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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 Open to Public Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. and ending A For the 2012 calendar year, or tax year beginning

В	Check if applicable	C Name of organization		D Employer identification number					
_	Addres	S VEDWOND ENERGY INTEGRMENT CORRORATION	1						
⊢	lchange Name			03-	-0304418				
F	change Initial return		n/suite	E Telephone num					
┢	Termin	, , , , , , , , , , , , , , , , , , , ,			2-658-6060				
F	Ameno			G Gross receipts \$	76,401,406.				
Ē	Application		į	H(a) Is this a group return					
	pendir	F Name and address of principal officer: SCOTT COMEAU		for affiliates?	Yes X No				
		SAME AS ABOVE		H(b) Are all affiliates	included? Yes No				
ī	Tax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527	If "No," attac	h a list. (see instructions)				
J	Websit	e: ► WWW.VEIC.ORG		H(c) Group exemp					
		organization: X Corporation Trust Association Other ▶ 1	L Year o	of formation: 1986	M State of legal domicile; VT				
P	art I	Summary	1/T (1	GTON TO M	DEDUCE MILE				
e	1	Briefly describe the organization's mission or most significant activities. VEIC'S COSTS, BOTH ECONOMIC AND ENVIRONMENTAL, OF	MIS	RGY USE.	REDUCE THE				
Activities & Governance	2	Check this box If the organization discontinued its operations or disposed o			t assets.				
Ver	3	Number of voting members of the governing body (Part VI, line 1a)	,,,,,,,,		3 7				
Ĝ	4	Number of independent voting members of the governing body (Part VI, line 1b)		<u> </u>	4 7				
త	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)		Ī	5 385				
/itie	6	Total number of volunteers (estimate if necessary)		Ī	6 0				
Ę	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		[7a 0.				
•	Ь	Net unrelated business taxable income from Form 990 T, line 34			7ь О.				
ē		I RECEIVED		Prior Year	Current Year				
	8	Contributions and grants (Part VIII, line 1h)	·دا	8,637,774					
en	9	Program service revenue (Part VIII, line 2g) DEC 0 9 2013	<u> </u>	59,441,444					
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	RS-0SC	39,712					
_	11		<u></u>	556,076 68,675,006					
		Total revenue - add lines 8 through 11 (must equal Part VIII, column 14) 12)	+		0.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	صـــ		0.				
	l	Benefits paid to or for members (Part IX, column (A), line 4)		22,663,512	· · ·				
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e)			0.				
Expenses	h	Total fundraising expenses (Part IX, column (D), line 25)	,						
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		44,005,870	51,458,029.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		66,669,382	2. 75,244,382.				
	19	Revenue less expenses. Subtract line 18 from line 12		2,005,624	1,157,024.				
Net Assets or	g			ginning of Current Ye					
sets	20	Total assets (Part X, line 16)		14,769,78					
As	21	Total liabilities (Part X, line 26)		9,177,21					
2	22	Net assets or fund balances. Subtract line 21 from line 20		5,592,572	2. 6,749,596.				
_		· · · · · · · · · · · · · · · · ·							
		alties of perjury, I declare that I have examine of this return, including accompanying schedules and			r my knowleage and belier, it is				
tru	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which pi	reparer -	nas any knowledge.	. / . #/ 1- 				
۵.		Signature of officer		Date	 				
Sig		SCOTT COMEAU, CFO			1 ,				
He	ere	Type or print name and title							
		Print/Type preparer's name Preparer's signature	Į p	ate Check	PTIN				
Pa	id	MOLLY BEZIO	1	111311ス 1#	P01220868				
	eparer	Firm's name JOHNSON LAMBERT LLP		Firm's EIN					
	e Only	Firm's address P.O. BOX 525							
	-	BURLINGTON, VT 05402		Phone no.	802-383-4800				
M	v the II	RS discuss this return with the preparer shown above? (see instructions)		· · · · · · · · · · · · · · · · · · ·	X Yes No				

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

Form **990** (2012)

Total program service expenses ▶

62,376,760.

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| Part IV | Checklist of Required Schedules

$\overline{}$				
4	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Yes	No
1	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		Х
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	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	sımılar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5_		X
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		<u> </u>
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			7.7
	Schedule D, Part III	88		X
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?	_		х
	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		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		
••	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	X	
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		Х
c	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		X
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	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		х	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a	х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			7.5
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			Х
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		х
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	-17		 ^
18	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
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		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Fa	990	(2012)

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•			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			1
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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	_	x
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	X	<u> </u>
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		X_
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		<u> </u>
	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) 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	25a		X
b				
	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		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			x
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u> </u>
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		x
20	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
28	instructions for applicable filing thresholds, conditions, and exceptions).			
а	to the standard and the standard of the standard Cohodula I Port IV	28a		х
b	to the state of th	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
Ū	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes, " complete			l
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
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		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		A
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	ork		
	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?	36		х
	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
20	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		
38	Note. All Form 990 filers are required to complete Schedule O	38	Х	
	NATIONAL COLL COO MICHORN TO CAMPINE COLLEGE			(2012)

•	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 1075			.,,,					
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	1							
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1							
·	(gambling) winnings to prize winners?	1c	х						
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 385								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	•					
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х					
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b							
	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)?								
b	If "Yes," enter the name of the foreign country: ▶								
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.								
5a									
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х					
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
	any contributions that were not tax deductible as charitable contributions?	6a		X					
b	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?								
7	•								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X					
b	·								
С									
	to file Form 8282?								
d	If "Yes," Indicate the number of Forms 8282 filed during the year	_		v					
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Λ					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h	_						
_	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	'''							
8	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	1						
9	Sponsoring organizations maintaining donor advised funds.	H							
a	Did the organization make any taxable distributions under section 4966?	9a							
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter	<u> </u>							
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	1 1							
11	Section 501(c)(12) organizations. Enter:	1							
а									
b	Gross income from other sources (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
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								
	Enter the amount of reserves on hand	<u> </u>							
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х					
<u> </u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b							

