Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2019

Department of the Treasury Internal Revenue Service

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

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

Open to Public

A	For the	2019 calen	dar year, or tax year beginni	ng 01/01	, 2019, and end	dina	404	-	Inspection					
В		applicable:	C Name of organization VERM			anig	12/3		, 20 19					
	Address o		Doing business as	ONT ELECTRIC COOPE	RATIVE INC				identification number					
$\overline{\Box}$	Name cha		Number and street (or P.O. box	- 16 11 to 5 - 5 - 11				0:	3-0164375					
П	Initial retu		42 Wescom Road	til mail is not delivered to st	reet address)	Room/su	uite	E Telephone	number					
\Box		n/terminated						802-635-2331						
\exists	Amended		City or town, state or province,	country, and ZIP or foreign	postal code									
		100000000000000000000000000000000000000	Johnson, VT, 05656		-			G Gross recei	ipts \$ 83,542,362					
	Application	n penaing	F Name and address of principal	officer: Rebecca Towne					ordinates? Yes V No					
1	Tax-exem	nt etatue:	42 Wescom Road, Johnson			H(I	b) Are all su	ubordinates inc	cluded? Yes No					
-			501(c)(3) 501(c) (12) ◀ (insert no.)	4947(a)(1) or 527	If "	'No," attach	n a list. (see ins	tructions)					
J	website:	> VVVVVV.V	ERMONTELECTRIC.COOP			H(e	c) Group ex	kemption numb	per ►					
			Corporation Trust Assoc	ciation ☐ Other ►	L Year of for	mation:	1938	M State of leg	gal domicile: VT					
F	art I	Summar												
	1 E	Briefly desc	cribe the organization's mis	ssion or most significal	nt activities: Elect	tric servi	ce to app	roximately 3	39.431 metered					
nce		Briefly describe the organization's mission or most significant activities: Electric service to approximately 39,431 metered accounts located in 74 towns in Vermont. Sales of approximately 451,381 MWH's of electricity.												
na														
Ver	2 (Check this	box ▶ ☐ if the organizatio	n discontinued its ope	rations or dispose	ed of mo	re than 3	25% of its n	not accote					
ŝ	3 1	number of	voting members of the gov	erning body (Part VI. I	ine 1a)			3						
Activities & Governance	4 N	Number of	independent voting member	ers of the governing be	ody (Part VI, line 1	(b)		4	12					
	5 T	otal numb	er of individuals employed	in calendar year 2019	(Part V line 2a)	٠,		5	12					
	6 T	otal numb	er of volunteers (estimate i	f necessary)				6	115					
	7a T	otal unrela	ated business revenue from	Part VIII column (C)	line 12				0					
	b N	let unrelat	ed business taxable incom	e from Form 990-T lin	0.30			7a	0					
		2		0 1101111 01111 330-1, 1111				7b	0					
m	8 0	Contributio	ns and grants (Part VIII line	1h)		-	Prior Year		Current Year					
Revenue	9 P	rogram se	butions and grants (Part VIII, line 1h)											
	10 Ir	vestment	income (Part VIII column /	A) lines 0 4 17.0	* * * * * * * * * * * * * * * * * * *			81,680	77,907,997					
	11 0	ther rever	income (Part VIII, column (A), lines 3, 4, and 7d)			5,57	22,550	5,634,044					
	12 T	otal rouga	nue (Part VIII, column (A), lir			0	0							
	13 G	ronto and	ue-add lines 8 through 11		84,80	04,230	83,542,041							
		arants and	similar amounts paid (Part		0	0								
	14 B	enerits pa	id to or for members (Part I	X, column (A), line 4)			4,29	95,481	4,385,062					
ses	15 S	alaries, otr	ner compensation, employee	benefits (Part IX, colur	nn (A), lines 5-10)		11,40	07,732	11,621,943					
Expenses	16a P	rofessiona	al fundraising fees (Part IX,	column (A), line 11e)				0	0					
xp	b l	otal fundra	aising expenses (Part IX, co	olumn (D), line 25) ▶	0									
	17 C	ther expe	nses (Part IX, column (A), lii	nes 11a-11d, 11f-24e)			69,10	01,017	67,535,036					
	18 T	otal expen	ises. Add lines 13-17 (must	t equal Part IX, column	(A), line 25) .		2000	04,230	83,542,041					
	19 R	levenue les	ss expenses. Subtract line	18 from line 12				0	03,342,041					
ces				7		Beginnin	ng of Curre	nt Year	End of Year					
alan	20 T	otal assets	s (Part X, line 16)					38,394	186,904,894					
nd B	21 T	otal liabilit	ies (Part X, line 26)			-		39,233	104,917,169					
FE	22 N		or fund balances. Subtract	line 21 from line 20				99,161						
Pa	rt II	Signatur					10,50	3,101	81,987,725					
Und	der penaltie	es of perjury,	I declare that I have examined this	return including accompan	ving schodules and at	ntamanta	and to the	h 1 1 1 1						
true	e, correct, a	and complete	. Declaration of preparer (other tha	n officer) is based on all info	rmation of which prepa	arer has an	and to the	dest of my kno	wledge and belief, it is					
		1	was some	/				-11						
Sig	n	Signatu	re of officer				Date	7/1/20)					
Hei	3	Micho	of Bursoll Chief Financial Of				Date							
			el Bursell, Chief Financial Of print name and title	Ticer										
			preparer's name	Preparer's signature		Dete			Loza					
Pa		, , , po	pp. or or marito	reparer s signature	- 12	Date		Check if	PTIN					
	eparer	-						self-employed						
Us	e Only	Firm's nam		s EIN ▶										
14-	the IDO	Firm's addr					Phone	e no.						
			his return with the preparer		structions)				. Yes No					
For	Pananuo	rk Raducti	on Act Notice can the conor	ata implumations			and a		- 000 (0000)					

