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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Firm's name

Firm's address >

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

Use Only

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

December 31 For the 2011 calendar year, or tax year beginning January 1 2011, and ending 20 C Name of organization Vermont Electric Cooperative, Inc. D Employer identification number Check if applicable 03-0164375 Address change Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Name change 802-635-2331 42 Wescom Road Initial return City or town, state or country, and ZIP + 4 Terminated Johnson, VT 05656-9717 G Gross receipts \$ 77,727,504 Amended return H(a) Is this a group return for affiliates? Tyes Ves No F Name and address of principal officer Application pending David Hallquist, CEO Address - Same as "C" Above H(b) Are all affiliates included? Yes No. If "No," attach a list (see instructions) √ 501(c) (12)
√ (insert no)
√ 4947(a)(1) or Tax-exempt status 501(c)(3) www vermontelectric.coop Website: ▶ H(c) Group exemption number ▶ M State of legal domicile Form of organization Corporation Trust L Year of formation 1938 VΤ Summary Part I Briefly describe the organization's mission or most significant activities: Electric service to approximately 37,801 metered accounts located in 74 towns in Vermont Sales of approximately 430,186 MWH's of electricity Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a). 3 3 12 Number of independent voting members of the governing body, Rart-V 12 4 120 Total number of individuals employed in calendar year 2011 5 0 6 Total number of volunteers (estimate if necessar) 6 S Total unrelated business revenue from Part VIII polumn (C), Inf 12012 0 7a 7a Net unrelated business taxable income from Form 990-T, line 34 0 Prior Vear Current Year Contributions and grants (Part VIII, line 1h) . 1,490,472 3,763,797 Revenue 9 Program service revenue (Part VIII, line 2g) 71,892,649 1,519,203 2,071,058 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 70,159,561 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 73,169,236 12 77,727,504 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . 5,555,775 9,892,178 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 9,323,200 16a Professional fundraising fees (Part IX, column (A), line 11e) 77 - 72 1 30% Total fundraising expenses (Part IX, column (D), line 25) ▶ b 58,320,233 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 58,515,754 67,643,433 73,963,707 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 5.525.803 3.763.797 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 121,311,741 20 Total assets (Part X, line 16) 115,329,826 21 Total liabilities (Part X, line 26) 71,283,582 71,709,632 44,046,244 Net assets or fund balances. Subtract line 21 from line 20 49,602,109 Signature Block Part II Under penalties of perjury, I declare that I have examined this return, projecting accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and comp based on all information of which preparer has any knowledge Sign Here Date PTIN Print/Type preparer's name Preparer's signature Check 🔲 ıf **Paid** self-employed **Preparer**

Yes No

Firm's EIN ▶

Cat No 11282Y

orm 990	0 (2011)	Page 2
Part I		-
	Check if Schedule O contains a response to any question in this Part III	<u>. Ц</u>
1	Briefly describe the organization's mission. Vermont Electric Cooperative is a member owned not-for-profit utility whose mission is to provide energy and other appropriat services to its members	te
	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	☑ No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	☑ No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measu expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amorganits and allocations to others, the total expenses, and revenue, if any, for each program service reported	
4a	(Code 221000) (Expenses \$ 73,963,707 including grants of \$) (Revenue \$ 77,727,504)
	Providing reliable electric service to approximately 37,801 metered accounts with sales of approximately 430,186 MWH's.	
4b	(Code:) (Expenses \$)
40	(Code: \/Evpagese \\ \(\text{pages}\) \(\text{pages}\)	······································
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$	<i>)</i>
	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
	Total program service expenses ► 73,963,707	

art	Checklist of Required Schedules			1
	I the control of the lead of protein FOM/S/O) on AOA7/S/M (athor) there is neverth foundation)? If "Voo."		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		1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		√
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		√
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21; 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		✓
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		√
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable.	ESTATE OF THE PARTY OF THE PART		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	✓	
b	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	✓	
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	✓	
d	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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.	11e	√	1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	✓	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		√
14 a		14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		/
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV.	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		1
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		✓
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		✓
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20 a	· · · · · · · · · · · · · · · · · · ·	20a		✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>

an	Checklist of Required Schedules (continued)			
	The state of the s		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓_
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	✓	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25	24a		✓_
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		
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		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		✓_
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		✓
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):	_		-
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Schedule L, Part IV	28a 28b		<u>√</u> ✓
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? If "Yes," complete Schedule L, Part IV	28c		✓
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		√
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		√
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
b	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		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R</i> ,			
	Part VI	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	1	
		Forr	ກ 99 0	(2011)