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

	Check if Schedule O contains a response to any question in this Part VI			X							
Sec	tion 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 7										
	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 0.										
b	Enter the number of voting members included in line 1a, above, who are independent 1b 7										
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		X							
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		Х							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х							
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X							
6	Did the organization have members or stockholders?	6	"	X							
7a	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		Х							
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		Х							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:										
b	Each committee with authority to act on behalf of the governing body?	8b	Х								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the										
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O										
Sec	ection B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)										
			Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a		X							
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,										
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b									
11a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?										
b											
12a											
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х								
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	X								
13	Did the organization have a written whistleblower policy?	13	X								
14	Did the organization have a written document retention and destruction policy?	14	X								
15	Did the process for determining compensation of the following persons include a review and approval by independent										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official	15a	X								
b	Other officers or key employees of the organization	15b	Х								
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a										
	taxable entity during the year?	16a		_X							
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									
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ►VT, OH, NJ, DC										
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) are	wailab	le								
	for public inspection. Indicate how you made these available. Check all that apply.										
	Own website Another's website X Upon request Other (explain in Schedule O)										
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finar	icial								
	statements available to the public during the tax year.										
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person of	tion: 🕨									
	SCOTT COMEAU - 802-658-6060										
	128 LAKESIDE AVENUE, SUITE 401, BURLINGTON, VT 05401										

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VERMONT ENERGY INVESTMENT CORPORATION

03-0304418

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

Check if Schedule O contains a response to any question in this Part VII

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

(A) Name and Title	(B) Average	(do	(C) Position (do not check more than one					(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	box	, unle: cer an	ss pe	rson	is bot	h an	compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)	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) GUS SEELIG CHAIR	0.00	x		x				0.	0.	0.
(2) SUE COAKLEY	1.00									
VICE CHAIR	0.00	Х		Х				0.	0.	0.
(3) CHARLES STONE	1.00									
TREASURER	0.00	X		X				0.	0.	0.
(4) RICHARD COWART	1.00									_
DIRECTOR	0.00	X						0.	0.	0.
(5) MICHAEL DWORKIN	1.00	,,		i						•
DIRECTOR	0.00	X	\vdash					0.	0.	0.
(6) JOHN GILROY DIRECTOR	0.00	v						0.	0.	0.
(7) CHARLES SMITH	1.00	-		-		\vdash			0.	0.
DIRECTOR	0.00	X						0.	0.	0.
(8) SCOTT JOHNSTONE	40.00									
EXECUTIVE DIRECTOR	0.00			X				147,977.	0.	15,973.
(9) SCOTT COMEAU	40.00							100 000		1 250
CHIEF FINANCIAL OFFICER	0.00	<u> </u>		X		Щ	<u> </u>	107,878.	0.	1,350.
(10) LINDA GIBSON DIRECTOR OF ADMINISTRATION	0.00	l		X				119,954.	0.	13,288
(11) BETH SACHS	18.50	\vdash	-			\vdash		110,004.	0.1	13,200
CO-FOUNDER/SECRETARY	0.00	ł		x				87,807.	0.	11,256.
(12) DAVID CAWLEY	40.00	\vdash				H		, , , , , , , , , , , , , , , , , , ,		
PERFORMANCE CONTRACT SERVICES	0.00	1				х		137,600.	0.	14,494.
(13) SCUDDER PARKER	40.00									
DIRECTOR OF CONSULTING	0.00	1				х		133,657.	0.	8,178.
(14) THEODORE TRABUE, JR	40.00									
MANAGING DIRECTOR, DC SEU	0.00	<u></u>				Х		129,500.	0.	6,511.
(15) JAMES MERRIAM	40.00							104 054		10011
DIRECTOR, EFFICIENCY VERMONT	0.00		Щ			Х	<u> </u>	124,051.	0.	10,344
(16) JAMES GREVATT	40.00	_				_~		118,669.	0.	11 202
MANAGING CONSULTANT	0.00	₩	\vdash	<u> </u>		Х	<u> </u>	110,009.	0.	14,283.

Part VII Section A. Officers, Directors, Tru	ıstees, Key Em	ploy	ees	, and	d Hi	ghe	st C	ompensated Employe	es (continued)				
(A)	(B)					(D)	(E)	(F)					
Name and title	Average	(40		Pos		than		Reportable	Reportable		Esti	nate	d
	hours per	box	, unle	ss pe	rson	ıs bot	h an	compensation	۱ ۱	amo	unt d	of	
	week	├	cer an	dad	recto	r/trus	tee)	from	from related		of	her	
	(list any	ŞÇ						the	organizations		compe	ensat	tion
	hours for	튭				ited		organization	(W-2/1099-MIS	· 1		n the	
	related	stee	ruste			bens		(W-2/1099-MISC)			orgar		
	organizations below	ᄩ	onal		ploye	E ea					and		
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	E E			- 1 '	organ	ızatıc	ж
	1	트	르	ō	- S	포함	쁘			-			
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		ł			l								
		├	_		⊢		\vdash	141					
		1											
1b Sub-total	· 					┢		1,107,093.		0.	95	,6'	77.
c Total from continuation sheets to Part	VII. Section A							0.		0.			0.
d Total (add lines 1b and 1c)	,					•		1,107,093.		0.	95	, 6'	77.
Total number of individuals (including but	not limited to th	nose	liste	ed al	bove	e) wt	no re		0,000 of reportable	 e		•	
compensation from the organization									•				33
	<u> </u>										١	'es	No
3 Did the organization list any former office	er, director, or tri	uste	e, ke	ey er	nplo	yee,	, or l	highest compensated e	mployee on				
line 1a? If "Yes," complete Schedule J fo.	r such individual										3		X
4 For any individual listed on line 1a, is the	sum of reportab	le co	omp	ensa	ation	and	d oth	ner compensation from	the organization				
and related organizations greater than \$1	50,000? If "Yes,	" co	mple	ete S	Sche	edule	e J f	or such individual			4	X	
5 Did any person listed on line 1a receive of	r accrue compe	nsat	ion f	from	any	unr/	elat	ed organization or indiv	idual for services				
rendered to the organization? If "Yes," co	mplete Schedul	e <i>J f</i>	or s	uch	pers	on					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest										pensati	on fro	m	
the organization Report compensation for	or the calendar y	ear	endı	ng v	vith	or w	<u>ithir</u>		year I		(0)		
(A) Name and busine	ss address							(B) Description of s	services	Con	(C) npens	ation	3
R.O. MCMILLAN & ASSOCIA								ENERGY EFFIC					
1612 ROXANNA ROAD, NW,		ON	. т	כר	21	วกา					742	. 9'	73.
TOTA NORMINA NORD, NW,	11101111101	<u> </u>	<u>, </u>		۷ ۱			COMPOSIT BEET	T T 17017		. 42	, ,	

