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DLN: 93493312024603

# Form **990**

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

Δ FΩ	r the	2012 cal	endar year, or tax year beginning 01-01-2012 , 2012, and ending 12-3	1-2012		
		applicable	C Name of organization	1 2012	D Employe	r identification number
_	ress ch		EDISON ELECTRIC INSTITUTE INC			
_		,	Doing Business As		13-065	9550
_	me cha	_				
Inıt	ıal retu	ırn	Number and street (or P O box if mail is not delivered to street address) Room/su	ite	E Telephone	e number
Ter	mınate	ed	701 PENNSYLVANIA AVE NW		(20215	08-5000
– Am	ended	return	City or town, state or country, and ZIP + 4		(202)3	08-3000
– App	olication	n pending	WASHINGTON, DC 200042696		<b>G</b> Gross reco	eipts \$ 166,849,948
			F Name and address of principal officer	H(a) Ici		<u> </u>
			THO MAS R KUHN		this a group re liates?	rum loi
			701 PENNSYLVANIA AVE NW WASHINGTON,DC 200042696			
			WASHINGTON, DC 200042030			ıncluded? TYes TNo
Ta	x-exen	npt status	501(c)(3) ✓ 501(c) (6) ◀ (insert no )	If"	No," attach a	list (see instructions)
		<u> </u>		<b>H(c)</b> Gr	oup exemptio	n number ►
W	ebsite	e:F-WW	/W EEI ORG			
<b>(</b> Forr	n of or	ganızatıon	✓ Corporation Trust Association Other ►	<b>L</b> Year of	formation 1933	M State of legal domicile VA
Pa	rt I	Sum	mary			
	1	Briefly d	escribe the organization's mission or most significant activities			
			VIDE A FORUM FOR THE ELECTRIC UTILITY INDUSTRY			
ر د						
Ē						
b	,	Check th	nis box 🛏 if the organization discontinued its operations or disposed o	of more than	25% of its n	et assets
) 	-	oncen ci	ins box F   In the organization discontinued its operations of disposed of	inore than	123 70 01 103 11	
ACUMUES & GOVERNAIDE	3	Number	of voting members of the governing body (Part VI, line 1a)			<b>3</b> 68
n D	4	Number	of independent voting members of the governing body (Part VI, line 1b)			4 68
	5	Total nu	mber of individuals employed in calendar year 2012 (Part V, line 2a)		🖯	<b>5</b> 225
2			mber of volunteers (estimate if necessary)		🗀	6 100
τ	l		related business revenue from Part VIII, column (C), line 12		🖯	<b>7a</b> 701,997
	l		elated business taxable income from Form 990-T, line 34		<b>⊢</b>	<b>7b</b> -250,299
	<u> </u>		,	1	rior Year	Current Year
	8	Contri	butions and grants (Part VIII, line 1h)			0 0
9	9		am service revenue (Part VIII, line 2g)		80,031,17	
Revenue	10		tment income (Part VIII, column (A), lines 3, 4, and 7d)		3,971,58	
ř	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,371,30	0 0,000
	12		revenue—add lines 8 through 11 (must equal Part VIII, column (A), line	<u> </u>		<del>"</del>
					84,002,76	85,368,962
	13		s and similar amounts paid (Part IX, column (A), lines 1–3)		1,307,39	1,903,458
	14	Benefi	ts paid to or for members (Part IX, column (A), line 4)			0 0
<b>/</b> 6	15		es, other compensation, employee benefits (Part IX, column (A), lines		25 742 50	27.606.500
\$ \$7		5-10			35,742,58	<del> </del>
Expenses	16a	Profes	sional fundraising fees (Part IX, column (A), line 11e)			0 0
置	Ь	Total fu	indraising expenses (Part IX, column (D), line 25) $\blacktriangleright$ 0			
	17		expenses (Part IX, column (A), lines $11a-11d$ , $11f-24e$ )		40,404,15	43,263,798
	18	Total	expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		77,454,13	82,773,844
	19	Reven	ue less expenses Subtract line 18 from line 12		6,548,63	2,595,118
3 %				Beginni	ing of Current	End of Year
2 <u>0</u>			(0.1)		Year	
net Assets or Fund Balances	20		assets (Part X, line 16)		101,575,28	_
£ 5	21		liabilities (Part X, line 26)	•	85,621,82	
	22		ssets or fund balances Subtract line 21 from line 20		15,953,46	13,674,243
	rt II		ature Block			
ny kr	nowle	dge and	perjury, I declare that I have examined this return, including accompan belief, it is true, correct, and complete Declaration of preparer (other th nowledge			
		****	·**	I	2013-10-30	
Sign	,	I <b>B</b>	ature of officer		Date	
lere		1044	N S SCHLENKER TREASURER/CFO			
			or print name and title			
				ate C		TIN
aio	4	k	KAREN GRIES	Se	elf-employed P	00078514
	a pare		irm's name CLIFTONLARSONALLEN LLP	F	ım's EIN 🟲 41-0	0746749
	•		Firm's address ► 4250 N FAIRFAX DRIVE SUITE 1020	P	hone no (571) 2	227-9500
JSe	On	י <b>ע</b> י   ׂ		[ ]	(3,1)	

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

✓ Yes 厂No

Total program service expenses ►

Part IV	Checklist of	Required	Schedules
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			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		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
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	Yes	
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	Yes	
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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part $IV^{\square}$	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
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	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
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		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part $X^{f G}$	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a		No
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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule $E$	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line $1^2$ If "Yes," complete Schedule I, Parts I and II	21	Yes	
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		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
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		No
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) 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		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part  IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
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	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
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	Yes	
36	<b>Section 501(c)(3) organizations.</b> 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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

Par	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response to any question in this Part V	•	 Yes	 No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   213		103	110
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
	gaming (gambling) winnings to prize winners?	<b>1</b> c		
	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
<b>4</b> a	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		No
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	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		140
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		No
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 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		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	<b>7</b> c		
a	If "Yes," indicate the number of Forms 8282 filed during the year	1		
e	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?	<b>7</b> f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	-		
	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?	9a 9b		
.0	Section 501(c)(7) organizations. Enter	96		
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
.2a	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			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
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			
c	Enter the amount of reserves on hand	]		
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
h	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule 0	14h		

Form 990 (2012) Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax			
	year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	Revenu	ue Cod Yes	e.) No
	Did the organization have local chapters, branches, or affiliates?	10a		
10a				No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b		No No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		No No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes	No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes	No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?  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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10a 10b 11a 12a 12b	Yes Yes Yes	No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?  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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No No

#### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed▶
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
  - Own website Another's website Upon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶JOHN S SCHLENKER 701 PENNSYLVANIA AVE NW WASHINGTON, DC (202) 508-5540

Form	990	(2012
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#### Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

	1	1								
(A) Name and Title	(B) A verage hours per week (list any hours	more t perso and	han o	one l both ector	box, an o	officer stee)		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
See Additional Data Table										
	•	•	•							Form <b>990</b> (2012)

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

	<b>(A)</b> Name and Title	(B) Average hours per week (list any hours	more t	tion ( han d on is	ne l both	oox, an	heck unless officer stee)		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-		(F) Estima mount o compens from t	ted fother ation he
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated	Former	2/1099-MISC)	2/1099-MISC)		ganızatı relate organıza	ed
1b	Sub-Total						•	•					
C	Total from continuation sheet	•			•	•	•	•	12,143,043				2,318,532
d 	Total (add lines 1b and 1c).  Total number of individuals (in						d abov				1		2,310,332
_	\$100,000 of reportable compo							٠, ٠,	ne recented more a				
												Yes	No
3	Did the organization list any <b>f</b> oon line 1a? <i>If</i> "Yes," complete 5					key •	emplo	yee,	or highest compen	sated employee	3	Yes	
4	For any individual listed on lin organization and related organ individual										4	Yes	
5	Did any person listed on line 1									or individual for	-		
	services rendered to the organ	nization? <i>If</i> " <i>Yes</i>	," compl	ete S	ched	ule 3	1 for su	ch pe	erson		5		No
Se	ection B. Independent Co	ntractors											
1	Complete this table for your fire	ve highest comp										.av uca:	