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
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			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	1	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		,	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 120			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country.			į
_	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.	_		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		√
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
C So	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	organization solicit any contributions that were not tax deductible?	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Va		. •
U	gifts were not tax deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c).	 		
·a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		-
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		L
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	-		
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]]		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources 7,291,098			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		-
а	Is the organization licensed to issue qualified health plans in more than one state?	138		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			ĺ
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	-	1
	If "Yes " has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form 99		_		age 6
Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Si	ee ins		ons.
Section	Check if Schedule O contains a response to any question in this Part VI	<u> </u>	• •	<u> </u>
Section	The 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 . 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.			
ь 2	Enter the number of voting members included in line 1a, above, who are independent 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	,	√
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		1
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?. Did the organization have members or stockholders?	4 5 6 7a	→	<u>√</u> √
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	✓	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			į
а	The governing body?	8a	✓	
ь 9	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.	8b 9	✓	
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	ie Co	ode.)	
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	į	<u>√</u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	√	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		✓
13 14	Did the organization have a written whistleblower policy?	13 14	√	
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?			ł
a	The organization's CEO, Executive Director, or top management official	15a	√	
b	Other officers or key employees of the organization	15b	✓	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		✓
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		
Secti	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► Vermont Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(c)(3)s	only)
19	✓ Own website ☐ Another's website ✓ Upon request Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of and financial statements available to the public during the tax year.			olicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: ► Michael Bursell, CFO, 42 Wescom Road, Johnson, VT 05656-9717 802-730-1153	of the		

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orm	990	(201	1)

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

Check if Schedule O contains a res	sponse to any question in this Part VII.	 					

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees, officers, key employees; highest compensated employees; and former such persons

Check this box if neither the organize	ation nor any relate	d org	anız			ompe	nsa	ted any currer	t officer, director	r, or trustee
				-	C)					
(A)	(B)	(do n	ot ch		ition	e than o	one	(D)	(E)	(F)
Name and Title	Average hours per week	box, office	unies	s pe d a d	rson	is both or/trust	an tee)	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Bertrand Lague (Deceased)					ł					
Director - Treasurer	5	✓						5,910	0	
(2) Daniel Carswell						Į		}		
Director - 1st Vice President	5	✓			<u> </u>			7,000	0	(
(3) Daniel Parsons										
Director - 2nd Vice President	4	✓						6,130	0	(
(4) Dorothy Allard										
Director	5	✓				<u> </u>		6,670	0	(
(5) Craig Kneeland										
Director	6	✓						8,570	0	C
(6) Carol Maroni										
Director	8	✓						3,400	0	(
(7) John Ward										
Director - Treasurer	8	✓						9,580	0	(
(8) Don Worth										
Director	10	✓						11,170	0	C
(9) Michelle Davia										
Director - Secretary	3 5	✓						11,690	0	(
(10) Mark Woodward										
Director	5	✓				[7,050	0	C
(11) John Miller										
Director	7	1				1		5,910	o	C
(12) Thomas Bailey			П			<u> </u>				
Director - President	9	✓						13,310	0	672
(13) David Hallquist	1									
Chief Executive Officer	60			✓		-		169,916	0	105,291
(14) Michael Bursell										
Chief Financial Officer	50			✓		1		160,414	0	68,903

