APPROVE ANY CHANGES TO THE CORPORATE BY-LAWS

Return Explanation
Reference

FORM 990, THE DIRECTOR OF FINANCE, THE PRESIDENT AND THE BOARD'S FINANCE AND INVESTMENTS COMMITTEE R EVIEW THE 990 BEFORE FILING AFTER THIS REVIEW THE DRAFT 990 IS CIRCULATED TO THE ENTIRE B OARD FOR A FINAL REVIEW

LINE 11B

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	EACH YEAR ALL EMPLOYEES AND BOARD MEMBERS ARE REMINDED OF THE PROVISIONS OF THE ORGANIZATI ON'S CONFLICT OF INTEREST POLICY, AND COMPLETE A CONFLICT OF INTEREST FORM A STAFF SYSTEM IDENTIFIES IN ADVANCE ALL POTENTIAL TRANSACTIONS THAT COULD INVOLVE A CONFLICT THE HR TE AM REVIEWS ALL CONFLICT OF INTEREST FORMS IF A CONFLICT EXISTS, IT IS BROUGHT TO THE MANA GEMENT TEAM TO DETERMINE A COURSE OF ACTION IF A MEMBER OF THE MANAGEMENT TEAM IS DETERMINED TO HAVE A POTENTIAL CONFLICT, IT IS DECIDED BY THE BOARD A BOARD MEMBER WITH A POTENT IAL CONFLICT IS RECUSED FROM ALL DECISIONS AND DELIBERATIONS RELATED TO THE CONFLICT

Return Explanation

FORM 990, PART VI, SCALES BY A COMMITTEE OF THE BOARD OF TRUSTEES FROM TIME TO TIME AN OUTSIDE CONSULTANT SECTION B, LINE 15

990 Schedule O, Supplemental Information Return Explanation

ORG OUR CONFLICT OF INTEREST POLICY IS ALSO AVAILABLE ON REQUEST

Reference

14010101100	
FORM 990,	COPIES OF THE COMPLETE, AUDITED FINANCIAL STATEMENTS ARE PROVIDED UPON REQUEST A SUMMARY
PART VI,	OF OUR FINANCIAL STATEMENTS IS PUBLISHED ANNUALLY IN OUR ANNUAL REPORT, AND DISTRIBUTED TO
SECTION C,	EACH MEMBER OF THE ORGANIZATION THIS REPORT IS ALSO AVAILABLE TO THE GENERAL PUBLIC COP
LINE 19	IES OF THE 990 AND THE AUDITED FINANCIAL STATEMENTS ARE ALSO AVAILABLE ON OUR WEBSITE, VLT

Return Reference	Explanation
FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC	MOLLY LANGAN - 209 BATTERY ST , BURLINGTON , VT 05401 JOHN LAGGIS - 589 HARDWICK FARMS RD , HARDWICK, VT 05836 MARC MIHALY - 759 MARSHFIELD RD, EAST CALAIS , VT 05650 MARY MCBRYD E - 1456 NEW BOSTON RD, NORWICH, VT 05055 KATHERINE SIMS - 70 SUMMER DR, CRAFTSBURY, VT 0 5826 SUSAN ABBOTT - 2435 HOLLISTER RD, MARSHFIELD , VT 05658 CHARLIE HANCOCK - PO BOX 40 5, MONTGOMERY CENTER , VT 05471 WILLIAM KEETON - 91 BROOKES AVE, BURLINGTON , VT 05401 R OBIN MORRIS - 1217 BROOK RD, WAITSFIELD , VT 05673 DAVID MIDDLETON - 1399 RAYMOND RD, DAN BY, VT 05739 PIETER BOHEN - PO BOX 163, WOODSTOCK, VT 05091 MARIA YOUNG - 118 PHILLIPS R D, W GLOVER , VT 05875 MIKE DONOHUE - 401 GRANDVIEW DR, RICHMOND , VT 05477 CHERYL MORSE - 27 N UNDERHILL STATION RD , UNDERHILL, VT 05489 HEIDI G CHAMBERLAIN - PO BOX 332, MAN CHESTER CENTER , VT 05255

Return Reference	Explanation
FORM 990, PART IX, LINE 24E	CHARITABLE GIFT ANNUITY PROGRAM SERVICE EXPENSES 172,306 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 172,306 FARM EXPENSES PROGRAM SERVICE EXPENSE S 51,629 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 51,629 MISC EXPENSES PROGRAM SERVICE EXPENSES 15,385 MANAGEMENT AND GENERAL EXPENSES 1,803 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 17,188 SPONSORSHIPS AND CONTRIBUTIONS PROGRAM SE RVICE EXPENSES 13,010 MANAGEMENT AND GENERAL EXPENSES 1,525 FUNDRAISING EXPENSES 0 TOTA L EXPENSES 14,535 EQUIPMENT RENTAL PROGRAM SERVICE EXPENSES 9,235 MANAGEMENT AND GENERA L EXPENSES 3,489 FUNDRAISING EXPENSES 1,417 TOTAL EXPENSES 14,141