(A)	(B)	(C)
Name and business address	Description of services	Compensation
HUNTON & WILLIAMS 1900 K STREET WASHINGTON DC 20006	CONSULTING	8,709,556
VENABLE LLP 575 SEVENTH STREET WASHINGTON DC 20004	CONSULTING	2,398,710
DANIEL J EDELMAN INC 200 EAST RANDOLPH STREET CHICAGO IL 60601	CONSULTING	683,183
DEMOCRACY DATA & COMMUNICATIONS 1250 EYE STREET NW SUITE 300 WASHINGTON DC 20005	CONSULTING	548,163
CROWELL & MORING LLP 1001 PENNSYLVANIA AVE NW WASHINGTON DC 20004	CONSULTING	324,887
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 ▶5		

Part V	4 🛊 🛊 1	<b>Statement of Revenue</b> Check if Schedule O contains a response to any question	ın this Part VIII			
		check if Schedule o contains a response to any question	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
v	1a	Federated campaigns 1a				311
tributions, Giffs, Grants Other Similar Amounts	ь	Membership dues 1b				
9 E	c	Fundraising events 1c				
ffs, ⊤A	d	Related organizations 1d				
ig ig	e	Government grants (contributions)				
Sin						
ığ iğ	f	All other contributions, gifts, grants, and similar amounts not included above				
音音	g	Noncash contributions included in lines 1a-1f \$				
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f				
		Business Code				
E	2a	MEMBERSHIP DUES 900099	71,743,528	71,743,528		
Se Se	ь	MEETINGS 900099	8,037,731	8,037,731		
Se F	С	PROGRAMS 900099	1,803,121	1,803,121		
Program Serwce Revenue	d	ADVERTISING 541800	701,997		701,997	
ა -	e	PUBLICATIONS 511190	181,432	181,432		
Ž B	f	All other program service revenue				
Š	g	<b>Total.</b> Add lines 2a−2f	82,467,809			
	3	Investment income (including dividends, interest,	3,207,752			3,207,752
	4	and other similar amounts)	3,207,732			3,207,732
	5	Royalties				
		(i) Real (ii) Personal				
	6a	Gross rents				
	ь	Less rental expenses				
	С	Rental income or (loss)				
	d	Net rental income or (loss)				
		(ı) Securities (ıı) O ther				
	7a	Gross amount from sales of 81,174,387 assets other than inventory				
	b	Less cost or other basis and sales expenses 81,480,986				
	c	Gain or (loss) -306,599				
	d	Net gain or (loss)	-306,599			-306,599
Other Revenue	8a	Gross income from fundraising events (not including  \$ of contributions reported on line 1c) See Part IV, line 18				
노		a				
Ě	Ь	Less direct expenses b				
	C	Net income or (loss) from fundraising events				
	94	Gross income from gaming activities See Part IV, line 19  a				
	ь	Less direct expenses b				
	С	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances .				
	ь	Less cost of goods sold b				
		Net income or (loss) from sales of inventory				
		Miscellaneous Revenue Business Code				
	11a					
	ь					
	С					
	d	All other revenue				
	e	Total. Add lines 11a-11d ▶				
	12	Total revenue. See Instructions	85,368,962	81,765,812	701,997	2,901,153

	IX Statement of Functional Expenses				
ectio	n 501(c)(3) and 501(c)(4) organizations must complete all columns All				
	Check if Schedule O contains a response to any question in this Pa	rt IX			<u> </u>
	t include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B</b> ) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	1,898,458			
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	5,000			
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	10,831,206			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	17,846,916			
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	5,709,872			
9	Other employee benefits	1,712,427			
.0	Payroll taxes	1,506,167			
1	Fees for services (non-employees)				
а	Management				
b	Legal	12,459,505			
c	Accounting	86,101			
d	Lobbying	2,857,075			
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	336,415			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	4,540,130			
2	Advertising and promotion	2,533,646			
	Office expenses	3,200,239			
, 1	Information technology	1,513,108			
<del>*</del> 5	Royalties	1,513,108			
5	Occupancy	5,236,920			
7	Travel	2,093,591			
8	Payments of travel or entertainment expenses for any federal, state, or local public officials	16,935			
•	Conferences, conventions, and meetings	6,496,000			
	Interest	23,975			
L •	Payments to affiliates				
2	Depreciation, depletion, and amortization	335,749			
3 4	Insurance	126,432			
а	MISCELLANEOUS	850,927			
b	SUBSCRIPTIONS	537,030			
c	PERSONAL PROPERTY TAX	19,978			
d					
e	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	82,773,844			
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)				

Part X Balance Sheet

Par	ťΧ	Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		( <b>B)</b> End of year
	1	Cash—non-interest-bearing	2,600	1	2,600
	2	Savings and temporary cash investments	4,928,791	2	8,798,351
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	1,832,899	4	1,040,543
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	485.851	5	536,273
Assets	6	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 instructions) Complete Part II of Schedule L	]	6	330,273
Š	7	Notes and loans receivable, net		7	
4	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	915,684	<u> </u>	1,192,404
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D  3,796,9	,		1,102,101
	Ь	Less accumulated depreciation	526 1,729,264	10c	1,909,414
	11	Investments—publicly traded securities	91,164,473	11	94,303,446
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	515,718		534,277
	16	Total assets. Add lines 1 through 15 (must equal line 34)	101,575,280		108,317,308
	17	Accounts payable and accrued expenses	6,611,543	17	7,668,271
	18	Grants payable	, ,	18	
	19	Deferred revenue	26,824,282	19	25,127,947
	20	Tax-exempt bond liabilities	, ,	20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
æ		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	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 Schedule			
		D	52,185,995		61,846,847
<u> </u>	26	Total liabilities. Add lines 17 through 25	85,621,820	26	94,643,065
ė,		lines 27 through 29, and lines 33 and 34.			
<u>a</u>	27	Unrestricted net assets	15,953,460	27	13,674,243
<u>е</u>	28	Temporarily restricted net assets		28	
걸	29	Permanently restricted net assets		29	
or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here ► ☐ and complete lines 30 through 34.			
8	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net A	i				10.071.010
童	33	Total net assets or fund balances	15,953,460	33	13,674,243

Par	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				৮
	· / ·				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		85,3	368,962
2	Total expenses (must equal Part IX, column (A), line 25)	2		82,7	773,844
3	Revenue less expenses Subtract line 2 from line 1	3		2,5	595,118
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			953,460
5	Net unrealized gains (losses) on investments	5			 292,707
6	Donated services and use of facilities	6		,	<u> </u>
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-6.1	.67,042
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			574,243
Par	t XII Financial Statements and Reporting			•	•
	Check if Schedule O contains a response to any question in this Part XII				. ┌
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed on			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	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	arate			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	it of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain i Schedule O	n			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	require	3 <b>b</b>		

Software ID: Software Version:

**EIN:** 13-0659550

Name: EDISON ELECTRIC INSTITUTE INC

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Form 990, Part VII - Compensation of Compensated Employees, and Independent	Oπicers, Dir ndent Contra	ectors	s, fri	uste	es,	, кеу	/ En	npioyees, Highe '	st	
<b>(A)</b> Name and Title	(B) Average hours per week (list any	Position (do not check more than one box, unless person is both an officer and a director/trustee)				, th		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related
	hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			organizations
THOMAS F FARRELL II CHAIR	3 00	x						0	0	0
LEWIS HAY III VICE CHAIR/CHAIR	3 00	х						0	0	0
MICHAEL W YACKIRA VICE CHAIR	3 00	х						0	0	0
THEODORE F CRAVER JR VICE CHAIR	3 00	х						0	0	0
WILIAM D JOHNSON VICE CHAIR	3 00	х						0	0	0
ANDRES GLUSKI DIRECTOR	1 00	х						0	0	0
TIM MCLEOD DIRECTOR	1 00	х						0	0	0
ALAN R HODNIK DIRECTOR	1 00	х						0	0	0
WILLIAM D HARVEY DIRECTOR	1 00	×						0	0	0
PATRICIA LEONARD KAMPLING DIRECTOR	1 00	×						0	0	0
THOMAS R VOSS DIRECTOR	1 00	х						0	0	0
NICHOLAS K AKINS DIRECTOR	1 00	×						0	0	0
JOHN C PROCARIO DIRECTOR	1 00	х						0	0	0
SCOTT L MORRIS DIRECTOR	1 00	х						0	0	0
GERRY CHASSE DIRECTOR	1 00	х						0	0	0
DAVID R EMERY DIRECTOR	1 00	х						0	0	0
DAVID M MCCLANAHAN DIRECTOR	1 00	х						0	0	0
LAWRENCE J REILLY DIRECTOR	1 00	х						0	0	0
STEVEN V LANT DIRECTOR	1 00	х						0	0	0
BRUCE A WILLIAMSON DIRECTOR	1 00	х						0	0	0
JOHN G RUSSELL DIRECTOR	1 00	х						0	0	0
KEVIN BURKE DIRECTOR	1 00	х						0	0	0
MAYO A SHATTUCK III DIRECTOR	1 00	х						0	0	0
GERARD M ANDERSON DIRECTOR	1 00	х						0	0	0
JAMES E ROGERS DIRECTOR	1 00	х						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** (B) (C) (D) (E) (F) Name and Title Position (do not check Reportable Reportable Estimated amount Average hours more than one box, compensation compensation of other unless person is both from the from related per compensation organization (Wan officer and a organizations (Wweek from the (lıst director/trustee) 2/1099-MISC) 2/1099-MISC) organization and related any Former Individual to or director Highest compensated employee Institutional hours organizations for employee related organızatıons trustae below Trustee dotted line) 1 00 RICHARD RIAZZI Χ 0 0 0 DIRECTOR 1 00 DAVID W STEVENS 0 0 Х 0 **DIRECTOR** 1 00 THOMAS V SHOCKLEY 0 0 0 Х **DIRECTOR** 1 00 WILLIAM H SHEPPARD Х 0 0 0 DIRECTOR 1 00 BRADLEY P BEECHER 0 0 0 Χ DIRECTOR 1 00 JOHN F YOUNG 0 0 0 Х DIRECTOR 1 00 ROD WEST 0 0 0 Х DIRECTOR 1 00 CHRISTOPHER CRANE 0 0 0 DIRECTOR 1 00 ANTHONY J ALEXANDER Χ 0 0 DIRECTOR 1 00 EDWARD R MULLER 0 0 0 X DIRECTOR 1 00 MICHAEL J CHESSER Χ 0 0 0 DIRECTOR 1 00 MARY G POWELL 0 0 **DIRECTOR** 1 00 CONSTANCE LAU 0 0 0 Х **DIRECTOR** 1 00 ROBERT D KUMP 0 Х 0 0 DIRECTOR 1 00 J LAMONT KEEN Х 0 0 0 DIRECTOR 1 00 CHARLES A SCHROCK 0 0 0 Х DIRECTOR 1 00 JOSEPH L WELCH 0 0 0 Х DIRECTOR 1 00 DAVID L GOODIN Χ 0 0 0 **DIRECTOR** 1 00 GARY J WOLTER Х 0 0 0 DIRECTOR 1 00 GREGORY E ABEL 0 0 0 Х DIRECTOR 1 00 PHILIP BARNHARD IV Х O 0 0 DIRECTOR 1 00 THOMAS B KING 0 0 0 DIRECTOR 1 00 JIMMY STATON 0 0 0 Х DIRECTOR 1 00 JIM STANLEY 0 0 Х 0 DIRECTOR 1 00 CHARLES W SHIVERY 0 0 DIRECTOR

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** (B) (C) (D) (E) (F) Name and Title Position (do not check Reportable Reportable Estimated amount Average hours more than one box, compensation compensation of other unless person is both from the from related per compensation organization (Wan officer and a organizations (Wweek from the (lıst director/trustee) 2/1099-MISC) 2/1099-MISC) organization and related any Former Individual to or director Highest compensated employee Institutional hours organizations for employee related organızatıons trustae below Trustee dotted line) 1 00 ROBERT C ROWE Χ 0 0 0 DIRECTOR 1 00 THOMAS J MAY 0 0 Х 0 DIRECTOR 1 00 PETER B DELANEY 0 0 0 Х DIRECTOR 1 00 EDWARD J MCINTYRE Х 0 0 0 DIRECTOR 1 00 CHRISTOPHER P JOHNS 0 0 0 Х DIRECTOR 1 00 JOSEPH M RIGBY 0 0 0 Х DIRECTOR 1 00 DONALD E BRANDT 0 0 0 Х DIRECTOR 1 00 PATRICIA K VINCENT-COLLAWN 0 0 0 DIRECTOR 1 00 JAMES J PIRO Χ 0 0 DIRECTOR 1 00 JAMES H MILLER 0 0 0 X DIRECTOR 1 00 WILLIAM H SPENCE Χ 0 0 0 DIRECTOR 1 00 RALPH IZZO 0 0 DIRECTOR 1 00 KIMBERLY J HARRIS 0 0 0 Х **DIRECTOR** 1 00 KEVIN B MARSH 0 Х 0 0 DIRECTOR 1 00 THOMAS A FANNING Х 0 0 0 DIRECTOR 1 00 JOHN B RAMIL 0 0 0 Х DIRECTOR 1 00 LON R GREENBERG 0 0 0 Х **DIRECTOR** 1 00 JAMES P TORGERSON Χ 0 0 0 **DIRECTOR** 1 00 ROBERT G SCHOENBERGER Х 0 0 0 DIRECTOR 1 00 PAUL J BONAVIA 0 0 0 Х DIRECTOR 1 00 CARL L CHAPMAN Х O 0 0 DIRECTOR 1 00 CHRISTOPHER L DUTTON 0 0 0 DIRECTOR 1 00 MARK A RUELLE 0 0 0 Х DIRECTOR 1 00 GALE E KLAPPA 0 0 Х 0 1 00 BENJAMIN GS FOWKE III 0 0 DIRECTOR

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and Independent Contractors (A) (B) (D) (E) (C) (F) Name and Title Position (do not check Reportable Estimated amount Average Reportable hours more than one box, compensation compensation of other unless person is both per from the from related compensation an officer and a organization (Worganizations (Wfrom the week director/trustee) 2/1099-MISC) 2/1099-MISC) organization and (list any related Highest compensated employee Former Individual to director hours Institutional Trustee organizations for employee related organizations trustee below dotted line) 45 00 THOMAS KUHN Х 4,003,804 0 80,014 **PRESIDENT** 2 50 45 00 DAVID OWENS Х 819,398 0 350,176 EXECUTIVE VP, BUSINESS OPERATIONS 45 00 **BRIAN WOLFF** 0 Х 788,286 153,496 SENIOR VP, EXTERNAL AFFAIRS 1 00 45 00 **EDWARD COMER** Х 412,168 0 198,238 VP, GENERAL COUNSEL AND CORPORATE STRATEGY 45 00 MARY MILLER Х 387,622 0 146,571 CHIEF ADMINISTRATIVE OFFICER 4 00 45 00 QUINLAN SHEA III Χ 351,905 0 112,839 VP, ENVIRONMENT 45 00 RICHARD MCMAHON Χ 347,359 0 146,856 VP, ALLIANCE ENERGY SUPPLIERS 45 00 JAMES FAMA Х 335,458 0 134,386 VP, ENERGY DELIVERY 45 00 KATHY STECKELBERG Χ 332,666 0 130,705 VP, GOVERNMENT RELATIONS 45 00 BRIAN MCCORMACK Х 330,964 0 39,135 VP, POLITICAL AND EXTERNAL AFFAIRS 45 00 JOHN EASTON JR Χ 318,829 0 114,850 VP, INT'L PROGRAMS 45 00 JOHN SCHLENKER Х 293,694 0 147,114 CFO & TREASURER 2 50 45 00 RICHARD TEMPCHIN Х 271,160 0 153,653 EXECUTIVE DIRECTOR, RETAIL ENERGY SERVICES 45 00 JAMES OWEN Х 266,597 0 164,051 EXEC DIR, MEMBER REL & MTG 45 00 SADEGH RAZEGHI 230,536 0 Χ 50,143 CIO 45 00 JAMES ROEWER Х 200,741 0 111,362 DIRECTOR, USWAG 45 00 BILL FANG Х 200,473 0 75,586 **DEPUTY GENERAL COUNSEL** 0 00 PATRIC O'KELLEY Х 182,812 0 0 FORMER VP CFO & TREASURER 0 00 LYNN LEMASTER Χ 2,068,571 0 9,357 FORMER CHIEF OF STAFF-BUSINESS OPERATIONS

DLN: 93493312024603

OMB No 1545-0047

Open to Public

### **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ► See separate instructions.

**Political Campaign and Lobbying Activities** 

Inspection 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.