Part	Section A. Officers, Directors, Trus	tees, Key E	mplo	yees			lighe	st C	ompensated E	mployees	(contin	ued)		
					•	C) ation			}					
	(A)	(B)	(do n	ot ch		_	e than o	one	(D)	(E)			(F)	
	Name and title	Average hours per					is both		Reportable compensation	Reportation Reportation			imated ount of	
		week		_			or/trus		from	related			other	
		(describe	할	nst	Officer	Key employee	뺽	Former	the organization	organizati (W-2/1099-N			ensatio	on
		hours for related	re du	l in	Ę) eg	est	व्	(W-2/1099-MISC)		VIISC)		m the nization	า
		organizations	or tr	nal		Joy	l ° ŝ		ĺ í			and	related	ł
		in Schedule O)	Individual trustee or director	Institutional trustee		ee	Highest compensated employee					orga	nızatıon	IS
				8			ated							
	ffery Wright		Ī											
	nef Operating Officer	60			✓		<u> </u>	<u> </u>	132,954		0		4	5,046
2	ark Hinton	4						1	1					
	t Class Lineworker	62	ļ				✓	<u> </u>	146,655		0		5	5,175
32	ary Young	_					_ ا	}		ļ				
	t Class Lineworker	63		_	<u> </u>		✓	-	145,470	<u> </u>	0		5	8,065
3	ouglass Haselton	-			İ		,	ľ		1				
	nstruction Manager	50			ļ		✓		143,665	-	0		3	7,942
	on Fortin	55					✓		126.087		0		_	2 650
	t Class Lineworker even Rossignol	33		 	\vdash				120,087			-		3,650
	t Class Lineworker	- 53					1		124,220		0		6	9,288
	avid Daggett				\vdash		<u> </u>		12 1,225		─			0,200
3	t Class Lineworker - Crew Leader	53						1	119,123		0		3	4,110
	nris Lawson					\vdash								.,
2	t Class Lineworker - Group Leader	53						1	122,957		0		5	9,938
(23) St	nawn Juaire													
1s	t Class Lineworker - Group Leader	49						✓	, 111,815		0		5	6,879
(24)														
(0.5)					ļ	_								
(25)														
1b	Sub-total			L		٠.	L	┢	1,599,666		0		65	4,959
c	Total from continuation sheets to Part							•	0		0			0
d	Total (add lines 1b and 1c)							•	1,599,666	 	0		65	4,959
2	Total number of individuals (including bu	t not limited	to th				above	e) w	ho received m	ore than \$1	00,000	O of		
	reportable compensation from the organ	ızatıon ► 3	0										.	N -
3	Did the organization list any former of	fficer direc	tor c	or tr	net	20	kev e	mn	alovee or high	est compe	ensate	4	Yes	No
J	employee on line 1a? If "Yes," complete							JIIIP	noyee, or riigi			3	1	
4	For any individual listed on line 1a, is the							n a	nd other comp	ensation fr	om the		-	
•	organization and related organizations													
	ındıvıdual											4	1	
5	Did any person listed on line 1a receive of	or accrue co	ompe	nsat	tion	froi	m any	un/	related organiz	zation or inc	aubivit	ıl 🗀		
	for services rendered to the organization	ን If "Yes," c	ompl	ete	Sch	nedu	ıle J f	or s	such person			5		✓
Section	on B. Independent Contractors													
1	Complete this table for your five highest													
	compensation from the organization Rep	oort compe	nsatio	on fo	or th	ne c	alend	lar y	rear ending wit	h or within	the or	ganizati	on's ta	ЭX
	year													
	(A) Name and business add	dress							(B) Description of s	ervices		(C) Compens	ation	
New E	Ingland Tree Experts, Inc., PO Box 504, Hard		5843					Tre	e Clearing		<u> </u>			0,176
	eers Construction, Inc , PO Box 2187, South			5407	7				nstruction					9,304
	co Land Management, Inc., PO Box 14, Green							Tre	e Clearing				73	2,455
	ized Line Construction, LLC, PO Box 182, G					_		Lın	e Construction				53	2,455
Trees	Inc , 1700 Solutions Center, Chicago, IL 606								e Clearing				52	7,318
2	Total number of independent contractor							th		ove) who				
	received more than \$100,000 of compen-	sation from	the o	rgar	าเza	tion			21		l			