Part		Service Accomplishments tains a response or note to any line in this Pa	rt III
1	Briefly describe the organization	's mission:	
		n member owned not-for-profit utility whose mission	on is to provide energy and other appropriate
	services to its members.	AND DEPOSIT OF THE PARTY OF THE	

2	Did the organization undertake	any significant program services during the yea	rubish ware not listed on the
2	prior Form 990 or 990-EZ? If "Yes," describe these new ser		r which were not listed on the Yes ☑ No
3	Did the organization cease co	onducting, or make significant changes in ho	w it conducts, any program
	If "Yes," describe these changes	s on Schedule O.	· · · · · · · · · · · · · · · · · · ·
4	expenses. Section 501(c)(3) and	gram service accomplishments for each of its to 501(c)(4) organizations are required to report s, if any, for each program service reported.	three largest program services, as measured by the amount of grants and allocations to others
4a	(Code:) (Expenses \$	83,542,041 including grants of \$) (Revenue \$ 83,542,041)
	Providing reliable electric service	to approximately 39,431 metered accounts, with s	ales of approximately 451,381 MWH's.
4b		including grants of \$	
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$
4d	Other program services (Describ		
	(Expenses \$ 0 inc	luding grants of \$ 0) (Revenue \$	0)
4e	Total program service expenses	83,542,041	

Part I	V 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		1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
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		1
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? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
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		1
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, 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		1
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
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	1	
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		1
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		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	1	
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	1	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	/	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		1
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
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		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		1
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		1
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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
	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		1
		Form	n 990	(2019)

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
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	1	
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		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		_
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		
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	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		1
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
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		1
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		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 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? If "Yes," complete Schedule R, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	1	
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			. 🗆
			Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 160 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	MELE		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	10	1	

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Part '	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
(4)	Statements, filed for the calendar year ending with or within the year covered by this return 2a 115			
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)			,
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		1
b	If "Yes," enter the name of the foreign country	40		V
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			and the
	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		
9	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	SVIII E	SHEE
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	9		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		THE REAL PROPERTY.
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			200
	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 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
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	140		1
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		1
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	140		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		1
	excess parachute payment(s) during the year?		FEET C	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		1
10	If "Yes," complete Form 4720, Schedule O.			
-		For	n 990	(2019)

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See in	for a struc	tions.				
Secti	on A. Governing Body and Management							
1a	Enter the number of voting members of the governing had at the set of the		Yes	No				
Ia	Enter the number of voting members of the governing body at the end of the tax year							
b	Enter the number of voting members included on line 1a, above, who are independent . 1b 12							
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		1				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .	3		1				
4								
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1				
6	Did the organization have members or stockholders?	6	1					
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	1					
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	1					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	1					
b	Each committee with authority to act on behalf of the governing body?	8b	1					
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 on Schedule O	9		1				
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co						
100	Did the expenientian have level about any household as \$100 to 0		Yes	No				
10a b	Did the organization have local chapters, branches, or affiliates?	10a		1				
8.4	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a b	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	✓					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	1					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	1					
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c	1					
13 14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	13	1					
15	Did the process for determining compensation of the following persons include a review and approval by	14		(4)				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	15-	,					
a b	Other officers or key employees of the organization	15a 15b	1					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130						
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	1					
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	1					
Section	on C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ▶ VT							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-1 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain on Schedule O)	Γ (Sec	tion 5	501(c)				
19	Describe on 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, address, and telephone number of the person who possesses the organization's books and re- Michael Bursell, (802)730-1153	cords						