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

If the organization answered "Yes" 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

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

	ame of the organization ISON ELECTRIC INSTITUTE INC			E	mployer ider	nt if ica	ation numb	er
					3-0659550			
Par	rt I-A Complete if th	ne organization is exempt und	ler section 501	(c) or is a se	ction 527	org	janizatio	n.
1	Provide a description of	the organization's direct and indirect p	olitical campaign ac	tivities in Part 1	.V			
2	Political expenditures				►	\$	1	,005,788
3	Volunteer hours					_		
Pai	rt I-B Complete if th	ne organization is exempt und	ler section 501	(c)(3).				
1	Enter the amount of any	excise tax incurred by the organizatio	n under section 495	5	<b>F</b>	\$		
2	Enter the amount of any	excise tax incurred by organization ma	anagers under section	on 4955	<b>F</b>	\$		
3	If the organization incur	red a section 4955 tax, did it file Form	4720 for this year?	•			┌ Yes	┌ No
4a	Was a correction made?						┌ Yes	┌ No
b	If "Yes," describe in Par	tIV						
Pai	rt I-C Complete if th	ne organization is exempt und	ler section 501	(c), except s	ection 50	)1(c	)(3).	
1	Enter the amount directl	y expended by the filing organization fo	or section 527 exem	npt function acti	vities 🕨	\$ <u></u>		935,788
2	Enter the amount of the sexempt function activities	filing organization's funds contributed	to other organizatior	ns for section 52	27			70,000
_	·					۰ ـــ		70,000
3	Total exempt function ex	openditures Add lines 1 and 2 Enter h	iere and on Form 11	20-POL, line 17	7b <b>►</b> -	\$ <u></u>		,005,788
4	Did the filing organizatio	n file <b>Form 1120-POL</b> for this year?					☐ Yes	✓ No
	amount of political contr separate segregated fun	ents For each organization listed, ento abutions received that were promptly a d or a political action committee (PAC	nd directly delivered ) If additional space	d to a separate i	oolitical orga	anızat ıtıon ı	n Part IV	is a
	<b>(a)</b> Name	(b) Address	(c) EIN	(d) Amount filing organ funds If none	zation's	cor dir	A mount of ntributions and prompt ectly delive separate po ganization enter -(	received ly and ered to a plitical If none,
	DEMOCRATIC ATTORNEYS IERAL ASSOCIATION	1580 LINCOLN ST SUITE 1125 WASHINGTON, DC 20002	13-4220019		15,000			
	REPUBLICAN STATE DERSHIP COMMITTEE	1800 DIAGNONAL ROAD ALEXANDRIA, VA 22314	05-0553252		55,000			

Cat No 50084S

Schedule C (Form 990 or 990-EZ) 2012

e Grassroots ceiling amount (150% of line 2d, column (e))

**f** Grassroots lobbying expenditures

Sch	nedule C (Form 990 or 990-EZ) 2012					Page 2
Pa	art II-A Complete if the organization	is exempt under	section 501(	c)(3) and fil	ed Form 5768	(election
_	under section 501(h)). Check ► if the filing organization belongs to a	an affiliated group (and	lict in Part IV os	ach affiliated are	un mambar's nam	o addross EIN
	expenses, and share of excess lobb	ying expenditures)		_	up member s nam	e, address, LTN
<u>B</u>	Check Frifthe filing organization checked box	x A and "limited contro	ıl" provisions apı	oly		
	Limits on Lobbying E (The term "expenditures" means an		l <b>.</b> )		(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1a	Total lobbying expenditures to influence public o	pınıon (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobb	yıng)			
c	Total lobbying expenditures (add lines 1a and 1b	o)				
d	O ther exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1c	c and 1d)				
f	Lobbying nontaxable amount Enter the amount fo	rom the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on li	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	0,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,	.000		
	Over \$17,000,000	\$1,000,000				
	Grassroots nontaxable amount (enter 25% of lin	e 1f)				
_	Subtract line 1g from line 1a If zero or less, ente	•		-		
i	Subtract line 1f from line 1c If zero or less, ente			-		
_	If there is an amount other than zero on either lin		organization file	Form 4720 rep	ortina	1
-	section 4911 tax for this year?					┌ Yes ┌ No
_	4-Voor Av	veraging Period U	Inder Section	F01/b)		
	(Some organizations that made a scolumns below. See the	section 501(h) el	ection do not	have to cor		ne five
	Lobbying Expe	enditures During	4-Year Avera	ging Period		1
	Calendar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	( <b>d)</b> 2012	<b>(e)</b> Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontavable amount					

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

For a	and "Vee" response to lines 15 through 1, below, provide in Part IV a detailed description of the labburg	(a	1)	(b)
activ	ach "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying ity.	Yes	No	Amount
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?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
C	Media advertisements?			
d	Mailings to members, legislators, or the public?			
е	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	O ther activities?			
j	Total Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section $501(c)(3)$ ?			
b	If "Yes," enter the amount of any tax incurred under section 4912	1		
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Dar	+ TII-A. Complete if the organization is exempt under section $501(c)(A)$ section	n F01/c	\ <u></u>	r section

## 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		Νo
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		No
_3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	Yes	

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

1	Dues, assessments and similar amounts from members	1	69,464,353
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		_
а	Current year	2a	13,540,790
b	Carryover from last year	2b	822,631
С	Total	2c	14,363,421
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	15,583,357
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	-1,219,936

#### **Supplemental Information** Part IV

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Identifier	Return Reference	Explanation
ORGANIZATIONS DIRECT AND INDIRECT POLITICAL CAMPAIGN	· · · · · · · · · · · · · · · · - · · · · · · · · · · · · · · · · · · · ·	THE ORGANIZATION SUPPORTED POLITICAL ORGANIZATIONS AND CANDIDATES FOR STATE AND
ACTIVITIES		LOCAL OFFICE WHERE LEGALLY PERMISSIBLE

DLN: 93493312024603

OMB No 1545-0047

**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.

Open to Public

	me of the organization SON ELECTRIC INSTITUTE INC		Employer identification number
LDI	SON ELECTRIC INSTITUTE INC		13-0659550
Pa	organizations Maintaining Donor Adv		inds or Accounts. Complete if the
	organization answered "Yes" to Form 990	(a) Donor advised funds	(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 advisor funds are the organization's property, subject to the or		or advised Yes No
6	Did the organization inform all grantees, donors, and dused only for charitable purposes and not for the beneficonferring impermissible private benefit?		
Pa	rt II Conservation Easements. Complete if	the organization answered "Yes" to	Form 990, Part IV, line 7.
1 2	Purpose(s) of conservation easements held by the org Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a	or education)  Preservation of an Preservation of a c	ertified historic structure
2	easement on the last day of the tax year	qualified conservation contribution in ti	le form of a conservation
			Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified history	oric structure included in (a)	2c
d	Number of conservation easements included in (c) accomistoric structure listed in the National Register	juired after 8/17/06, and not on a	2d
3	Number of conservation easements modified, transfer	red, released, extinguished, or terminate	d by the organization during
	the tax year <b>-</b>		
4	Number of states where property subject to conservat	ion easement is located ►	
5	Does the organization have a written policy regarding tenforcement of the conservation easements it holds?	the periodic monitoring, inspection, hand	ling of violations, and <b>Yes No</b>
6	Staff and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation easem	nents during the year
7	A mount of expenses incurred in monitoring, inspecting	ı. and enforcing conservation easements	during the year
,	<b>▶</b> \$	,,	,
8	Does each conservation easement reported on line 2(and section 170(h)(4)(B)(II)?	d) above satisfy the requirements of sect	tion 170(h)(4)(B)(i)
9	In Part XIII, describe how the organization reports colbalance sheet, and include, if applicable, the text of the organization's accounting for conservation easeme	e footnote to the organization's financial	
Par	Organizations Maintaining Collection Complete if the organization answered "Y	s of Art, Historical Treasures, o	or Other Similar Assets.
1a	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide, in Part XIII, the text of the footnote to	.16 (ASC 958), not to report in its reven its held for public exhibition, education, o	or research in furtherance of public
b	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide the following amounts relating to thes	ts held for public exhibition, education, c	
	(i) Revenues included in Form 990, Part VIII, line 1		<b>▶</b> -\$
	(ii) Assets included in Form 990, Part X		<b>►</b> \$
2	If the organization received or held works of art, histor following amounts required to be reported under SFAS		r financial gain, provide the
а	Revenues included in Form 990, Part VIII, line 1		<b>►</b> \$