Part	: VIII	Statement of Revenue									
1				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514				
nts ts	1a	Federated campaigns 1a				· · · · · · · · · · · · · · · · · · ·					
irar our	b	Membership dues 1b		J							
s, G	C	Fundraising events 1c				•					
Gift Jar.	d	Related organizations 1d									
ıs, (imi	е	Government grants (contributions) 1e	3,763,797								
itior er S	f	All other contributions, gifts, grants,		ļ							
di A		and similar amounts not included above 1f			:						
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f. \$									
O e	h	Total. Add lines 1a-1f	Business Code	3,763,797							
Program Service Revenue	0-			71 722 044							
3eve	2a b	Related Electric Operating Inc Related Electric Non-Operating	221000 221000	71,722,944 169,705							
ce	C	Income	221000	103,703							
ervi	d						· · · · · · · · · · · · · · · · · · ·				
S E	e										
gra	f	All other program service revenue .									
Pro	g	Total. Add lines 2a–2f	▶	71,892,649							
	3	Investment income (including dividen	ids, interest,								
		and other similar amounts)	_	2,058,032							
	4	Income from investment of tax-exempt bond	d proceeds ►								
	5	Royalties	(a) Danasal								
		''	(II) Personal								
	6a	Gross rents .		-			ı				
	b	Less rental expenses Rental income or (loss)				:					
	d	Net rental income or (loss)	•	- 1							
	7a	Gross amount from sales of (i) Securities	(II) Other								
		assets other than inventory	13,582								
	b	Less cost or other basis									
		and sales expenses .	(556)								
	С	Gain or (loss)				İ					
	d	Net gain or (loss)	_ · · • •	13,026		<u> </u>					
e	8a	Gross income from fundraising									
venue	\ \	events (not including \$	İ								
Вę.		of contributions reported on line 1c)									
Other Re		See Part IV, line 18 a	ľ								
ŧ.	b	Less direct expenses b									
_		Net income or (loss) from fundraising ev	/ents ►								
	9a	Gross income from gaming activities.	İ								
		See Part IV, line 19 . a									
		Less direct expenses b Net income or (loss) from gaming activit	ties . ►								
	10a	Gross sales of inventory, less	iles .								
	.00	returns and allowances a		1			i.				
	ь	Less: cost of goods sold b									
	С	Net income or (loss) from sales of inven	tory >				•				
			Business Code	_							
	11a										
	b										
	C	All all and an analysis									
	d	All other revenue	_	0							
	12	Total revenue. See instructions		77,727,504							
				, , 00 7 1							

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	Check if Schedule O contains a respons	se to any question i	n this Part IX .		<u>. </u>
Do no Bb, 9b	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	5,555,775 618,657			
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 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,566,501 954,966	11-2-11		
9	Other employee benefits	1,178,217			
10	Payroll taxes	573,837			
11	Fees for services (non-employees):				
a	Management				
b	Legal	130,670			
c	Accounting	42,300			
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	180,404			
12	Advertising and promotion	3,678			
13	Office expenses	921,918			
14	Information technology	337,563			
15	Royalties				
16	Occupancy	76,076			
17	Travel	920,006			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
40	· · · · · · · · · · · · · · · · · · ·	191,014			
19 20	Conferences, conventions, and meetings . Interest	3,086,632			
21	Payments to affiliates	3,000,002			
22	Depreciation, depletion, and amortization .	3,811,145	· · · · · · · · · · · · · · · · · · ·		,
23	Insurance		***		
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 expenses on Schedule O.)				
_	Purchased Power Expense	35,617,480			
a	Transmission Expense	7,483,494		 	
b	Tree Trimming Expense	2,150,020			
d	Property Tax Expense	2,170,548	10.00	<u> </u>	
e	AU -1	1,392,806			
25	Total functional expenses. Add lines 1 through 24e	73,963,707		 	
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)				2 000 000