ACCESS GREEN, LLC ENERGY EFFICIENCY 808 L STREET, SE , WASHINGTON, DC 20003 LEONE TECH, LLC, 700 12TH STREET, NW, CONSULTANT 723,984. ENERGY EFFICIENCY CONSULTANT 680,408. SUITE 700, WASHINGTON, DC 20005 L.S. CALDWELL & ASSOCIATES, INC ENERGY EFFICIENCY 5427 14TH STREET, NW, WASHINGTON, DC 20011 CONSULTANT 508,671. AEROTEK ENERGY ENERGY EFFICIENCY 505,849. P.O. BOX 198531, ALTANTA, GA 30384-8531 CONSULTANT 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

Check if Schedule O contains a response to any question in this Part VIII (D)
Revenue excluded from tax under sections 512, 513, or 514 (B) (C) Total revenue Related or Unrelated exempt function business revenue revenue Gifts, Grants 1 a Federated campaigns 1a 1b **b** Membership dues 1c c Fundraising events d Related organizations 1d e Government grants (contributions) 1e 4,838,071 f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 4,838,071 Total. Add lines 1a-1f Business Code ENERGY EFFICENCY UTILITIES 561000 67,708,767 67,708,767 Program Service Revenue 541700 3,851,070 3,851,070 ENERGY SERVICES: CONSULTING С All other program service revenue 71,559,837 Total. Add lines 2a-2f Investment income (including dividends, interest, and 3,498 3,498. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (II) Personal (i) Real 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) (II) Other 7 a Gross amount from sales of (i) Securities assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less. direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a d All other revenue Total. Add lines 11a-11d 76,401,406. 71,559,837 3,498. Total revenue. See instructions.

Form 990 (2012) VERMONT ENERG
Part IX Statement of Functional Expenses

Sectu	on 501(c)(3) and 501(c)(4) organizations must com			omplete column (A).	
	Check if Schedule O contains a respor	nse to any question in th		(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	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	Benefits paid to or for members				
5	Compensation of current officers, directors,	EOE 402	162 616	11 067	
	trustees, and key employees	505,483.	463,616.	41,867.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	17 400 720	14,573,692.	2,907,038.	-
7	Other salaries and wages	17,400,730.	14,5/3,094.	2,907,030.	
8	Pension plan accruals and contributions (include	720 117		720 117	
	section 401(k) and 403(b) employer contributions)	729,117. 3,504,648.		729,117. 3,504,648.	
9	Other employee benefits	1,566,375.		1,566,375.	
10	Payroll taxes	1,300,373.		1,300,373.	
11	Fees for services (non-employees):				
a	Management	49,414.		49,414.	
b	Legal	39,900.		39,900.	
C	Accounting	33,300.		33,3001	
d	Lobbying Professional fundraising services. See Part IV, line 17				
e f	Investment management fees				
q	Other. (If line 11g amount exceeds 10% of line 25,				
y	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	23,583.	23,583.		
13	Office expenses	1,735,393.		276,987.	
14	Information technology	105,275.	83,803.	21,472.	
15	Royalties				
16	Occupancy	2,126,114.	1,756,354.	369,760.	
17	Travel	1,035,758.	836,623.	199,135.	
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,055,800.	756,029.	299,771.	
20	Interest	134,721.	134,721.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	524,348.	50,088.	474,260.	
23	Insurance	193,217.		193,217.	
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.)				
а	INCENTIVE PAYMENTS		30,428,340.		
b	SUBCONTRACTORS/CONSULTA	11,787,837.		463,176.	
C	OTHER EXPENSES	1,079,225.	249,936.	829,289.	
d	EQUIPMENT AND SOFTWARE	1,040,436.	201,126.	839,310.	
е	All other expenses	98,668.	35,782.	62,886.	
25	Total functional expenses. Add lines 1 through 24e	75,244,382.	62,376,760.	12,867,622.	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 ff following SOP 98-2 (ASC 958-720)		J.		

Part X Check if Schedule O contains a response to any question in this Part X (A) (B) Beginning of year End of year 73,751. 86,134. 1 Cash - non-interest-bearing 27,448. 27,651. 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 10,038,387. 18,097,789. 4 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other 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 employees' beneficiary organizations (see instr) Complete Part II of Sch L 50,000. 50,000. 7 7 Notes and loans receivable, net 9,857. 89,728. 8 Inventories for sale or use 2,556,712. 136,230. 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 4,993,787. basis. Complete Part VI of Schedule D 10a 3,810,910. 1,457,556. 1,182,877. 10b 10c b Less: accumulated depreciation 11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 556,076. 1,789,034. 15 15 Other assets. See Part IV, line 11 14,769,787. 21,459,443. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 8,342,365. 9,862,858. 17 Accounts payable and accrued expenses 17 90,773. 118,194. 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. 22 Complete Part II of Schedule L 4,112,253. 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of 744,077 616,542. 25 Schedule D 9,177,215. 14,709,847. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 5,592,572. 6,749,596. 27 Unrestricted net assets 27 28 28 Temporarily restricted net assets 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 32 5,592,572. 6,749,596. 33 33 Total net assets or fund balances 14,769,787. 21,459,443. 34 Total liabilities and net assets/fund balances

	990 (2012)			INVESTMENT	CORPORATION	03-030	4418	Pag	e 12
Pai	t XI Reconciliation								
•	Check if Schedule	O contains a res	ponse to any o	question in this Part X	<u> </u>		_		
1 2 3 4 5 6 7 8 9	Total revenue (must equation total expenses (must expenses (must expenses Net assets or fund balar Net unrealized gains (los Donated services and univestment expenses Prior period adjustments Other changes in net as Net assets or fund balar	ial Part VIII, colun qual Part IX, colur . Subtract line 2 finces at beginning sses) on investme se of facilities s	nn (A), line 12) nn (A), line 25) rom line 1 of year (must ents	equal Part X, line 33, o	column (A))		76,401 75,244 1,157 5,592	7,02	$\frac{82.}{24.}$
10	column (B))	ices at end or yea	ar Combine iin	ies 3 through 9 (must	equal Fart A, line 33,	10	6,749	.59	96.
Pai	t XII Financial State Check if Schedule		. •	question in this Part X	II				
1 2a	Accounting method use If the organization change Were the organization's	ged its method of	accounting fro	om a prior year or che	cked "Other," explain in Sc	hedule O	2a	Yes	No X
	-	elow to indicate w dated basis, or bo Consolid	hether the fina th: ated basis	ncial statements for the	he year were compiled or reacted and separate basis	eviewed on a	2b	х	
С	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. X Separate basis Consolidated basis Both consolidated and separate basis								
	As a result of a federal a	ward, was the org -133?	ganızatıon requ	uired to undergo an au	during the tax year, explain udit or audits as set forth in unization did not undergo the	the Single Audit	3a	х	
_	or audits, explain why in	_	•	_			3b	х	
•							Form	9 90 (2	2012)