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 employees."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any **related organizations**.
- List all of the organization's **former directors or trustees** that **received**, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the **organization** and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither the organization (A) Name and title	(B) Average hours	(do n	ot ch	Pos neck ss pe	c) sition more	e than o	one an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation	
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations	
Rebecca Towne	55.00					Page 18					
Chief Executive Officer	0.00			1				248,787	0	36,689	
Mark Hinton	61.00							58 to 2	- 12		
1st Class Lineworker-Group Leader	0.00					1		197,816	0	68,421	
Michael Bursell	50.00										
Chief Financial Officer	0.00			1				226,224	0	33,954	
Gary Young	59.00									1 1	
1st Class Lineworker - Crew Leader	0.00			100		1		182,600	0	63,277	
Peter Rossi	50.00										
Chief Operating Officer	0.00			1				168,812	0	30,961	
Chris Ingalls	59.00										
1st Class Lineworker	0.00					1		167,528	0	30,958	
Alan Esposito	56.00								3		
1st Class Lineworker	0.00				18	1		158,185	0	29,599	
Victoria Brown	45.00										
General Counsel	0.00			100		1		172,207	0	13,465	
Mark Woodward	5.00							a en la companya			
Director - Secretary	0.00	1						8,605	0	16	
John Ward	4.50									F 1	
Director - Treasurer	0.00	1						8,600	0	16	
Paul Lambert	2.00								THE STATE OF THE S		
Director - 1st Vice President	0.00	1						8,500	0	0	
Ken Hoeppner	4.00		П	1		E					
Director	0.00	1						8,300	0	7	
Carol Maroni	8.00										
Director - 2nd Vice President	0.00	1						8,230	0	16	
Rich Goggin	15.00							T.T.			
Director - President	0.00	1						7,700	0	Form 990 (2019	

Par	t VII Section A. Officers, Directors,	Trustees,	Key	Em	plo	yee	s, ar	nd H	lighest Compe	nsated Emplo	vees	(conti	nued)
						C)	,				,	COTTO	1404/
	(A)	(B)	/4			sition			(D)	(E)		(F)	
	Name and title	Average					e than		Reportable	Reportable	Estim	ated an	nount
		hours per week	office	er and	dad		or/trus	tee)	compensation from the	compensation from related		of other	
		(list any	ord	Inst	Officer	Ke)	Hig	Former	organization	organizations		npensati from the	
		hours for related	vidu	tut	cer	em	Highest co	mer	(W-2/1099-MISC)	(W-2/1099-MISC)		nization	
		organizations	tor to	onal		Key employee	ee con	1			related	organiz	zations
		below dotted line)	Individual trustee or director	Institutional trustee		ee	nper						
		dotted inte)	9	stee			Highest compensated employee						
Geor	ge Lague	5.00	-	-	-		ā	-					
Direc		0.00	1						7 400	0			40
-	ie Van Winkle	8.00	<u> </u>						7,400	0			16
Direc		0.00	1			15			6,900	0			16
	North	8.00	<u> </u>						0,300	- 0			16
Direc	tor	0.00	1						5,700	0			7
Thor	as Bailey	4.00							0,700				
Direc	tor	0.00	1			341			5,000	0			665
Jody	Dunklee	4.00											000
Direc		0.00	1						5,100	0			0
Richa	rd Westman	2.50											
Direc	tor	0.00	1						2,975	0			16
Dan (Carswell	4.00											
Direc	Director (Through 5/2019)		1						1,800	0			16
							_		12.7				
										n-1			
1b	Subtotal		٠.	•	•		•		1,606,969	0		308,131	
C	Total (add lines the and to)			•	٠		•						
d	Total (add lines 1b and 1c)								1,606,969	0		30	8,131
2	Total number of individuals (including but reportable compensation from the organi		to th	ose	list	ed	above	e) W		than \$100,000	of		
	reportable compensation from the organi	Zation							55			Yes	Ma
3	Did the ergenization list one former	fficer direct			-4			1	blob			res	No
3	Did the organization list any former of employee on line 1a? If "Yes," complete 3							mpi	oyee, or nignes	compensated	3	100000	1
4											HEARING AND ADDRESS		V
**	For any individual listed on line 1a, is the organization and related organizations												
	individual	greater th	αιι ψι	50,	000		76.	3,	complete sched	iule o loi such	4	1	
5	Did any person listed on line 1a receive of	r accrue co	mnei	nsat	ion	fror	n anv	uni	related organizat	ion or individual		Seig	NA BAI
_	for services rendered to the organization										5	No. of the last of	1
Sect	on B. Independent Contractors									1100			
1	Complete this table for your five high	est compe	ensate	ed i	inde	per	ndent	со	ntractors that re	eceived more t	han \$	100,00	00 of
	compensation from the organization. Repo	ort compen	sation	for	the	cal	enda	r yea	ar ending with or	within the organ	ization	's tax	year.
	(A)								(B)		(C)		
Name and business address Description of services							ices	Compen	sation				
	ree Service LLC, 3985 County Route 27, Rus		84						e Clearing				0,989
Trees LLC, 1700 Solutions Center, Chicago, IL 60677 Tree Clearing									0,218				
	England Tree Experts Inc, PO Box 504, Hardw				_	-			e Clearing				5,921
Riggs Distler & Company Inc, PO Box 71592, Chicago									e Construction		548,155		
	an Line Construction Corporation, 35 Sullivar				-			_	e Contractor	a) who		39	0,445
2	Total number of independent contractor	The second second second second second	-					, th	ose listed above	e) WIIO			