Part X	Balance Sheet	(A)		(B)
		Beginning of year		End of year
1	Cash—non-interest-bearing	0	1	
2	Savings and temporary cash investments	214,456	2	1,869,34
3	Pledges and grants receivable, net	0	3	
4	Accounts receivable, net	13,293,722	4	11,457,18
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees Complete Part II of			
	Schedule L	0	5	
6	Receivables from other disqualified persons (as defined under section			
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
2	employees' beneficiary organizations (see instructions)	0		
7 8	Notes and loans receivable, net	308	7	
₹ 8	Inventories for sale or use	2,912,631	8	2,849,40
9	Prepaid expenses and deferred charges	692,445	9	640,61
10a	Land, buildings, and equipment: cost or			
	other basis. Complete Part VI of Schedule D 114,911,018			
b	Less: accumulated depreciation . [10b] 30,664,149	79,019,409		84,246,86
11	Investments—publicly traded securities	0	11	
12	Investments—other securities. See Part IV, line 11	10,919,039	12	10,883,54
13	Investments program-related. See Part IV, line 11	5,415,350	13	6,264,70
14	Intangible assets	0	14	
15	Other assets. See Part IV, line 11	2,862,466	15	3,100,07
16	Total assets. Add lines 1 through 15 (must equal line 34)	115,329,826	16	121,311,74
17	Accounts payable and accrued expenses	10,927,671	17	11,093,04
18	Grants payable	0	18	
19	Deferred revenue	0	19	
20	Tax-exempt bond liabilities	0	20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	
g 22	Payables to current and former officers, directors, trustees, key		l i	
Clabilities 22	employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		00	
<u> </u>	· • • • • • • • • • • • • • • • • • • •	59.047.218	22	55,820,98
_ 20	Secured mortgages and notes payable to unrelated third parties	58,047,218 0		55,820,98
24	Unsecured notes and loans payable to unrelated third parties	<u></u>	24	
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X	2,308,693		4,795,59
-	of Schedule D	2,300,093	25	4,733,33
26	Total liabilities. Add lines 17 through 25	71,283,582		71,709,63
20	Organizations that follow SFAS 117, check here ▶ □ and complete	71,200,302		71,700,00
g	lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	-	27	
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ▶ □ and		-	
-	complete lines 30 through 34.			
2 30	Capital stock or trust principal, or current funds	0	30	
31	Paid-in or capital surplus, or land, building, or equipment fund	0	31	
₹ 32	Retained earnings, endowment, accumulated income, or other funds.	44,046,244	32	49,602,10
27 28 29 30 31 32 33 33	Total net assets or fund balances	44,046,244		49,602,10
Z 34	Total liabilities and net assets/fund balances	115,329,826	·	121,311,74
	. Com magnification and floor account failed ballations			Form 990 (201

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_ •			
orm	ggn	(201	11

	00 (2011)			Pa	age 12
Part	XI Reconciliation of Net Assets				_
	Check if Schedule O contains a response to any question in this Part XI		• •		. 🗸
1	Total revenue (must equal Part VIII, column (A), line 12)	1		77,72	7,504
2	Total expenses (must equal Part IX, column (A), line 25)	2		73,96	3,707
3	Revenue less expenses Subtract line 2 from line 1	3		3,76	3,797
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		44,04	6,244
5	Other changes in net assets or fund balances (explain in Schedule O)	5		1,79	2,068
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,				
	column (B))	6		49,60	2,109
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response to any question in this Part XII		·	Yes	No.
1	Accounting method used to prepare the Form 990. Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," expected to the schedule O.	plain in			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		1
b	Were the organization's financial statements audited by an independent accountant?		2b	✓	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov				
	of the audit, review, or compilation of its financial statements and selection of an independent accou	ntant?	2c	✓_	
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	plain in			
đ	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the years usual on a separate basis, consolidated basis, or both.	ar were			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		Ī		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	forth in	3a	✓	
	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rao the			
b	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such at				I

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

Employer identification number Vermont Electric Cooperative, Inc. 03-0164375 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts Total number at end of year . . . 1 Aggregate contributions to (during year) . 2 Aggregate grants from (during year) . . . 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Preservation of a certified historic structure ☐ Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements . . 2a 2b Total acreage restricted by conservation easements . . . Number of conservation easements on a certified historic structure included in (a) . . . Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

.

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 .

(ii) Assets included in Form 990, Part X

b Assets included in Form 990, Part X .

public service, provide the following amounts relating to these items.