**b** Assets included in Form 990, Part X

Part	<b>TITLE</b> Organizations Maintaining Co	<u>llections of Art</u>	<u>:, His</u>	stor	<u>cal Tı</u>	<u>reasu</u>	<u>res, or O</u>	<u>the</u>	<u>r Similar As</u>	ssets (d	continued)
3	Using the organization's acquisition, accessicollection items (check all that apply)	on, and other recor	ds, cl	heck	any of	the follo	owing that a	re a	significant us	e of its	
а	Public exhibition		d	Γ	Loan	or exch	nange progr	ams			
b	Scholarly research		e	Γ	Othe	r					
c	Preservation for future generations										
4	Provide a description of the organization's co Part XIII	ollections and expla	ıın ho	w the	y furthe	er the o	rganızatıon	's ex	empt purpose	ın	
5	During the year, did the organization solicit o	or receive donations	s of aı	rt, his	torical	treasu	res or othe	rsım	nılar		
	assets to be sold to raise funds rather than t									☐ Yes	□ No
Par	Part IV, line 9, or reported an an						answere	d "Y	es" to Form	990,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					itions d	r other ass	ets i	not	┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follo	wing	table		_				
							-	_	Aı	mount	
C	Beginning balance						-	1c			
d	Additions during the year						-	1d			
e	Distributions during the year						_	1e			
f	Ending balance							1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	e 21?	?						☐ Yes	Г No
_ь	If "Yes," explain the arrangement in Part XII										<u> </u>
Pa	rt V Endowment Funds. Complete								t IV, line 10. Three years back		waara baak
1a	Beginning of year balance	(a)Current year	(D	)Prior	уеаі	D (C)IV	vo years back	(u)	Tillee years back	(e)roui	years back
b	Contributions										
c	Net investment earnings, gains, and losses							$\vdash$			
_								-			
d	Grants or scholarships										
е	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balan	ce (lır	ne 1g	, colum	n (a)) h	neld as			•	
а	Board designated or guasi-endowment	·	•	_	•						
b	Permanent endowment ►										
c	Temporarily restricted endowment ►										
•	The percentages in lines 2a, 2b, and 2c show	uld equal 100%									
За	Are there endowment funds not in the posses	ssion of the organiz	atıon	that	are hel	d and a	dmınıstered	d for	the		
	organization by									Yes	s No
	(i) unrelated organizations		•					•		(i) (ii)	<del>                                     </del>
b	(ii) related organizations							•		(")   	<u> </u>
4	Describe in Part XIII the intended uses of th										
Par	t VI Land, Buildings, and Equipme					10.					
	Description of property		·		Cost or		( <b>b</b> )Cost or o basis (othe		(c) Accumulate depreciation	d <b>(d)</b> I	Book value
1a	Land			$\top$							
b	Buildings										
c	Leasehold improvements						41	,515	13,8	78	27,637
d I	Equipment						1,785	,659	1,316,0	39	469,620
	Other						1,969	,766	557,6	09	1,412,157
Tota	I. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colι	umn (	B), line	10(c).)			🛌		1,909,414