Part VIII			tatement of Revenue heck if Schedule O contains a response or note to any line in this Part VIII									
		Official in Confidure	0 001	ntanis a re	эроп	se of flote to all	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514		
ts	1a	Federated campaign	ns .		1a							
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues			1b							
s, G	С	Fundraising events			10				7.2			
ar	d	Related organization			1d							
imil imil	9	Government grants			1e							
tion	f	All other contribution and similar amounts no			1f			200				
Contributions, Gifts, Grants and Other Similar Amounts	q	Noncash contribution										
d or		lines 1a-1f			1g	\$						
ğ ç	h	Total. Add lines 1a-	-1f .			🕨	0					
						Business Code						
rice	2a	Related Electric Ope				221000	77,564,240		0	0		
ue en	b	Related Electric Non	-Oper	ating Incon	ne	221000	343,757	343,757	0	0		
gram Ser Revenue	0											
Re	d											
Program Service Revenue	f	All other program se	ervice	revenue			0	0	0	0		
_	g	Total. Add lines 2a-					77,907,997		e-March 1997	K- Francisco		
	3	Investment income										
		other similar amoun					5,544,553	0	0	5,544,553		
	4	Income from investment of tax-exempt bo				ond proceeds ►	0	0	0	0		
	5	Royalties		· · ·			0	0	0	0		
	_	_		(i) Rea	d	(ii) Personal						
	6a	Gross rents	6a									
	b	Less: rental expenses Rental income or (loss)	6b		0	0						
	C d	Net rental income o		5)								
	7a	Gross amount from	(1000	(i) Securi		(ii) Other						
	74	sales of assets										
		other than inventory	7a		0	89,812		15 -				
e	b	Less: cost or other basis										
evenue		and sales expenses .	7b		0		a 200 f					
Rev	C	Gain or (loss)	7c		0		00.404		0	90.401		
ē	d	Net gain or (loss)			<u> </u>		89,491	0		89,491		
Other	8a	Gross income fro events (not including		indraising						A CONTRACTOR OF		
_		of contributions re		d on line	1							
		1c). See Part IV, line			8a							
	b	Less: direct expens	es .		8b					是 是		
	С	Net income or (loss			ng eve	ents >						
	9a	Gross income										
		activities. See Part			9a							
	b	Less: direct expens			9b	es >						
	100	Net income or (loss Gross sales of in			Cuvid							
	10a	returns and allowar		1 (5.7)	10a							
	b	Less: cost of goods			10b							
	C	Net income or (loss			nvent	ory >						
S						Business Code	A TOTAL STREET					
Miscellaneous Revenue	11a							-				
lan	b					-				-		
scellaneo Revenue	C	All ather recent								1		
Mis	d	All other revenue Total. Add lines 11		 d								
	12	Total revenue. See				>	83,542,041			5,634,044		
******	12	Total Intelligence		40	-					Form 990 (2019		

Part IX Statement of Functional Expenses

Section 501(c)(3) and	1501(c)(4) organizations	must complete all columns.	All other organizations must	complete column (A).

	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 domestic organizations and domestic governments. See Part IV, line 21 .	, 0	ingto i		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	4,385,062			
5	Compensation of current officers, directors, trustees, and key employees	628,823			
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	7,974,592			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,164,880			
9	Other employee benefits	1,234,178			
10	Payroll taxes	619,470	d-los 1		
11	Fees for services (nonemployees):	Y			
а	Management	0			
b	Legal	84,448			
C	Accounting	49,855			
d	Lobbying	68,797			
е	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	839,855			
12	Advertising and promotion	1,335			
13	Office expenses	904,359			
14	Information technology	518,881			
15	Royalties	0			
16	Occupancy	119,092			
17	Travel	695,821			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings .	145,172			
20	Interest	3,757,191			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization .	6,000,592			
23	Insurance	0			
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	Purchased Power Expense	34,109,753			
b	Transmission Expense	12,112,895			
С	Tree Trimming Expense	2,601,213			
d	Property Tax Expense	3,416,088			
е	All other expenses	2,109,689			
25	Total functional expenses. Add lines 1 through 24e	83,542,041	0	0	0
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)	yn Lander			

Form 990 (2019)