_		•
Pan	Р	/

2~	haðlı	ا مار) (E	orm	990)	201	1
50	neat	ле เ	JIF	OHII	990	20 I	П

Part	III Organizations Maintaining	Collect	ions of Art, H	storical	Treasures,	or Ot	her Similar As	ssets (continued)
3	Using the organization's acquisition, collection items (check all that apply):	accessio	n, and other rec	ords, ched	ck any of the	e follov	ving that are a s	significant use of its
а	☐ Public exhibition		d		or exchang			
b	☐ Scholarly research		е	Othe	r			
С	☐ Preservation for future generations							
4	Provide a description of the organiza	tion's col	lections and exp	olain how t	they further	the org	janization's exe	mpt purpose in Part
	XIV.							
5	During the year, did the organization							
	assets to be sold to raise funds rather							
Part					ganızatıon a	answe	red "Yes" to F	orm 990, Part IV,
	line 9, or reported an amour							
1a	Is the organization an agent, trustee							
	included on Form 990, Part X?							∐ Yes ∐ No
b	If "Yes," explain the arrangement in P	art XIV ar	nd complete the	following t	table:	_		mount
						-	- 	arriourit
c	Beginning balance			•	•	10		
d	,				•	10	+	
e	Distributions during the year .					16		
f	Ending balance							☐ Yes ☐ No
2a	If "Yes," explain the arrangement in P		III 990, Fait A, II	le 21! .				1es 1to
Par		ete if the	organization	answered	"Yes" to F	orm 9	90. Part IV. line	e 10.
ı en	Endowner and Comp			Prior year	(c) Two year			
1a	Beginning of year balance	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	, , , , , ,		1			<u> </u>
b	Contributions							
c	Net investment earnings, gains, and							
•	losses							
d	Grants or scholarships .					 -		
e	Other expenditures for facilities and			· · · · · ·	†			
	programs							
f	Administrative expenses			•				
g	End of year balance							
2	Provide the estimated percentage of	the curre	nt year end bala	nce (line 1	g, column (a)) held	as.	
а	Board designated or quasi-endowme	nt ▶	%					
b	Permanent endowment ▶	%						
С	Temporarily restricted endowment ▶		<u>"</u>					
	The percentages in lines 2a, 2b, and 2							
3a	Are there endowment funds not in the	e posses	sion of the orga	nization th	at are held	and ad	ministered for the	
	organization by.							Yes No
	• •		•			•		3a(i)
	(ii) related organizations					•		3a(ii)
þ	If "Yes" to 3a(II), are the related organ					•		3b
4	Describe in Part XIV the intended use							
Part			Dee Form 990, Cost or other basis	_	or other basis	(0)	Accumulated	(d) Book value
	Description of property	l (a	(investment)		or other basis other)		Accumulated epreciation	(d) Book value
	Land		<u> </u>	 	764,748			764,748
1a	Land	. -	-	 	2,650,183		579,078	2,071,105
b	Buildings	.	···	+	2,000,100		373,070	2,011,103
c d	Equipment	·		 	37,328,395		11,359,676	25,968,719
e	Other		-		74,167,692		18,725,395	55,442,297
	Add lines 1a through 1e (Column (d) i	must eau	al Form 990, Pai	t X, colum)(c).)	>	84,246,869

Part VII Investments - Other Securities	See Form 990, Part X.	ine 12.	r age 🗸
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	
(1) Financial derivatives			
(2) Closely-held equity interests			·
(3) Other			
(A) Vermont Electric Power Company-Stock	10,620,525	Cost	
(B) New England Hydro Transmission-Stock	263,024	Cost	
(C)			
(D)			
(E)			
(F)			
(G)	ļ 		
(H)			·
(1)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.) ▶	10,883,549		
Part VIII Investments - Program Relate	T		
(a) Description of investment type	(b) Book value	(c) Method of valu Cost or end-of-year ma	
(1) Construction Work in Progress	6,264,704	Cost	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10) Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	6,264,704		
Part IX Other Assets. See Form 990, Part IX			
	a) Description		(b) Book value
(1) Patronage Capital - CFC	<u> </u>		2,582,611
(2) Patronage Capital - SEDC			28,571
(3) Patronage Capital - CRC			10,000
(4) Patronage Capital - Cobank			415,595
(5) Patronage Capital - NISC			63,030
(6) Patronage Capital - NRTC			270
(7)			
(8)			***
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, c		<u> ▶ </u>	3,100,077
Part X Other Liabilities. See Form 990	`,		·
1. (a) Description of liability	(b) Book value		
(1) Federal income taxes	<u> </u>		
(2)	201 000		
(3) Capital Leases	281,698		
(4) Revolving Debt - Cobank	4,500,000		
(5) Current Portion of Capital Leases (6)	13,901		
(7)	 		
(8)			
(9)			
(10)	 	1	
(11)	 		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	4,795,599		
2. FIN 48 (ASC 740) Footnote. In Part XIV, provide		the organization's financial statem	ents that reports the
organization's liability for uncertain tax positions u		<u> </u>	· - In a