SCHEDULE A

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support (Form 990 or 990-EZ) Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No 1545-0047

Inspection

Name of the organization

Employer identification number

			ENERGY INVE						0	3-0304418	
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this par	t) See inst	tructions.		_	
The organi	zation is not a	private foundation	because it is: (For lines	1 through	11, check	only one b	ox.)				
1 🖳	A church, cor	nvention of churches	s, or association of chur	ches desc	rıbed ın se	ection 170	(b)(1)(A)(i)).			
2 🖳	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E.)							
з 🖳	A hospital or	a cooperative hospi	tal service organization o	described	ın section	170(b)(1)	(A)(iii).				
4 📖	A medical res	search organization of	operated in conjunction	with a hos	pital desci	rıbed ın se	ction 170	(b)(1)(A)(ii	i). Enter	the hospital's nam	ne,
	city, and stat	e:									
5 🔲	_	· ·	benefit of a college or ur	niversity o	wned or op	perated by	a governi	mental uni	t describ	ped in	
_		(b)(1)(A)(iv). (Comple									
6 📙	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7 📖	An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit c	or from the	general	public described i	ın
	section 170(b)(1)(A)(vi). (Comple	te Part II)								
8 🖳	A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II)						
9 <u>X</u>	An organizati	on that normally rec	eives: (1) more than 33 1	1/3% of its	support f	rom contri	butions, n	nembershi	p fees, a	ind gross receipts	from
	activities rela	ted to its exempt fur	nctions - subject to certa	ıın exceptı	ons, and (2	2) no more	than 33 1	1/3% of its	support	t from gross invest	tment
	income and t	ınrelated busıness ta	axable income (less sect	tion 511 ta	x) from bu	isinesses a	acquired b	y the orga	nızatıon	after June 30, 197	75.
	See section	509(a)(2). (Complete	Part III.)								
10	An organizatı	on organized and op	perated exclusively to te	st for publ	ıc safety. S	See sectio	n 509(a)(4	l).			
11 📖	An organizati	on organized and or	perated exclusively for th	ne benefit (of, to perfo	orm the fu	nctions of,	or to carr	y out the	purposes of one	or
	more publicly	supported organiza	itions described in section	on 509(a)(1) or section	on 509(a)(2	2). See se c	ction 509(a	a)(3). Ch	eck the box that	
	describes the	type of supporting	organization and comple	ete lines 1	1e through	n 11h.					
	a L Type I	ь∐⊤у	/pe II c └── Ty	ype III - Fu	nctionally i	ıntegrated	C	I └ Тур	e III - No	n-functionally integ	grated
e 🔲	By checking	this box, I certify tha	t the organization is not	controlled	directly o	r indirectly	by one o	r more disc	qualified	persons other tha	เท
	foundation m	anagers and other t	han one or more publicly	y supporte	ed organiza	ations des	cribed in s	ection 509	9(a)(1) or	section 509(a)(2).	
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III			
	supporting of	rganization, check th	nis box								
g	Since August	t 17, 2006, has the c	organization accepted ar	ny gift or c	ontribution	from any	of the foll	owing pers	sons?		,
	(i) A perso	n who directly or ind	irectly controls, either al	one or tog	ether with	persons o	lescribed	ın (II) and (III) below	, Yes	No
	the gove	erning body of the si	upported organization?							11g(i)	
	(ii) A family	member of a persor	n described in (i) above?	1						11g(ii)	
	(iii) A 35% d	controlled entity of a	person described in (i) of	or (II) above	e?					11g(iii)	
h	Provide the fe	ollowing information	about the supported or	ganızatıon	(s)						
(i) Name	of supported	(ii) EIN	(, ., po o. o. ga		rganization		ı notıfy the	(vi) Is organizatio		(vii) Amount of mor	netary
orga	ınızatıon		(4000),504 0.1 111100 1 0	, , ,	sted in your document?	, -	on in col. support?	(i) organız	ed in the	support	
			above or IRC section (see instructions))	governing	documents	(1) 01 you	Support,	U.S.	. (
				Yes	No	Yes	No	Yes	No		
										:	
				<u> </u>		.		ļ			
						•					
								ļ			
				-		<u> </u>	-				
			I	i	i	l	ļ	1	1		

Schedule	A (Form 990 o	r 990-EZ	20	12
Part II	Support	Sched	ule	f

Page 2

	art II Support Schedule for	Organizations	Described in	Sections 170	0(b)(1)(A)(iv) ar	nd 170(b)(1)	(A)(vi)
بنا	(Complete only if you checke	•					
	fails to qualify under the tests			-			·
Se	ction A. Public Support						
	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	? (f) Total
	Gifts, grants, contributions, and	(4) 4000		1 (7)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	
•	membership fees received. (Do not					1	
	include any "unusual grants ")					1	
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf				İ		
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge			l			
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the	ļ			1	1	
	amount shown on line 11,					1	
	column (f)				ļ	ļ	
_6							
Se	ction B. Total Support		·	· · · · · · · · · · · · · · · · · · ·		,	
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	? (f) Total
7	Amounts from line 4				<u> </u>		
8	Gross income from interest,				-		
	dividends, payments received on					İ	
	securities loans, rents, royalties				1		
	and income from similar sources			ļ	 	_	
9		1			!		
	activities, whether or not the				1		
	business is regularly carried on			ļ		 	
10	Other income. Do not include gain				Ì		
	or loss from the sale of capital						
	assets (Explain in Part IV)			<u> </u>	1	+	
	Total support. Add lines 7 through 10	L	l	<u> </u>	.1	101	
	Gross receipts from related activities	•		والمتاكن وال	hay waar aa	12	
13	First five years. If the Form 990 is fo	_	s urst, secona, thi	ra, rourth, or tifth t	lax year as a secti	OH 30 I (C)(3)	_
Se	organization, check this box and sto ction C. Computation of Pub	ic Support Pe	rcentage				ا ا
	Public support percentage for 2012 (column (fl)		14	%
15				Coldinar (i))		15	<u> </u>
	a 33 1/3% support test - 2012. If the			on line 13, and line	14 is 33 1/3% or	<u> </u>	
	stop here. The organization qualifies						▶ □
	b 33 1/3% support test - 2011. If the				d line 15 is 33 1/3	% or more. ch	eck this box
•	and stop here. The organization qua						▶
17:	a 10% -facts-and-circumstances tes	-			ne 13, 16a. or 16b.	and line 14 is	10% or more.
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						▶ □
1	b 10% -facts-and-circumstances tes	-			_	r 17a, and line	15 is 10% or
	more, and if the organization meets t	-					
	organization meets the "facts-and-cir						▶□