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
1	Cash—non-interest-bearing	0	1	0
2	Savings and temporary cash investments	2,029,000	2	700,955
3	Pledges and grants receivable, net	0	3	(
4	Accounts receivable, net	11,247,457	4	12,032,232
5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0	6	
7	Notes and loans receivable, net	0	7	(
8	Inventories for sale or use	4,954,850	8	5,144,283
9	Prepaid expenses and deferred charges	450,722	9	507,858
10a	Land, buildings, and equipment: cost or other			
Iou	basis. Complete Part VI of Schedule D 10a 176,289,125			
b	Less: accumulated depreciation 10b 53,184,609	117,524,338	10c	123,104,516
11	Investments—publicly traded securities	0	11	(
12	Investments—other securities. See Part IV, line 11	37,250,739	12	38,049,698
13	Investments-program-related. See Part IV, line 11	2,653,678	13	2,438,87
14	Intangible assets	0	14	117
15	Other assets. See Part IV, line 11	4,577,610	15	4,926,48
16	Total assets. Add lines 1 through 15 (must equal line 33)	180,688,394	16	186,904,894
17	Accounts payable and accrued expenses	13,078,636	17	13,462,268
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	
22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	
23	Secured mortgages and notes payable to unrelated third parties	88,615,217	23	91,024,48
24	Unsecured notes and loans payable to unrelated third parties	0,010,217	24	0.702.77.0
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	395,380	25	430,41
00		102,089,233		104,917,16
26	Total liabilities. Add lines 17 through 25	102,003,233		
27	Net assets without donor restrictions		27	
28	Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here ▶ ☑ and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds	0	29	
30	Paid-in or capital surplus, or land, building, or equipment fund	0	30	
31	Retained earnings, endowment, accumulated income, or other funds	78,599,161	31	81,987,72
32	Total net assets or fund balances	78,599,161	32	81,987,72
3.7				

Pag	e	1	2

Form 99	0 (2019)		Pa	ge 12
Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			1
1	Total revenue (must equal Part VIII, column (A), line 12)		83,54	2,041
2	Total expenses (must equal Part IX, column (A), line 25)		83,54	2,041
3	Revenue less expenses. Subtract line 2 from line 1			0
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4		78,59	9,161
5	Net unrealized gains (losses) on investments			0
6	Donated services and use of facilities			0
7	Investment expenses			0
8	Prior period adjustments			0
9	Other changes in net assets or fund balances (explain on Schedule O)		3,38	8,564
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))		81,98	7,725
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			Ш
			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," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		1
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	01	,	
b	Were the organization's financial statements audited by an independent accountant?	2b	1	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
_	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	-		
С	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	1	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		1
b	the arganization did not undergo the	3b		
		For	m 990	(2019)

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

VERM	ONT ELECTRIC COOPERATIVE INC		03-0164375
Par	Organizations Maintaining Donor Advise Complete if the organization answered "Yes		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year) .		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor adv	visors in writing that the assets	held in donor advised
	funds are the organization's property, subject to the or	ganization's exclusive legal con	itrol? Yes 🗌 No
6	Did the organization inform all grantees, donors, and	donor advisors in writing that g	rant funds can be used
	only for charitable purposes and not for the benefit of	f the donor or donor advisor, o	r for any other purpose
	conferring impermissible private benefit?		
Par	Conservation Easements.	a" an Farm 000 Bort IV line	7
	Complete if the organization answered "Ye		1.
1	Purpose(s) of conservation easements held by the org		on of a historically important land area
	Preservation of land for public use (for example, recreation	on or education) Preservation	on of a historically important land area on of a certified historic structure
	Protection of natural habitat	☐ Preservation	on of a certified historic structure
	☐ Preservation of open space Complete lines 2a through 2d if the organization held a	a sublified concentation contribu	rtion in the form of a conservation
2	easement on the last day of the tax year.	a qualified conservation contribu	Held at the End of the Tax Year
_	Total number of conservation easements		2a
a	Total acreage restricted by conservation easements.		
b	Number of conservation easements on a certified histo		
d	Number of conservation easements included in (c)		
u			
3	Number of conservation easements modified, transfer	rred released extinguished or	terminated by the organization during the
3	tax year	rod, released, entingalistics, en	
4	Number of states where property subject to conservat	tion easement is located	
5	Does the organization have a written policy regard	ding the periodic monitoring,	inspection, handling of
	violations, and enforcement of the conservation easen	nents it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting	g, handling of violations, and enfor	rcing conservation easements during the year
	▶		
7	Amount of expenses incurred in monitoring, inspecting,	handling of violations, and enforc	ing conservation easements during the yea
	▶\$		
8	Does each conservation easement reported on line 2(d	 above satisfy the requirements 	s of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports con	servation easements in its rever	nue and expense statement and
	balance sheet, and include, if applicable, the text of the		stinancial statements that describes the
	organization's accounting for conservation easements	S. S. A. Illiatania al Traccurac	or Other Similar Assats
Par	Organizations Maintaining Collections of	of Art, Historical Treasures,	or Other Similar Assets.
	Complete if the organization answered "Ye		
1a	If the organization elected, as permitted under FASB	ASC 958, not to report in its rev	venue statement and balance sneet work
	of art, historical treasures, or other similar assets he	eld for public exhibition, educa	cribes these items
	service, provide in Part XIII the text of the footnote to		
b	If the organization elected, as permitted under FASB art, historical treasures, or other similar assets held fo	ASC 958, to report in its reven	r research in furtherance of public service
	provide the following amounts relating to these items:	r public exhibition, education, o	rescaron in fundicional con public control
	(i) Revenue included on Form 990, Part VIII, line 1 .		> \$
	(ii) Assets included in Form 990, Part X		• \$
	If the organization received or held works of art, hi	etorical treasures or other sim	nilar assets for financial gain, provide th
2	following amounts required to be reported under FAS	B ASC 958 relating to these iter	ns:
а	Revenue included on Form 990, Part VIII, line 1		> \$
b			> \$