Schedule D (For	n 990) 2011 Page	5
Part XIV	Supplemental Information (continued)	_
		_
Part XII, Line	4b - "Other" includes the \$3,763,797 government grant contributions that offset capital projects and expense	
for book pur	oses and also includes costs of \$132,978, which offset related electric non-operating income for book purposes	
·		
Dart VIII Line	2d - "Other" - same explanation as Part XII, Line 2d above.	
rait Alli, Lille	20 Ottle: - Same explanation as fact with the Edubore.	
Part XIII, Line	4b - "Other" includes the following 1) VEC Financial Statements list interest charges separately from operating expenses	
Interest char	ges are included on Form 990 - Part IX, Line 20 (\$3,086,632), 2) Non-operating expenses (\$132,978) were netted	
against non-	pperating revenue in the audited financials; however, is separated for purpose of the Form 990, 3) VEC's net income	
(\$5,555,775)	s included in Functional Expenses Part IX, Line 4 for purpose of the Form 990	
		· • -
••		

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Employer identification number

Vermont Electric Cooperative, Inc. 03-0164375 **Questions Regarding Compensation** Part I Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use Payments for business use of personal residence ☐ Travel for companions ☐ Tax indemnification and gross-up payments Health or social club dues or initiation fees ☐ Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director Explain in Part III. ✓ Compensation committee Written employment contract ✓ Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? . 4a **b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? . . . 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of. a The organization? 5a 5b Any related organization? If "Yes" to line 5a or 5b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: The organization? 6a 6b **b** Any related organization? If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed 7 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

Regulations section 53.4958-6(c)?

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)—(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

Note. The sum of columns (b)(I)—(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (b) and (c) amounts for that moving an individual (b) and (c) amounts for that moving an individual (b) and (c) amounts for that moving an individual (b) and (c) amounts for that moving an individual (c) and (c)	or each	um isted individual mu	ed Individual must equal the total aniquin of Form 390	Comparation	It vii, section A, lifte i	a, applicable column	מווטטוווג (ב) מווטטווג	S IOF THAT HIGHNIGHAN
		(b) DIEARUOWII O	1 VV-2 ATIO/OI 1033-IVII.	SO CONTIDENSANON	(C) Retirement and	(D) Nontaxable	(E) Total of columns	
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(i)+(D)	(r) Compensation reported as deferred in prior Form 990
David Hallquist	8	159,414	076'9	3,582	90,520	14,771	275,207	
1	(E)							
Michael Bursell	Ξ	150,547	885'9	3,284	54,175	14,728	229,317	
2	€							
Jefferv Wright	€	124,937	5,436	2,581	30,751	14,295	178,000	
3	(E)							
Mark Hinton	(0)	146,423	0	232	39,965	15,210	201,830	
4	(ii)							
Gary Young	Θ	143,926	0	1,544	42,855	15,210	203,535	
S	(E)							
Douglass Haselton	(9)	920'58	2,928	55,661	25,906	12,036	181,607	
9	(ii)							
Yvon Fortin	()	125,654	0	433	48,440	15,210	189,737	
7	(ii)							
Steven Rossignol	8	124,069	0	151	54,078	15,210	193,508	6 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
8	•							
David Daqqett	3	118,426	0	169	18,868	15,242	153,233	
6	(E)							
Chris Lawson	E	122,692	0	265	44,632	15,306	182,895	
10	€							
Shawn Juaire	3	111,642	0	173	41,573	15,306	168,694	
11	€							
	E							
12	(ii)							
	Ξ							
13	(ii)							
	8							
14	3							
	Ξ			_				
15	Ξ							
	Ξ							
16	€							
		,						