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1161542.	979,305.	1810397.	8637774.	4838071.	17427089.
2	Gross receipts from admissions,						
	merchandise sold or services per- formed, or facilities furnished in	·					
	any activity that is related to the					5455005	
	organization's tax-exempt purpose	37602792.	32467550.	43919136.	59441444.	71559837.	244990759
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-		•				
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	20064224	22446055	A	60070010	76207000	262417240
	Total. Add lines 1 through 5	38764334.	33446855.	45/29533.	680/9218.	76397908.	262417848
7a	Amounts included on lines 1, 2, and						<u> </u>
	3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the	720 477	1105710	141 011	0140516	16250500	26477422
	amount on line 13 for the year		1105710.	141,211.	8140516.		26477423.
	Add lines 7a and 7b	730,477.	1105/10.	141,411.	0140310.	10333303.	235940425
8	Public support (Subtract line 7c from line 6)				<u> </u>		233340423
_		4-1,0000	(h) 2000	(=) 0010	(4) 0011	(=) 0010	(6) T-4-1
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010 45729533	(d) 2011	(e) 2012 76397908	(f) Total 262417848
_	Amounts from line 6 Gross income from interest,	30704334	33440033.	±3/2/333.	000752101	70337300.	202417040
IUa	dividends, payments received on				1		
	securities loans, rents, royalties and income from similar sources	7,279.	8,172.	3,173.	39,712.	3,498.	61,834.
	Unrelated business taxable income	7,2734	0,112	3,1730	33,,122.	3,150.	01,031
L	(less section 511 taxes) from businesses						
	acquired after June 30, 1975	1					
,	Add lines 10a and 10b	7,279.	8,172.	3,173.	39,712.	3,498.	61,834.
11	Net income from unrelated business	1,72,33	0,-,-	0,	337.		
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital				556,076.		556,076.
13	assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12)	38771613.	33455027.	45732706.		76401406.	
	First five years. If the Form 990 is fo						
• •	check this box and stop here		,,,	- ,	,		▶□
Sec	ction C. Computation of Pub	lic Support Pe	rcentage	·	· · · · · · · · · · · · · · · · · · ·		
	Public support percentage for 2012 (column (f))		15	89.70 %
	Public support percentage from 201	•				16	73.12 %
	ction D. Computation of Inve						
17	Investment income percentage for 20	012 (line 10c, colur	nn (f) divided by lir	ne 13, column (f))	•	17	02 %
18	Investment income percentage from	2011 Schedule A,	Part III, line 17			18	.03 %
	33 1/3% support tests - 2012. If the			on line 14, and line	e 15 is more than 3	3 1/3%, and line	
	more than 33 1/3%, check this box a						$\triangleright X$
t	33 1/3% support tests - 2011. If the	e organization did r	not check a box or	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, ch						▶ٰٰ
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check th			
					C-L	adula A (Earm 00	A AAA ETI AAAA

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Schedule C (Form 990 or 990-EZ) 2012

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

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

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

LHA

232041 01-07-13

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

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

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

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

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

Nam	e of organization				loyer identification number
	VERMONT	ENERGY INVESTME	NT CORPORAT	ION	03-0304418
Pa	rt I-A Complete if the org	janization is exempt und	er section 501(c	or is a section 527 o	organization.
2	Provide a description of the organiz Political expenditures Volunteer hours	ation's direct and indirect politic	al campaign activities	_	B
Pa	rt I-B Complete if the org	janization is exempt und	er section 501(c)		
1	Enter the amount of any excise tax	incurred by the organization und	ler section 4955		S
2	Enter the amount of any excise tax	incurred by organization manage	ers under section 495	5 ▶ 9	S
3	If the organization incurred a section	n 4955 tax, did it file Form 4720	for this year?		Yes No
	Was a correction made?				└── Yes └── No
	If "Yes," describe in Part IV.		or costion 501/o	event cection FO1	/a\/2\
		janization is exempt und			
	Enter the amount directly expended	, ,	•		·
2	Enter the amount of the filing organ	ization's funds contributed to of	ner organizations for s		5
2	exempt function activities Total exempt function expenditures	Add lines 1 and 2 Enter here a	and on Form 1120-POI		·
3	line 17b	s. Add lifes I and 2 Lifter here a	110 0111 01111 11204 01		.
4	Did the filing organization file Form	1120-POL for this year?		•	Yes No
	Enter the names, addresses and er		N) of all section 527 n	olitical organizations to whi	
Ŭ	made payments. For each organiza				
	contributions received that were pr				
	political action committee (PAC). If	additional space is needed, prov	ride information in Par	t IV.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0

Schedule C (Form 990 or 990-EZ) 2012 Part II-A Complete if the org (election under sec	anizatio	on is exer	RGY INVESTM mpt under sectio	ENT CORPORA n 501(c)(3) and fil	TION 03-0 ed Form 5768	0304418 Page 2
A Check If the filing organizate expenses, and share	on belon	gs to an affi		Part IV each affiliated	group member's nar	me, address, EIN,
Limit	s on Lob	bying Expe			(a) Filing organization's totals	(b) Affiliated group totals
Total lobbying expenditures to influ Total lobbying expenditures to influ Total lobbying expenditures (add lii	ience a le nes 1a an	gislative boo	,		-	
 d Other exempt purpose expenditure e Total exempt purpose expenditure f Lobbying nontaxable amount. Ente 	s (add line			h columns.		
If the amount on line 1e, column (a) on Not over \$500,000 Over \$500,000 but not over \$1,000 Over \$1,000,000 but not over \$1,500 Over \$1,500,000 but not over \$17,000 Over \$17,000,000	(b) is: 0,000 00,000	The lob 20% of \$100,00 \$175,00	bying nontaxable am the amount on line 1e 00 plus 15% of the exc 00 plus 10% of the exc 00 plus 5% of the exce	ount is: 		
 g Grassroots nontaxable amount (en h Subtract line 1g from line 1a. If zero i Subtract line 1f from line 1c. If zero j If there is an amount other than zero reporting section 4911 tax for this 	o or less, o or less, e o on eithe	enter -0- enter -0-	line 1i, did the organiz	ation file Form 4720		Yes No
(Some organiz	ations tha	at made a s	• •	Section 501(h) n do not have to comp es 2a through 2f on pa		
	Lobi	bying Exper	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a)	2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount e Grassroots ceiling amount (150% of line 2d, column (e))						
f Grassroots lobbying expenditures					<u> </u>	

Schedule C (Form 990 or 990-EZ) 2012 VERMONT ENERGY INVESTMENT CORPORATION 03-030441

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 03-0304418 Page 3

(election under section 501(h)).