Schedul	ile D (Form 990) 2019							Page 2
Part								
3	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):							
а	☐ Public exhibition			Loan or exchar				
b	☐ Scholarly research		e 🗆	Other				
C	☐ Preservation for future generations	l						
4	Provide a description of the organization XIII.	tion's collections and	d explain	how they further	er the org	anization's exem	pt purpose	in Part
5	During the year, did the organization assets to be sold to raise funds rather	solicit or receive do	nations ed as pa	of art, historical	treasures	s, or other simila	r 🗌 Yes	□ No
Part	t IV Escrow and Custodial Arra Complete if the organization		n Form	990, Part IV, li	ne 9, or	reported an am	ount on Fo	orm
	990, Part X, line 21.							-
1a	included on Form 990, Part X?						t ☐ Yes	□ No
b	If "Yes," explain the arrangement in P	art XIII and complete	the follo	owing table:				
							nount	
C	Beginning balance				. 10			
d	Additions during the year							
е	Distributions during the year				. 1e			
f	Ending balance				. <u>1f</u>		V	
2a	Did the organization include an amou	nt on Form 990, Part	X, line 2	1, for escrow or	custodia	l account liability	/ ∐ Yes	□ No
b		art XIII. Check here i	the exp	lanation has bee	en provid	ed on Part XIII .		
Par	t V Endowment Funds.	1 (0) (- 1)	- F	000 D-+ N/ I	in a 10			
	Complete if the organization					(87)	(e) Four yea	na baak
		(a) Current year	(b) Prior	year (c) Two y	ears back	(d) Three years back	(e) Four yea	Irs Dack
1a	0 0 1							
b								
С	Net investment earnings, gains, and losses					1100		
d								
е	Other expenditures for facilities and programs		14.5			11/2/1/2		
f	Administrative expenses						-	
9	End of year balance						1	
2	Provide the estimated percentage of			(line 1g, column	(a)) neid	as:		
а		ent -	%					
b		%						
C								
	The percentages on lines 2a, 2b, and	2c should equal 100)%.				_	
3a		ne possession of the	organiza	ation that are he	eld and ac	iministered for th	e v	es No
	organization by:						3a(i)	110
	(i) Unrelated organizations						3a(ii)	
							3b	_
b	If "Yes" on line 3a(ii), are the related	organizations listed a	s require	ed on Schedule	нг		30	
4	Describe in Part XIII the intended use	es of the organization	's endov	vment lunas.				
Par	rt VI Land, Buildings, and Equi	pment.	F	- 000 Port IV	lino 11a	See Form 990	Part X lin	e 10
	Complete if the organizatio		on Forn	1990, Part IV,	interia.	Accumulated	(d) Book	olue
	Description of property	(a) Cost or othe (investment		(b) Cost or other bas (other)	SIS (C)	depreciation		
1a	Land		0	1,346,9	38	The second second		,346,938
b	Buildings		0	4,231,0	77	1,451,940	2	,779,137
C			0		0	0		0
d	and the same of th		0	62,874,5	07	23,105,721		,768,786
e	Other	venter and the	0	107,836,6		28,626,948		,209,655
Tota	al. Add lines 1a through 1e. (Column (d)	must equal Form 99	0, Part X	, column (B), line	10c.) .	•	123	,104,516

Part VII	Investments—Other Securities.		
	Complete if the organization answered "Yes" on Form 990, Pa	rt IV, line 11b. See F	orm 990, Part X, line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market val
• •	derivatives		
	neld equity interests		
	ermont Electric Power Company - Stock	37,611,659	
	ngland Hydro Transmission - Stock	438,039	Cost
(B)			
(C)			
(D) (E)			
(F)			
(G)			
(H)			
	mn (b) must equal Form 990, Part X, col. (B) line 12.) . ▶	38,049,698	
Part VIII	Investments-Program Related.		
	Complete if the organization answered "Yes" on Form 990, Pa	art IV, line 11c. See F	orm 990, Part X, line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation:
			Cost or end-of-year market val
(1)			
(2)		- 195	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
	ımn (b) must equal Form 990, Part X, col. (B) line 13.) . ▶		
Part IX	Other Assets.		
	Complete if the organization answered "Yes" on Form 990, Pa	art IV, line 11d. See F	orm 990, Part X, line 15
	(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	7) 15 000 Part V and (P) line 15)		. >
	umn (b) must equal Form 990, Part X, col. (B) line 15.)		
Part X	Other Liabilities. Complete if the organization answered "Yes" on Form 990, Page 1990, Page 1990, Page 200, Page 20	art IV. line 11e or 11f	. See Form 990, Part X,
	line 25.	are regime . To or	- Carrier of Marie 1911 No. 19
1.	(a) Description of liability		(b) Book value
	income taxes		
(2) Capital			134
	t Portion of Capital Leases		22
	ed Compensation		273
(5)	our companion		
(6)			
(7)			
(8)			
(9)			
Total, (Col	lumn (b) must equal Form 990, Part X, col. (B) line 25.)		. > 430