(a) Description of security or category (Disposit value (C) Mitth of visitation (1) Principles and Security (Cost of enc. depart market value (Cost of enc. depart market value (C) Principles (Cost of enc. depart market value (C) Principles (C) Pr	Part VII	Investments—Other Securities. See	Form 990, Part X, line 12	2.	
Cost of end-of-year manet value					od of valuation
(g) Presented derivatives (California Media county interests)  Differ  Total, Couloms (s) most report from 980, Ann. X, cot. (20 Mor 12.) *  Total, Couloms (s) most report from 980, Ann. X, cot. (30 Mor 12.) *  Part VIII Investments — Program Related, Sep Form 990, Part X, Inc. 23.  (g) Resk value  Casa or ender disposer malest via use  (b) Resk value  (c) Mested of vialuation  Casa or ender disposer malest via use  Casa or ender disposer malest via use  (d) Resk value  (d) Bescription (d) Book value  (e) Description  (f) Dook value  (e) Dook value  (f) Dook value  (g) Dook value  (g) Dook value  (h) Resk	•		(-,		
Total, (Column (b) must equal from \$86, Nort X, col (d) Nors 12)  Part VIII Investments—Program Related, See Form 990, Part X, Inn 13.  (a) Description of investment systs  (b) Book value  (c) Method of valuation  (d) Book value  (d) Method of valuation  (e) Description of investment systs  (b) Book value  (c) Method of valuation  (d) Book value  (d) Book value  (e) Description  (ii) Description  (iii) Descri	(1)Financial	derivatives			
Total (Column (9) mast equal from 990, Part X, cal (8) loss (2)   Part VIII   Investments—Program Related. See Form 990, Part X, line 13.    (a) Description of investment type   (b) Book value   Cost of end-of-year market value					
Part XI   Other Assets, See Form 990, Part X, and (8) Next X		neid equity interests			
Investments	Juliei				
Investments					
Truestments					
Truestments					
Total. (Column (b) must equal Form 990, Part X, col.(8) line 15.    Cost or end ob year market value   Cost or end ob year market value   Cost or end ob year market value					
Total					
Truestments					
Total. (Column (b) must equal Form 990, Part X, col.(8) line 15.    Cost or end ob year market value   Cost or end ob year market value   Cost or end ob year market value					
Total. (Column (b) must equal Form 990, Part X, col.(8) line 15.    Cost or end ob year market value   Cost or end ob year market value   Cost or end ob year market value					
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Investments					
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Investments					
Investments					
Total					
Total					
Total	Total (Colum	n (h) must aqual Form 000. Part V cal. (P) lina 12.)			
(a) Description of investment type (b) Book value (c) Method of valuation Cost or end-of-year market value  (b) Book value  (c) Description  (b) Book value  (c) Book value  (d) Book value  (d) Book value  (e) Book value  (b) Book value  (c) Book value  (d) Book value  (e) Book value  (e) Book value  (f) Book value  (f) Book value  (g) Book value  (h) Book value  (		in (b) mast equal term soof tare ty cor (b) mile 12 )		1.2	
Cost or end-of-year market value					
Total. (Column (b) must equal form 990, Part X, cal (6) line 13		(a) Description of investment type	( <b>b)</b> Book value		
Column (b) must equal Form 990, Part X, col (b) line 15.				Cost of end-o	i year market value
Total. (Column (b) must equal form 990, Part X, col. (8) Inne 15.					
Total. (Column (b) must equal Form 990, Part X, col. (8) line 15.)   Part X   Other Liabilities. See Form 990, Part X, line 25.   (a) Description of liability   (b) Book value					
Total. (Column (b) must equal form 990, Part X, col. (8) Inne 15.					
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Total. (Column (b) must equal Form 990, Part X, col. (B) Inne 15.)   Part X   Other Liabilities. See Form 990, Part X, line 25.   (a) Description   (b) Book value					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)   Part X   Other Liabilities. See Form 990, Part X, line 25.   (a) Description of liability   (b) Book value					
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Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.					
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(a) Description (b) Book value    Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)			ne 15.		
Part X Other Liabilities. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value  Federal income taxes  POSTRETIREMENT BENEFIT OBLIGATION 18,976,066  DEFERRED COMPENSATION 39,073,355  DEFERRED RENT 1,800,843  BENEFITS LIABILITIES 1,418,015  OTHER CURRENT LIABILITIES 342,315  LONG TERM LEASE OBLIGATION 122,960  LIFE INSURANCE LIABILITY 100,000  MEDICARE TAX LIABILITY 13,293  Total. (Column (b) must equal Form 990, Part X, col (B) line 25)		(a) Descrip	otion		(b) Book value
Part X Other Liabilities. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value  Federal income taxes  POSTRETIREMENT BENEFIT OBLIGATION 18,976,066  DEFERRED COMPENSATION 39,073,355  DEFERRED RENT 1,800,843  BENEFITS LIABILITIES 1,418,015  OTHER CURRENT LIABILITIES 342,315  LONG TERM LEASE OBLIGATION 122,960  LIFE INSURANCE LIABILITY 100,000  MEDICARE TAX LIABILITY 13,293  Total. (Column (b) must equal Form 990, Part X, col (B) line 25)					
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Part X Other Liabilities. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value  Federal income taxes  POSTRETIREMENT BENEFIT OBLIGATION 18,976,066  DEFERRED COMPENSATION 39,073,355  DEFERRED RENT 1,800,843  BENEFITS LIABILITIES 1,418,015  OTHER CURRENT LIABILITIES 342,315  LONG TERM LEASE OBLIGATION 122,960  LIFE INSURANCE LIABILITY 100,000  MEDICARE TAX LIABILITY 13,293  Total. (Column (b) must equal Form 990, Part X, col (B) line 25)					
Part X Other Liabilities. See Form 990, Part X, Inne 25.  (a) Description of liability (b) Book value  Federal income taxes  POSTRETIREMENT BENEFIT OBLIGATION 18,976,066  DEFERRED COMPENSATION 39,073,355  DEFERRED RENT 1,800,843  BENEFITS LIABILITIES 1,418,015  OTHER CURRENT LIABILITIES 342,315  LONG TERM LEASE OBLIGATION 122,960  LIFE INSURANCE LIABILITY 100,000  MEDICARE TAX LIABILITY 13,293  Total. (Column (b) must equal Form 990, Part X, col (B) line 25)					
Part X Other Liabilities. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value  Federal income taxes  POSTRETIREMENT BENEFIT OBLIGATION 18,976,066  DEFERRED COMPENSATION 39,073,355  DEFERRED RENT 1,800,843  BENEFITS LIABILITIES 1,418,015  OTHER CURRENT LIABILITIES 342,315  LONG TERM LEASE OBLIGATION 122,960  LIFE INSURANCE LIABILITY 100,000  MEDICARE TAX LIABILITY 13,293  Total. (Column (b) must equal Form 990, Part X, col (B) line 25)					
Part X Other Liabilities. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value  Federal income taxes  POSTRETIREMENT BENEFIT OBLIGATION 18,976,066  DEFERRED COMPENSATION 39,073,355  DEFERRED RENT 1,800,843  BENEFITS LIABILITIES 1,418,015  OTHER CURRENT LIABILITIES 342,315  LONG TERM LEASE OBLIGATION 122,960  LIFE INSURANCE LIABILITY 100,000  MEDICARE TAX LIABILITY 13,293  Total. (Column (b) must equal Form 990, Part X, col (B) line 25)					
Part X Other Liabilities. See Form 990, Part X, Inne 25.  (a) Description of liability (b) Book value  Federal income taxes  POSTRETIREMENT BENEFIT OBLIGATION 18,976,066  DEFERRED COMPENSATION 39,073,355  DEFERRED RENT 1,800,843  BENEFITS LIABILITIES 1,418,015  OTHER CURRENT LIABILITIES 342,315  LONG TERM LEASE OBLIGATION 122,960  LIFE INSURANCE LIABILITY 100,000  MEDICARE TAX LIABILITY 13,293  Total. (Column (b) must equal Form 990, Part X, col (B) line 25)					
Part X Other Liabilities. See Form 990, Part X, Inne 25.  (a) Description of liability (b) Book value  Federal income taxes  POSTRETIREMENT BENEFIT OBLIGATION 18,976,066  DEFERRED COMPENSATION 39,073,355  DEFERRED RENT 1,800,843  BENEFITS LIABILITIES 1,418,015  OTHER CURRENT LIABILITIES 342,315  LONG TERM LEASE OBLIGATION 122,960  LIFE INSURANCE LIABILITY 100,000  MEDICARE TAX LIABILITY 13,293  Total. (Column (b) must equal Form 990, Part X, col (B) line 25)					
Part X Other Liabilities. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value  Federal income taxes  POSTRETIREMENT BENEFIT OBLIGATION 18,976,066  DEFERRED COMPENSATION 39,073,355  DEFERRED RENT 1,800,843  BENEFITS LIABILITIES 1,418,015  OTHER CURRENT LIABILITIES 342,315  LONG TERM LEASE OBLIGATION 122,960  LIFE INSURANCE LIABILITY 100,000  MEDICARE TAX LIABILITY 13,293  Total. (Column (b) must equal Form 990, Part X, col (B) line 25)					
Part X Other Liabilities. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value  Federal income taxes  POSTRETIREMENT BENEFIT OBLIGATION 18,976,066  DEFERRED COMPENSATION 39,073,355  DEFERRED RENT 1,800,843  BENEFITS LIABILITIES 1,418,015  OTHER CURRENT LIABILITIES 342,315  LONG TERM LEASE OBLIGATION 122,960  LIFE INSURANCE LIABILITY 100,000  MEDICARE TAX LIABILITY 13,293  Total. (Column (b) must equal Form 990, Part X, col (B) line 25)					
Part X Other Liabilities. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value  Federal income taxes  POSTRETIREMENT BENEFIT OBLIGATION 18,976,066  DEFERRED COMPENSATION 39,073,355  DEFERRED RENT 1,800,843  BENEFITS LIABILITIES 1,418,015  OTHER CURRENT LIABILITIES 342,315  LONG TERM LEASE OBLIGATION 122,960  LIFE INSURANCE LIABILITY 100,000  MEDICARE TAX LIABILITY 13,293  Total. (Column (b) must equal Form 990, Part X, col (B) line 25)					
(a) Description of liability (b) Book value  Federal income taxes  POSTRETIREMENT BENEFIT OBLIGATION 18,976,066 DEFERRED COMPENSATION 39,073,355 DEFERRED RENT 1,800,843 BENEFITS LIABILITIES 1,418,015 OTHER CURRENT LIABILITIES 342,315 LONG TERM LEASE OBLIGATION 122,960 LIFE INSURANCE LIABILITY 100,000 MEDICARE TAX LIABILITY 13,293  Total. (Column (b) must equal form 990, Part X, col (B) line 25 )  61,846,847					
Federal income taxes  POSTRETIREMENT BENEFIT OBLIGATION  18,976,066  DEFERRED COMPENSATION  39,073,355  DEFERRED RENT  1,800,843  BENEFITS LIABILITIES  1,418,015  DTHER CURRENT LIABILITIES  342,315  LONG TERM LEASE OBLIGATION  122,960  LIFE INSURANCE LIABILITY  100,000  MEDICARE TAX LIABILITY  13,293  Fotal. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶  61,846,847	Part X	· · · · · · · · · · · · · · · · · · ·	•		
POSTRETIREMENT BENEFIT OBLIGATION  DEFERRED COMPENSATION  39,073,355  DEFERRED RENT  1,800,843  BENEFITS LIABILITIES  1,418,015  DTHER CURRENT LIABILITIES  20NG TERM LEASE OBLIGATION  LIFE INSURANCE LIABILITY  100,000  MEDICARE TAX LIABILITY  13,293  Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )   61,846,847	1	(a) Description of liability	<b>(b)</b> Book value		
POSTRETIREMENT BENEFIT OBLIGATION  DEFERRED COMPENSATION  39,073,355  DEFERRED RENT  1,800,843  BENEFITS LIABILITIES  1,418,015  DTHER CURRENT LIABILITIES  20NG TERM LEASE OBLIGATION  LIFE INSURANCE LIABILITY  100,000  MEDICARE TAX LIABILITY  13,293  Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )   61,846,847	ederal inco	ome taxes			
DEFERRED COMPENSATION  DEFERRED RENT  1,800,843  BENEFITS LIABILITIES  1,418,015  DTHER CURRENT LIABILITIES  2342,315  LONG TERM LEASE OBLIGATION  11,800,843  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11,418,015  11			18 976 066		
DEFERRED RENT  1,800,843 BENEFITS LIABILITIES  1,418,015 DTHER CURRENT LIABILITIES  2342,315 LONG TERM LEASE OBLIGATION  122,960 LIFE INSURANCE LIABILITY  100,000 MEDICARE TAX LIABILITY  13,293  Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )   61,846,847					
BENEFITS LIABILITIES  OTHER CURRENT LIABILITIES  ONG TERM LEASE OBLIGATION  LIFE INSURANCE LIABILITY  MEDICARE TAX LIABILITY  Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )  61,846,847					
OTHER CURRENT LIABILITIES  342,315  LONG TERM LEASE OBLIGATION  122,960  LIFE INSURANCE LIABILITY  100,000  MEDICARE TAX LIABILITY  13,293  Total. (Column (b) must equal Form 990, Part X, col (B) line 25)   61,846,847					
LONG TERM LEASE OBLIGATION 122,960  LIFE INSURANCE LIABILITY 100,000  MEDICARE TAX LIABILITY 13,293  Total. (Column (b) must equal Form 990, Part X, col (B) line 25)   61,846,847	BENEFITS L	LIABILITIES	1,418,015		
LONG TERM LEASE OBLIGATION 122,960  LIFE INSURANCE LIABILITY 100,000  MEDICARE TAX LIABILITY 13,293  Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )   61,846,847	OTHER CUF	RRENT LIABILITIES	342,315		
LIFE INSURANCE LIABILITY  100,000  MEDICARE TAX LIABILITY  13,293  Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )  61,846,847					
MEDICARE TAX LIABILITY 13,293  Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶ 61,846,847					
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶ 61,846,847					
	MEDICAKE	IAA LIADILITT	13,293		
	Total. (Colum	n (b) must equal Form 990. Part X col (R) line 25 )	61 016 017		
2 Fin 48 (ASC 740) Footpote. In Part XIII, provide the text of the footpote to the organization's financial statements that reports the		·		arationis for a section of	

Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	<u>:turn</u>
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
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		
b	Other (Describe in Part XIII )		
c	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	
<u>Part</u>	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
Part 1	Reconciliation of Expenses per Audited Financial Statements With Expenses  Total expenses and losses per audited financial statements	per 1	Return
			Return
1	Total expenses and losses per audited financial statements		Return
1 2	Total expenses and losses per audited financial statements		Return
1 2 a	Total expenses and losses per audited financial statements		Return
1 2 a b	Total expenses and losses per audited financial statements		Return
1 2 a b c	Total expenses and losses per audited financial statements		Return
1 2 a b c	Total expenses and losses per audited financial statements	1	Return
1 2 a b c d	Total expenses and losses per audited financial statements	2e	Return
1 2 a b c d e	Total expenses and losses per audited financial statements	2e	Return
1 2 a b c d e 3	Total expenses and losses per audited financial statements	2e	Return
1 2 a b c d e 3 4	Total expenses and losses per audited financial statements	2e	Return

#### Part XIII Supplemental Information

Complete 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 X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	EDISON ELECTRIC INSTITUTE INC HAS EVALUATED ITS TAX POSITIONS AND DETERMINED THAT THE POSITIONS ARE MORE-LIKELY-THAN-NOT TO BE SUSTAINED ON EXAMINATION EDISON ELECTRIC INSTITUTE INC TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL AND STATE AUTHORITIES THE TAX RETURNS FOR THE FISCAL YEARS ENDED 2009 THROUGH 2011 ARE OPEN TO EXAMINATION BY FEDERAL AND STATE AUTHORITIES

#### **Additional Data**

Software ID: Software Version:

**EIN:** 13-0659550

Name: EDISON ELECTRIC INSTITUTE INC

## Form 990, Schedule D, Part X, - Other Liabilities (a) Description of Liability (b) Book Value

1 (a) Description of Liability	(b) Book value
POSTRETIREMENT BENEFIT OBLIGATION	18,976,066
DEFERRED COMPENSATION	39,073,355
DEFERRED RENT	1,800,843
BENEFITS LIABILITIES	1,418,015
OTHER CURRENT LIABILITIES	342,315
LONG TERM LEASE OBLIGATION	122,960
LIFE INSURANCE LIABILITY	100,000
MEDICARE TAX LIABILITY	13,293

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DLN: 93493312024603

OMB No 1545-0047

Open to Public Inspection

#### **SCHEDULE F** (Form 990)

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

Statement of Activities Outside the United States

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

Employer identification number

חוכ	ON ELECTRIC INSTITUTE INC				1 ' '				
015	ON ELLCTRIC INSTITUTE INC				13-0659550				
Pa	General Informatio "Yes" to Form 990, Pa			ne United States. C		ation answered			
1	For grantmakers. Does the cassistance, the grantees' eligible the grants or assistance?	organization m gibility for the	aıntaın record grants or assıs	stance, and the select	ion criteria used to awa				
<b>For grantmakers.</b> Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.									
3	Activites per Region (The follow	ving Part I, line 3	3 table can be d	uplicated if additional sp	ace is needed )				
	(a) Region	<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region			
	EUROPE	0	0	PROGRAM SERVICES	MEETINGS WITHIN THE REGION	310,764			
	CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	MEETINGS WITHIN THE REGION	2,296			
	EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	MEETINGS WITHIN THE REGION	13,171			
	NORTH AMERICA	0	0	PROGRAM SERVICES	MEETINGS WITHIN THE REGION	4,766			
	Sub-total	0	0			330,997			
b	Total from continuation sheets	1		1	1	0			

0

to Part I

c Totals (add lines 3a and 3b)

330,997

•				000. Part II can be o	•			
( <b>a)</b> Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	( <b>d)</b> Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, othe
		NORTH AMERICA	CONFERENCE SPONSORSHIP	5,000				
2 Enter total nut tax-exempt b	mber of recipie y the IRS, or fo	ent organizations lis or which the grante	ted above that are ree or counsel has pro	recognized as chariti ovided a section 501	es by the foreign c (c)(3) equivalency	country, recognized letter	as	0
3 Enter total nu	mber of other	organizations or en	tities					1

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
		+	1		,		1
		+ +		'	+		+
		+		'	+		+
		+	<u> </u>		<del>                                     </del>		+
	<del> </del>		<del>                                     </del>		<del> </del>	<del> </del>	+
			<del></del>		<u> </u>		
			<b></b>		<u> </u>	<u> </u>	
							<u> </u>
			1				
		+ + +			,		1
		+ + +			+		
	<del>                                     </del>	+			+		+
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	<del> </del>		<del>                                     </del>		<del> </del>	<del> </del>	<del></del>
			<del> </del>		<u> </u>	<del> </del>	
						1	

#### Part IV Foreign Forms

1	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Γ	Y	'es	<u> </u>	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organizationmay be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Γ	Y	'es	্য	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Г	Y	'es	<u> </u>	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Γ	Υ	'es	<u> </u>	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Г	Υ	'es	<u>  -</u>	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).	Γ	Υ	'es	<u> </u>	No

Schedule F (Form 990) 2012

Part V	Supplementa	al Information
Part v	Supplementa	ai intormatio

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	ReturnReference	Explanation

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Schedule I

(Form 990)

**Grants and Other Assistance to Organizations,** Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

OMB No 1545-0047

DLN: 93493312024603

Open to Public

Department of the Treasury Attach to Form 990 Inspection Internal Revenue Service Employer identification number

Name of the organization EDISON ELECTRIC INSTITUTE INC 13-0659550 **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and √ Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of (a) Name and address of **(b)** EIN (d) A mount of cash (c) IRC Code (e) A mount of non-(g) Description of (h) Purpose of grant valuation non-cash assistance or assistance organization section grant cash or government if applicable assistance (book, FMV, appraisal, other) See Additional Data Table Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . . 47

Enter total number of other organizations listed in the line 1 table . . . . . . . . . . . . . . . .