SCHEDULE R
(Form 990)

Related

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Department of the Treasury

VERMONT LAND TRUST INC

Internal Revenue Service

Name of the organization

Part I

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

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

(b)

Primary activity

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

(c)

Legal domicile (state

Cat No 50135Y

2018

(f)

Direct controlling

Schedule R (Form 990) 2018

Employer identification number

03-0264836

(e)

End-of-year assets

Total income

DLN: 93493006004090 OMB No 1545-0047

> Open to Public Inspection

			or foreign count	try)			entity		
(1) BREWSTER UPLANDS CONSERVATION TRUST LLC 8 BAILEY AVENUE MONTPELIER, VT 05602 27-3840843	MANAGE A 1,000+ ACRE PUBLIC ACCESS RECREA AND EDUCATIONAL PURI	TION	VT		500,342	1,664,119	VERMONT LAND TRUST INC	С	_
(2) VERMONT FOREST CARBON LLC 8 BAILEY AVENUE MONTPELIER, VT 05602 84-3465811	CARBON SEQUESTRATIO	N	VT		C	0	VERMONT LAND TRUST IN	С	
									_
									_
									_
									_
Part II Identification of Related Tax-Exempt Organizations related tax-exempt organizations during the tax year.	Complete if the orga	anızat	ion answered	"Yes"	on Form 990	, Part IV, line 34 be	ecause it had one or i	more	
(a) Name, address, and EIN of related organization	(b) Primary activity	Legal or fo	(c) I domicile (state preign country)	Exem	(d) npt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section (13) co ent	ntrolle ity?
								Yes	No
								1	

(a) Name, address, and EIN of related organization				(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded fron tax under sections 512- 514)	d, total incom						(j) neral or naging rtner?	Percen	(k) Percentage ownership
					314)			Yes	No	1	Ye	s No	1	
											_	+		
Identification of Related Organiza because It had one or more related o						ization ans	wered "Yes	" on Fo	orm 99	90, Part 1	V, lın	e 34		
		s a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling Tyentity	(e) pe of entity corp, S corp, or trust)	wered "Yes (f) Share of total income	Share	(g) e of end- year assets	of- Pe	V, lin-	e	(ı) Section 5 13) cont entity	12(b rolled
because it had one or more related o (a) Name, address, and EIN of	rganizations treated as	s a corporation	on or trus (c) egal micile	st during th	(d) controlling Tyentity	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	of- Pe	(h)	e	Section 5 13) cont entity	12(b rolled
because it had one or more related o (a) Name, address, and EIN of	rganizations treated as	s a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling Tyentity	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	of- Pe	(h)	e	Section 5 13) cont entity	12(b rolled
because it had one or more related o (a) Name, address, and EIN of	rganizations treated as	s a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling Tyentity	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	of- Pe	(h)	e	Section 5 13) cont entity	12(b rolled
because it had one or more related o (a) Name, address, and EIN of	rganizations treated as	s a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling Tyentity	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	of- Pe	(h)	e	Section 5 13) cont entity	12(b rolled
because it had one or more related o (a) Name, address, and EIN of	rganizations treated as	s a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling Tyentity	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	of- Pe	(h)	e	Section 5 13) cont entity	12(b rolled

Sche	dule R (Form 990) 2018		Page	3
Pa	Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes N	Vo
1 [ouring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			_
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		
Ь	Gift, grant, or capital contribution to related organization(s)	1 b		
c	Gift, grant, or capital contribution from related organization(s)	1c		
d	Loans or loan guarantees to or for related organization(s)	1d		
е	Loans or loan guarantees by related organization(s)	1e		_
f	Dividends from related organization(s)	1f		
g	Sale of assets to related organization(s)	1 g		_
h	Purchase of assets from related organization(s)	1h		
i	Exchange of assets with related organization(s)	1 i		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11		
n	Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
o	Sharing of paid employees with related organization(s)	10		
р	Reimbursement paid to related organization(s) for expenses	1 p		
q	Reimbursement paid by related organization(s) for expenses	1 q		
r	Other transfer of cash or property to related organization(s)	1r		_
s	Other transfer of cash or property from related organization(s)	1s		

	——————————————————————————————————————
р	Reimbursement paid to related organization(s) for expenses
q	Reimbursement paid by related organization(s) for expenses
r	Other transfer of cash or property to related organization(s)
s	Other transfer of cash or property from related organization(s)
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) Name of related organization (b) Transaction Transaction type (a-s) (c) (d) Method of determining amount involved type (a-s)

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	01	(e) e all partners section 501(c)(3) rganizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(1) General (managin partner	g >	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
										Schedul	e R (Forn	1 99	0) 2018