For e	ach "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(4	a)	(t	o)
	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
а	Volunteers?		X		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X			
С	Media advertisements?		X		
d	Mailings to members, legislators, or the public?		X		
е	Publications, or published or broadcast statements?		X		
f	Grants to other organizations for lobbying purposes?		Х		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X			7,718.
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
i	Other activities?		Х		
j	Total. Add lines 1c through 1i		ļ		7,718.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х		
	If "Yes," enter the amount of any tax incurred under section 4912		1		
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	ļ			
_	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	ion 504(a)	V5\	-4!	
Par	t III-A Complete if the organization is exempt under section 501(c)(4), sect	ion 501(c)	(5), or se	ction	
	501(c)(6).				No.
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year? † III-B Complete if the organization is exempt under section 501(c)(4), sect	ion 501(c)	(5) or so	otion	
Pai	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere				10 3 is
	answered "Yes."	u 140, O	it (b) Fai	. III-A, III	ie 0, 15
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	tical	-		
-	expenses for which the section 527(f) tax was paid).				
2	Current year		2a		
	Carryover from last year		2b		
	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	-	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the e				<u>-</u> -
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political			
_	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
	t IV Supplemental Information				
	plete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5; I	Part II-A (affili	ated group	list); Part II	-A, line 2;
	Part II-B, line 1 Also, complete this part for any additional information. RT II-B, LINE 1, LOBBYING ACTIVITIES:				
VE:	IC'S PRIMARY LOBBYING ACTIVITIES WERE RELATED TO S	TATE GO	OVERNM	ENT	
AC'	TIVITIES IN VERMONT. VEIC HAS TWO EMPLOYEES (GEORG	E TWIG	g, SCU	DDER	
PA	RKER) WHO ARE REGISTERED LOBBYISTS WITH THE VERMON	T SECRI	ETARY	OF	
ST	ATE'S OFFICE (ONLY A PORTION OF THEIR TIME IS SPEN	T ON LO	DBBYIN	G	
AC'	TIVITIES). VEIC ALSO EMPLOYS A CONTRACT LOBBYIST W	ITHIN V	/ERMON	r	

Schedule C (Form 990 or 990-EZ) 2012 VERMONT ENERGY INVESTMENT CORPORATION 03-0304418 Page 4 Part IV Supplemental Information (continued)
(SIROTKIN & NECRASON). VEIC OCCASIONALLY ENGAGES IN LOBBYING ACTIVITY
RELATED TO FEDERAL LEGISLATION, THROUGH CONTACTS WITH THE VERMONT
CONGRESSIONAL DELEGATION AND FEDERAL OFFICIALS AT THE DEPT. OF ENERGY
AND THE COUNCIL ON ENVIRONMENTAL QUALITY.

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► 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.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

VERMONT ENERGY INVESTMENT CORPORATION

Employer identification number 03-0304418

Par	t 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
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)	-	
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writ	ing that the assets held in donor advised fu	nds
•	are the organization's property, subject to the organization's exc		Yes No
6	Did the organization inform all grantees, donors, and donor advis		
•	for charitable purposes and not for the benefit of the donor or de		
	impermissible private benefit?	oner advisor, or for any other purpose come	Yes No
Pai		zation answered "Yes" to Form 990. Part IV	
1	Purpose(s) of conservation easements held by the organization		,
•	Preservation of land for public use (e.g., recreation or educ		ally important land area
	Protection of natural habitat	Preservation of a certified h	
	Preservation of open space	reservation or a sertifical	istorio di actaro
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form of a c	conservation easement on the last
_	day of the tax year.		one of the last
	ady of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic struct	ure included in (a)	2c
	Number of conservation easements included in (c) acquired after	• •	
-	listed in the National Register	· · · · · · · · · · · · · · · · · · ·	2d
3	Number of conservation easements modified, transferred, release	sed, extinguished, or terminated by the orga	
	year▶	, 3 , 3	. 3
4	Number of states where property subject to conservation easem	nent is located	
5	Does the organization have a written policy regarding the period		
	violations, and enforcement of the conservation easements it ho	olds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and	d enforcing conservation easements during	the year ▶
7	Amount of expenses incurred in monitoring, inspecting, and enfo	orcing conservation easements during the y	ear ▶ \$
8	Does each conservation easement reported on line 2(d) above s	atisfy the requirements of section 170(h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	easements in its revenue and expense state	ement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	's financial statements that describes the or	rganization's accounting for
	conservation easements.		
Pai	t III Organizations Maintaining Collections of A	rt, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" to Form 990), Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 9	958), not to report in its revenue statement a	and balance sheet works of art,
	historical treasures, or other similar assets held for public exhibit	tion, education, or research in furtherance o	f public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes	s these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC 9	958), to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, educ	ation, or research in furtherance of public se	ervice, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X	-	> \$
2	If the organization received or held works of art, historical treasu	res, or other sımılar assets for fınancıal gaın	, provide
	the following amounts required to be reported under SFAS 116	(ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		▶ \$