Schedule J (Form 990) 2011

	Information
Schedule J (Form 990) 2011	Supplemental Ir
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art I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and 1or Part II	
Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II	Also complete this part for any additional information.

ercentage amount, once approved, is the same for the CEO as it is for all other non-union employees. The Board of Directors does an assessment of the CEO's performance nd awards the appropriate percentage of increase, which does not exceed the salary budget or the salary range.	he CEO's goals are primarily VEC's Strategic Plan and other objectives as given by the Board of Directors. If the core competencies in our strategic plan and other objectives have	ce based Th	
ercentage amount, once approved, is the same for the CEO as it is for all other non-union employees. The Board of Directors does an assessment of the CEO's performance	een met, the CEO has been successful. Each year the Manager of Human Resource proposes a percentage increase to salaries as part of VEC's budgeting purposes. The increase	ctives as given by the Board of Directors. If the core competencies in our strategic plan and other obje f Human Resource proposes a percentage increase to salaries as part of VEC's budgeting purposes. T	e Board of Directors, as a whole, sets the CEO's goals and assesses performance during the CEO's coi ctives as given by the Board of Directors. If the core competencies in our strategic plan and other obje f Human Resource proposes a percentage increase to salaries as part of VEC's budgeting purposes. T
		he CEO's goals are primarily VEC's Strategic Plan and other objectives as given by the Board of Directors. If the core competencies in our strategic plan and other objectives have	art I, Line 3 - The CEO's compensation is performance based. The Board of Directors, as a whole, sets the CEO's goals and assesses performance during the CEO's contract year. he CEO's goals are primarily VEC's Strategic Plan and other objectives as given by the Board of Directors. If the core competencies in our strategic plan and other objectives have

Schedule J (Form 990) 2011

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Open to Public ► Attach to Form 990 or 990-EZ. Inspection

Vermont Electric Cooperative, Inc	03-0164375
Part VI, Line 6 - VEC is a member owned utility; therefore, does not have stockholders.	
Part VI, Line 7a - VEC has members who vote to elect a director who represents their district	
Part VI, Line 7b - Yes, the organization needs approval from the members to make changes to bylaws	or articles of incorporation
Part VI, Line 11b - The Form 990 is prepared in detail by VEC's Assistant Controller, then reviewed in o	detail by VEC's Controller Once
the final reviews are complete, copies are provided to the CEO, CFO and Board of Directors for their r	eview, prior to submission.
Part VI, Line 15a & b - Every year our Human Resource Department conducts a salary analysis compa	ring compensation by position to
several surveys, such as New England Survey, VSAC Survey, State of Vermont Executive Pay Plan an	
Gallagher, Flynn Company was hired to complete a salary survey of all positions, including officers	This information was shared
with the VEC Board of Directors and they use this information for determining the CEO's compensation	on.
Part VI, Line 19 - VEC Bylaws are mailed to all members annually Governing documents are available	e upon member requests.
VEC Financial Statements are available on our Web Site, in the lobby at the annual meeting or upon re	equest
Part VIII - Changed classification of electric operating and non-operating income to Lines 2a & 2b in P	Program Service Revenue section
compared to prior year, which was reflected in Lines 11a & 11b in Miscellaneous Revenue section Th	
Part I, Line 9 & 11	
Part IX, Line 4 - For purpose of the Form 990, VEC's 2011 patronage dividends allocated of \$5,555,775	ıs reflected as a functional
expense, whereas 2010 patronage dividends allocated of \$4,035,331 were not	

Schedule O (Form 990 or 990-EZ) (2011)	
Name of the organization	Employer identification number
Part XI, Line 5 - Other changes in net assets or fund balances of \$1,792,068 is a net	of the following VEC's 2011 net income of
\$5,555,775, less government grant contributions in the amount of \$3,763,797 (which	ıs ıncluded ın Part VIII, Line 1e for purpose of
the Form 990), plus donated capital in the amount of \$90.	
For book purposes, the grant offsets capital projects and expense, therefore, is net	ted as a reduction to Form 990 - Part IX, Line 24e and
Form 990 - Part X, Line 10c	······
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