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Ro	eturn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	1 84,746,902
1	Total revenue, gains, and other support per audited financial statements	04,740,302
2	Net unrealized gains (losses) on investments	
a	Donated services and use of facilities	
b	Recoveries of prior year grants	
d	Other (Describe in Part XIII.)	
e	Other (Beeering in Carry and)	2e 1,401,438
3		3 83,345,464
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 0	
b	Other (Describe in Part XIII.)	
С	Add lilles to dilu to	4c 196,577
5	Total levellue. Add lines & dild To: (17/18 17/48 Edgar 7 6/17 600) 1 dit 1) mile 12/	5 83,542,041
Part		Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	1 76.604.648
1	Total expenses and losses per audited financial statements	1 76,604,648
2	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	
a	Prior year adjustments	
b	Other losses	T 21
d	Other (Describe in Part XIII.)	
e		2e 1,401,438
3	Subtract line 2e from line 1	3 75,203,210
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 0	
b	Other (Describe in Part XIII.)	
C	Add miles to differ to the second sec	4c 8,338,831
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5 83,542,041
	XIII Supplemental Information.	Dat V San A Dat V San
Provid	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional info	ormation
	ule D, Part X, Line 2 - The Cooperative is a nonprofit and non-stock membership corporation organized under	
Sched	the D, Part X, Line 2 - The Cooperative is a nonprofit and not stock membership corporation organized dides is Cooperative Act of Vermont. The Cooperative is an organization described in Section 501 (c)(12) of the Inte	ernal Revenue Code, and
hac h	een recognized by the Internal Revenue Service as an organization exempt from taxes on related income und	ler Section 501 (a).
Cons	deration has been given to uncertain tax positions. The federal income tax returns for the years ended after I	December 31, 2016,
	for the state of t	
Sche	ule D, Part XI, Line 2d - This amount equals the sale of excess purchased power, which is netted in purchase	ed power expense on
Form	990, Part IX, Line 24a.	
Sche	ule D, Part XI, Line 4b - This amount includes the following: 1) Costs of \$191,200, which offsets related electr	ric non-operating income
for bo	ok purposes and 2) Renewable Energy costs of \$5,377, which offsets Renewable Energy Credits revenue for	book purposes.
C-1-	ule D, Part XII, Line 2d - This amount equals the sale of excess purchased power, which is netted in purchas	ed nower evnense on
	990, Part IX, Line 24a.	cu poner expense on
FOITH	530, Fallia, Line 24a.	
Sche	ule D, Part XII, Line 4b - This amount includes the following: 1) VEC Financial Statements list interest charge	es separately from
opera	ting expenses. Interest charges are included on the Form 990, Part IX, Line 20 - \$3,757,192, 2) Non-Operating	expense of \$191,200
was r	etted against non-operating revenue in the audited financials; however, is separated for purposes of the Form	m 990, 3) VEC's net
incon	e of \$4,385,062 is included in Functional Expenses Part IX, Line 4 for purpose of the Form 990, 4) Renewable	Energy expense of
\$5,37	was netted against Renewable Energy Credits revenue in the audited financials; however, is separated for presented	purpose of the Form 990.

SCHEDULE J (Form 990)

Department of the Treasury

VERMONT ELECTRIC COOPERATIVE INC

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" on Form 990, Part IV, line 23.

Attach to Form 990.

Attach to Form 990.

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

OMB No. 1545-0047 2019

Open to Public Inspection

Employer identification number

03-0164375

Part | Questions Regarding Compensation No Yes 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on 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 Travel for companions Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account Personal services (such as 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 directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 2 Indicate which, if any, of the following the 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, but 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 on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: If "Yes" on line 6a or 6b, describe in Part III.

For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed Were any amounts reported on 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

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

compensation contingent on the revenues of:

5a

5b

6a

6b

7

8

Part II 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 on 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 aren't 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.