		ENERGY									Page 2
Par	t III Organizations Maintaining C	ollections of	f Art,	Historic	<u>al Tr</u>	reasures, c	or Other	Simila 1	ar Asse	ts(continu	ied)
3.	Using the organization's acquisition, accessi	on, and other re	cords,	check any	of the	following tha	it are a sigi	nificant i	use of its	collection	ıtems
	(check all that apply).										
а	Public exhibition		d	Loan	or exc	hange progra	ams				
b	Scholarly research		е	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and e	xplain l	how they fu	rther t	the organizati	on's exem	pt purpo	se in Par	t XIII.	
5	During the year, did the organization solicit o		•	-		-					
	to be sold to raise funds rather than to be ma									ີ່ Yes	☐ No
Par	t IV Escrow and Custodial Arran						"Yes" to Fo	orm 990	, Part IV,	line 9, or	
	reported an amount on Form 990, Par		•	J							
	Is the organization an agent, trustee, custodi	an or other inte	rmedia	ry for contr	bution	ns or other as	sets not in	cluded			
	on Form 990, Part X?									Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete t	he follo	wing table:							
_	ii 155, 57pain are arraingement arrains			9						Amount	
С	Beginning balance							1c			
	Additions during the year							1d			
	Distributions during the year					-		1e			
•	Ending balance							1f			
2a	Did the organization include an amount on Fe	orm 990 Part X	line 2	12				<u> </u>		Yes	No
	If "Yes," explain the arrangement in Part XIII				heer	n provided in I	Part XIII				
Par											
		(a) Current ye		(b) Prior y		(c) Two year		1 Three v	ears back	(e) Four	ears back
1a	Beginning of year balance	(a) same ye		(2) : ::::: ;		1		,		1,5/	
h	Contributions						·				
	Net investment earnings, gains, and losses										
d	Grants or scholarships						i i				
	Other expenditures for facilities					<u> </u>				1	
·	and programs										
f	Administrative expenses										
	End of year balance					·					
2	Provide the estimated percentage of the curi	rent year end ba	alance	(line 1a. col	umn (a)) held as:				1	
	Board designated or quasi-endowment			%		-,,					
b	Permanent endowment	%		, ,							
	Temporarily restricted endowment		%								
·	The percentages in lines 2a, 2b, and 2c shou	ıld equal 100%	• •								
За	Are there endowment funds not in the posse		ianizati	on that are	held a	and administe	ered for the	organiz	zation		
	by.		,					•		Г	res No
	(i) unrelated organizations									3a(i)	
	(ii) related organizations									3a(ii)	
ь	If "Yes" to 3a(ii), are the related organizations	s listed as requi	red on	Schedule F	?					3b	
4	Describe in Part XIII the intended uses of the										
Par											-
	Description of property	(a) Cost	or oth	er (b) Cost	t or other	(c) Acc	umulate	ed	(d) Book	value
	,	basis (in	vestme	ent)	basıs	(other)		eciation			
1a	Land					İ	-				
	Buildings										
	Leasehold improvements			2	,03	34,381.	1,8	57,6	52.	176	,729.
	Equipment			1	,02	25,440.	4	97,10	68.	528	,272.
	Other			1	, 93	3,966.	1,4	56,0	90.	477	,876.
	. Add lines 1a through 1e (Column (d) must e	qual Form 990,	Part X,	column (B)	, line	10(c).)				1,182	,877.

Schedule D (Form 990) 2012

Part X Other Liabilities. See Form 990, Part X, line 25

1. (a) Description of liability		(b) Book value
(1) Federal income taxes		
(2) CAPITAL LEASE OBLIGATIONS		616,542.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	▶	616,542.

2. FIN 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

(A) (B) (C) (D) (E) (F) (G) (H) (l)

(1)(2)(3) (4) (5) (6)(7) (8) (9) (10)

(3)(4) (5) (6) (7) (8) (9) (10)

Sche	dule D (Form 990) 2012 VERMONT ENERGY INVESTMENT CORPORATION			Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Retur		
1.	Total revenue, gains, and other support per audited financial statements	1	76,401,	406.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments			
ь	Donated services and use of facilities 2b			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
e	Add lines 2a through 2d	2e		0.
3	Subtract line 2e from line 1	3	76,401,	406.
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			
b	Other (Describe in Part XIII.)	7		
c	Add lines 4a and 4b	7 4c		0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	76,401,	406.
	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	r Reti	úrn	
1	Total expenses and losses per audited financial statements	1	75,244,	382.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
_ 	Donated services and use of facilities 2a			
b	Prior year adjustments 2b	7		
c	Other losses 2c	7		
ď	Other (Describe in Part XIII.)	7		
	Add lines 2a through 2d			0.
3	Subtract line 2e from line 1	3	75,244,	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		 	
7	Investment expenses not included on Form 990, Part VIII, line 7b			
h	Other (Describe in Part XIII.)	┨		
c	Add lines 4a and 4b	_{4c}		0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	75,244,	
	rt XIII Supplemental Information	<u> </u>		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines	1b and	2b. Part V. line 4	Part
	e 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any additional inform		, , ,	,
	RT X, LINE 2: AS OF DECEMBER 31, 2012, VEIC DETERMINED TH		HERE	
ARI	E NO MATERIAL UNRECOGNIZED TAX BENEFITS TO REPORT.			
====				
		•		
		•		
		Sche	dule D (Form 99	0) 2012

SCHEDULE J (Form 990)

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.

See separate instructions.

OMB No 1545-0047

Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Attach to Form 990. VERMONT ENERGY INVESTMENT CORPORATION

Employer identification number 03-0304418

Га	att Questions regarding compensation			
		<u>——</u>	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.		ŀ	i
	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 (e.g , maid, chauffeur, chef)	1		
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 explain	1b		
2	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	X	<u> </u>
3	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, but explain in Part III			
	Compensation committee Written employment contract	1		
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee	е		
4	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:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	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:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	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.			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	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 in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		ı

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

Schedule J (Form 990) 2012

03-0304418

Page 2

VERMONT ENERGY INVESTMENT CORPORATION

Schedule J (Form 990) 2012

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 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.

		(B) Breakdown of W-2 and/or 1099-MISC compensation	2 and/or 1099-MIS	3C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation		(2)(0)(2)	in prior Form 990
(1) SCOTT JOHNSTONE	Ξ	139,977.	8,000.	0.	9,46	6,51	163,95	0
EXECUTIVE DIRECTOR	€		0.	0.				0.
(2) DAVID CAWLEY	≘	134,10	3,500.	0.	8,424.	6,07	152,09	0.
PERFORMANCE CONTRACT SERVICES	(ii)	0.0	0.	0	0	0.	0	0.
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232112 12.12.12							Schedu	Schedule J (Form 990) 2012

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service 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.

2012
Open to Public Inspection

Name of the organization

VERMONT ENERGY INVESTMENT CORPORATION

Employer identification number 03-0304418

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THAT MAXIMIZE COST-EFFECTIVE CARBON-REDUCTION THROUGH ENERGY EFFICIENCY

AND RENEWABLE ENERGY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

EFFICIENCY SMART IS AN ENERGY EFFICIENCY PROGRAM THAT ASSISTS

INDIVIDUALS AND BUSINESSES IN LOWERING THEIR POWER BILLS BY PROVIDING

TECHNICAL ASSISTANCE AND FINANCIAL INCENTIVES FOR EQUIPMENT AND SYSTEMS

THAT IMPROVE ELECTRICAL EFFICIENCY.

FORM 990, PART VI, SECTION B, LINE 11: THE AUDIT COMMITTEE REVIEWS THE 990 AND THEN PRESENTS A SUMMARY TO THE GOVERNING BOARD FOR APPROVAL.

FORM 990, PART VI, SECTION B, LINE 12C: VEIC REQUIRES AN ANNUAL SIGN OFF
FROM DIECTORS DISCLOSING INTERESTS THAT COULD GIVE RISE TO CONFLICT OF
INTEREST. THE CONFLICT OF INTEREST STATEMENTS ARE SUBMITTED FOR REVIEW TO
VEIC. AS SOON AS A POTENTIAL CONFLICT OF INTEREST EXISTS, A BOARD MEMBER
MUST FULLY DISCLOSE THE NATURE OF THE INTEREST AND WITHDRAW FROM VOTING ON
THE MATTER.

FORM 990, PART VI, SECTION B, LINE 15: THE BOARD OF DIECTORS DETERMINED

THE EXECUTIVE DIRECTOR'S SALARY, THE BOARD WAS ADVISED BY THE

CONSULTANT/SEARCH FIRM (ISAACSON MILLER) WHO HELPED THEM HIRE THIS

POSITION. THEY ALSO CONSIDERED EXECUTIVE SALARIES FOR OTHER VERMONT

NON-PROFIT AND GOVERNMENT INSTITUTIONS.

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization VERMONT ENERGY INVESTMENT CORPORATION	Employer identification number 03-0304418
THE EXECUTIVE DIRECTOR MAKES DECISIONS REGARDING ALL KEY	EMPLOYEE
COMPENSATION (EXCLUDING EXECUTIVE DIRECTOR COMPENSATION W	HICH IS DETERMINED
BY THE BOARD).	
FORM 990, PART VI, SECTION C, LINE 19: VEIC DOES NOT HAVE	A POLICY THAT
MAKES THESE DOUCMENTS AVAILABLE TO THE PUBLIC, HOWEVER, V	EIC WOULD PROVIDE
THESE DOCUMENTS TO ANY MEMBER OF THE PUBLIC WHO REQUESTS	TO SEE THEM.

(Rev. January 2013)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev. 1-2013)

ightharpoons X If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filling of this form, visit www.irs gov/efile and click on e-file for Charities & Nonprofits. Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Employer identification number (EIN) or Name of exempt organization or other filer, see instructions. Type or print VERMONT ENERGY INVESTMENT CORPORATION 03-0304418 File by the Social security number (SSN) Number, street, and room or suite no. If a P O box, see instructions due date for filing your 128 LAKESIDE AVENUE, NO. 401 return See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. BURLINGTON, VT 05401-4894 Enter the Return code for the return that this application is for (file a separate application for each return) **Application** Return Application Return Code Is For Code Is For Form 990-T (corporation) Form 990 or Form 990-EZ 07 02 Form 1041-A 80 Form 990-BL Form 4720 Form 4720 (individual) 09 Form 990-PF Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 Form 990-T (trust other than above) Form 8870 12 SCOTT COMEAU • The books are in the care of ▶ 128 LAKESIDE AVENUE, SUITE 401 - BURLINGTON, VT 05401 Telephone No. ► 802-658-6060 FAX No > If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this If it is for part of the group, check this box ▶ 🔲 and attach a list with the names and EINs of all members the extension is for I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2013** , to file the exempt organization return for the organization named above. The extension is for the organization's return for. ► X calendar year 2012 or tax year beginning . and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Change in accounting period If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any 0. За nonrefundable credits. See instructions If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and ь 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, 0. by using EFTPS (Electronic Federal Tax Payment System) See instructions. Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2013)					Page 2	
. If you are filing for an Additional (Not Automatic) 3-Month	Extension, o	complete only Part II and check this	box		X	
Note. Only complete Part II if you have already been granted a						
• If you are filing for an Automatic 3-Month Extension, comp						
Part II Additional (Not Automatic) 3-Month			al (no c	opies need	ed).	
	· · · · · · · · · · · · · · · · · · ·				ee instructions	
Type or Name of exempt organization or other filer, see ins	tructions	Enter mer s				
print	exemptionganization of other lier, see instructions			ployer identification number (EIN) or		
·	MEDICAL ENERGY TARROWNERS CORRORS STOR			03-0304418		
due doto for	data for			cial secunty number (SSN)		
return. See 128 LAKESIDE AVENUE, NO. 401			Social Se	curty numbe	(3314)	
City, town or post office, state, and ZIP code. For BURLINGTON, VT 05401-4894		fress, see instructions.				
	·-					
Enter the Return code for the return that this application is for	(file a separa	te application for each return)			01	
Application	Return	Application			Return	
Is For	Code	Is For			Code	
Form 990 or Form 990-EZ	01					
Form 990-BL	02	Form 1041-A			08	
Form 4720 (individual)	03	Form 4720	09			
Form 990-PF	04	Form 5227			10	
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990-T (trust other than above)	06	Form 8870			12	
STOP! Do not complete Part II if you were not already grant SCOTT COMEAU	ted an autor	natic 3-month extension on a prev	ously file	ed Form 8868	3	
The books are in the care of ▶ 128 LAKESIDE Telephone No ▶ 802-658-6060 If the organization does not have an office or place of busin If this is for a Group Return, enter the organization's four dipbox ▶	ess in the Ur git Group Exe and atta NOVEM	FAX No. mited States, check this box	this is fo all memb	r the whole givers the exten	roup, check this sion is for.	
8a If this application is for Form 990-BL, 990-PF, 990-T, 472	0 or 6060 o	ptor the tentative tay long any				
nonrefundable credits. See instructions.	o, oi ooos, e	inter the territative tax, less ally	8a	s	0.	
b If this application is for Form 990-PF, 990-T, 4720, or 606	9. enter any	refundable credits and estimated	- 0	- "		
tax payments made. Include any prior year overpayment	-		- 1			
previously with Form 8868.	anowed as e	credit and any amount paid	8b	s	0.	
c Balance due. Subtract line 8b from line 8a. Include your	navment wit	h this form if required by using	- 05	<u> </u>		
EFTPS (Electronic Federal Tax Payment System). See ins		in this form, in required, by daining	8c	\$	0.	
		st be completed for Part II o		<u> </u>		
Under penalties of perjury, I declare that I have examined this form, incit is true, correct, and complete, and that I am authorized to prepare this	luding accomp	•	•			
Signature ► Notw Serva Title ►	MANAG	ER, CPA	Date	<u>> 3/1</u>	3/3013	
				Form 88	368 (Rev. 1-2013)	