(B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable benefits (F) Compensation in column (B) reported (E) Total of columns (A) Name and Title (i) Base (ii) Bonus & incentive other deferred compensation (B)(i)-(D) compensation reportable compensation as deferred on prior Form 990 Rebecca Towne, Chief Executive (1) 245,744 2,358 685 17,665 19,024 285,476 0 (ii) 0 0 0 0 0 0 Michael Bursell, Chief Financial (1) 216,484 24,790 3,393 6,347 9,164 260,178 0 Officer (ii) 0 0 0 0 0 0 Peter Rossi, Chief Operating (1) 162,285 3,065 3,462 7,047 23,914 199,773 0 Officer (ii) 0 0 0 0 0 0 0 Victoria Brown, General Counsel (i) 166,689 3,002 2,516 185,672 6,669 6,796 0 (ii) 0 0 0 0 0 0 0 Mark Hinton, 1st Class (i) 195,034 0 2,782 51,585 16,836 266,237 0 5 Lineworker-Group Leader (ii) 0 0 0 0 0 0 Gary Young, 1st Class 0 (i) 181,704 0 896 46,514 16,763 245,877 0 Lineworker - Crew Leader (ii) 0 0 0 0 0 0 Chris Ingalls, 1st Class (i) 167,222 0 7 Lineworker 306 8,164 22,794 198,486 0 (ii) 0 0 0 0 0 0 Alan Esposito, 1st Class (i) 158,002 0 183 6,805 22,794 187,784 0 Lineworker (ii) 0 0 0 0 0 (i) (ii) (1) (ii) 10 (i) (ii) 11 (1) (ii) 12 (i) (ii) 13 (i) (ii) 14 (i) (ii) 15 (i) (ii) 16

Schedule J (Form 990) 2019

Part III Supplemental Information
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.
Schedule J, Part I, Line 3 - The CEO's compensation is performance based. The Board of Directors, as a whole, sets the CEO's goals and does an assessment during the annual
performance evaluation. The 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 been 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
process. The increase percentage 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 and awards the appropriate percentage of increase, which does not exceed the salary budget or the salary range.
Schedule J (Form 990) 2019

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

2019
Open to Public Inspection

Employer identification number

VERMONT ELECTRIC COOPERATIVE INC	03-0164375
Form 990, Part VI, Section A, Line 6 - Vermont Electric Cooperative, Inc. (VEC) is a member owned utility;	
stockholders.	
Form 990, Part VI, Section A, Line 7a - VEC has members who vote to elect a director to represent their dis	strict.
Form 990, Part VI, Section A, Line 7b - Yes, the organization needs approval from the members to make cl	nanges to the bylaws or articles of
incorporation.	
Form 000 Death Continue Dalin and Time	
Form 990, Part VI, Section B, Line 11b - The form is prepared in detail by VEC's Assistant Controller, then	reviewed in detail by VEC's
Controller. After the Controller's review is complete, the Form 990 is sent to VEC's independent audit firm provided to the CEO, CFO and VEC's Board of Directors for their review, prior to submission.	for their review. Copies are also
provided to the 020, of 0 and 020 s Board of Directors for their review, prior to submission.	
Form 990, Part VI, Section B, Line 12c - Board Policy B.4 was initially approved on 1/25/2000 ans was review	and and revised on \$124144
The policy covers all Board Members of Vermont Electric Cooperative, Inc. (VEC). Additionally, all members	rs of the Roard are provided an
IRS Form 990 questionnaire annually for completion and the responses are reviewed by VEC's Finance de	enartment for completeness. The
Board is responsible for enforcement of this policy on an ongoing basis. The Board's policy provides all t	he requirements to be met by
Directors and the process by which a violation will be handled. All Directors are required to sign this police	cy. VEC also has a Management
Policy for Conflict of Interest that was approved 4/16/14 and reviewed by the Board of Directors on 5/12/14	I. The policy covers all employees
of VEC. All officers, highly compensated employees and key employees complete the IRS Form 990 quest	ionnaire annually. In addition,
Human Resource provides a copy of VEC's Conflict of Interest policy to employees during the on-boardin	g process. We review the details of
the policy and obtain the employee's initials that we've reviewed the information. Previous to the formal p	
Conflict of Interest policy for employees on the Intranet. The Chief Executive Officer is responsible for the	administration and enforcement of
this policy.	
Form 000 Death Continue D. Line of E. WEGO II. How Dr.	
Form 990, Part VI, Section B, Line 15 - VEC's Human Resource Department works with a third party to gat	
positions at least every three years. All non-union positions were assessed by Hickok & Boardman in Dechas access to the Vermont Salary Survey administered by Gallagher Flynn & Co. LLC, NRECA Compensal	
Compensation Data, VHRA Compensation Data and our own compilation of local utility data are used in c	
salary placement and increases to salary. A new salary bracket structure was recommended by Hickok &	
implemented as part of the 2018 year-end and 2019 year start process. The salary brackets will be increas	
non-union increase to salary annually. The salary survey data and comparisons mentioned above are use	
and salary budget and to help determine the increase pool. All employee officers, key employees and rem	
under the same assessment. This information is shared with the VEC Board of Directors and they use this	
CEO's compensation.	
Form 990, Part VI, Section C, Line 19 - VEC Bylaws are posted on our Website. Governing documents are	available upon member request.
VEC Financial Statements are available on our Website, in the lobby at annual meeting or upon request.	
F	wine. WECle 2010 imports of
Form 990, Part XI, Line 9 - Other changes in net assets or fund balances of \$3,388,564 is a net of the follow	wing: VEC'S 2019 Income of
\$4,385,062, less patronage retirements in the amount of \$996,498.	