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990,	Part IV,	line 22.
Part III can be duplicated if additional space is needed.		

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
	1	I	I	I	ı

Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	,	SCHEDULE I, PART I, LINE 2 WHEN GRANT FUNDS ARE AWARDED, EEI MAY REQUEST THE AMOUNTS BE RESTRICTED FOR A SPECIFIC PURPOSE GRANTEES MANY TIMES WILL REPORT BACK TO EEI THE SPECIFIC USE OF THE FUNDS AND VARIOUS OUTCOMES HOWEVER, THIS IS NOT A REQUIREMENT FOR EACH GRANT AWARDED

Schedule I (Form 990) 2012

Software ID: Software Version:

**EIN:** 13-0659550

Name: EDISON ELECTRIC INSTITUTE INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

Form 990,Schedule I, Par	•			_			(h) Purpose of grant
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AABE1625 K STREET NW SUITE 405 WASHINGTON,DC 20006	84-0782569	501(C)(3)	25,000				CONFERENCE SPONSORSHIP
ACCF-CTR FOR POLICY RESEARCH1750 K STREET 400 WASHINGTON,DC 20006	52-1091172	501(C)(3)	30,000				CONTRIBUTIONS MEMBERSHIPS
ALLIANCE TO SAVE ENERGYPO BOX 791399 BALTIMORE, MD 21279	52-1082991	501(C)(3)	5,000				CONFERENCE SPONSORSHIP
ASAECENTER FOR ASSOCIATION LEADERSHIP1575 I STREET NW WASHINGTON, DC 20005	53-0026940	501(C)(6)	10,000				EVENT SPONSORSHIP
ASPEN INSTITUTEONE DUPONT CIRCLE NW SUITE 700 WASHINGTON, DC 20036	84-0399006	501(C)(3)	10,000				CONTRIBUTIONS MEMBERSHIPS
CAMPAIGN FOR HOME ENERGY ASSISTANCE1615 L STREET NW WASHINGTON,DC 20036	52-1243510	501(C)(3)	15,000				CONTRIBUTIONS POLITICAL ORGANIZATIONS
CENTER FOR ENERGY WORKFORCE DEVELOPMENT701 PENNSYLVANIA AVE NW 3RD FLOOR WASHINGTON,DC 20004	20-4504014	501(C)(3)	100,000				CONTRIBUTIONS EDUCATION
CONGRESSIONAL BLACK CAUCUS FOUNDATION 1720 MASSACHUSETTS AVE NW	52-1160561	501(C)(4)	10,000				EVENT SPONSORSHIP
WASHINGTON, DC 20036  CONGRESSIONAL BLACK CAUCUS POLITCAL EDUCATION AND LEADERSHIP INSTITUTE 413 NEW JERSEY AVENUE SE	52-2270607	501(C)(4)	5,000				EVENT SPONSORSHIP
WASHINGTON, DC 20003  CONSORTIUM OF CATHOLIC ACADEMIES 5001 EASTERN AVENUE SUITE 207 HYATTSVILLE, MD 20782	52-2050972	501(C)(3)	5,000				EVENT SPONSORSHIP
ELECTRIC DRIVE TRANSPORTATION ASSOCIATION1250 EYE STREET NW SUITE 902 WASHINGTON, DC 20005	52-1665058	501(C)(6)	15,000				CONTRIBUTIONS MEMBERSHIP
ELECTRICAL SAFETY FOUNDATION1300 NORTH 17TH STREET SUITE 1752 ROSSLYN, VA 22209	52-1892239	501(C)(3)	5,000				CONTRIBUTIONS MEMBERSHIP
JOINT CENTER FOR POLITICAL AND ECONOMIC STUDIES1090 VERMONT AVENUE NW SUITE 1100 WASHINGTON, DC 20005	52-1069070	501(C)(3)	15,000				EVENT SPONSORSHIP
KEYSTONE CENTER1628 SAINTS JOHN RD KEYSTONE,CO 80435	84-0688506	501(C)(3)	10,000				EVENT SPONSORSHIP
LEADERSHIP CONFERENCE ON CIVIL AND HUMAN RIGHTS1629 K STREET NW 10TH FLOOR WASHINGTON, DC 20006	52-0789800	501(C)(4)	10,000				EVENT SPONSORSHIP
NATIONAL CONFERENCE OF STATE LEGISLATURES 7700 EAST FIRST PLACE DENVER,CO 80230	84-0772595	501(C)(3)	5,000				CONTRIBUTIONS POLITICAL ORGANIZATIONS
NATIONAL FUEL FUNDS NETWORK1010 VERMONT AVENUE NW SUITE 718 WASHINGTON, DC 20005	52-1559709	501(C)(3)	5,000				CONTRIBUTIONS SPONSORSHIP
NATIONAL LAMPAC701 PENNSYLVANIA AVE NW 3RD FLOOR WASHINGTON,DC 20004	26-2620296	501(C)(3)		36,258	FM∨	IN-KIND SUPPORT	PROGRAM SUPPORT
NATIONAL MULTIPLE SCLEROSIS SOCIETY1800 M STREET NW SUITE 750 WASHINGTON, DC 22036	53-0237585	501(C)(3)	12,250				EVENT SPONSORSHIP
NATIONAL POLICY ALLIANCE1090 VERMONT AVENUE NW SUITE 1100 WASHINGTON, DC 20005	45-3204563		10,000				CONFERENCE SPONSORSHIP

Form 990,Schedule I, Pa	art II, Grants a			_		United States	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PHI COMMUNITY FOUNDATION701 NINTH STREET NW WASHINGTON, DC 20068	51-0367729	501(C)(3)	5,000		other)		EVENT SPONSORSHIP
PREVENT CANCER FOUNDATION1600 DUKE STREET 500 ALEXANDRIA, VA 22314	52-1429544	501(C)(3)	10,000				EVENT SPONSORSHIP
RESOURCES FOR THE FUTURE1616 P STREET NW	53-0220900	501(C)(3)	10,000				CONTRIBUTIONS ENVIRONMENTAL
WASHINGTON, DC 20036  TASTE OF THE SOUTHPO BOX 2826 WASHINGTON, DC 20013	52-1343458	501(C)(3)	5,000				EVENT SPONSORSHIP
THOMAS ALVA EDISON FOUNDATION701 PENNSYLVANIA AVE NW WASHINGTON, DC 20004	52-2106274	501(C)(3)	303,000	52,952	FM∨	ADMINISTRATIVE SUPPORT	PROGRAM SUPPORT
UNITED WAY NATIONAL CAPITAL95 M STREET SW WASHINGTON, DC 20024	53-0234290	501(C)(3)					CORPORATE RESPONSIBILITY
US NAVY MEMORIAL FOUNDATION701 PENNSYLVANIA AVE NW WASHINGTON, DC 20004	52-1104476	501(C)(3)	5,000				EVENT SPONSORSHIP
WESTERN GOVERNORS' ASSOCIATION1600 BROADWAY SUITE 1700 DENVER, CO 80202	84-0747227	501(C)(1)	10,000				CONTRIBUTIONS POLITICAL ORGANIZATIONS
WESTERN LAMPAC321 16TH AVENUE SOUTH SEATTLE, WA 98144	20-2432543	501(C)(6)	16,000				CONFERENCE SPONSORSHIP
WOMEN'S COUNCIL ON ENERGY AND THE ENVIRONMENTPO BOX 33211 WASHINGTON, DC 20033	52-1258690	501(C)(3)	5,000				EVENT SPONSORSHIP
ALLIANCE TO SAVE ENERGYPO BOX 791399 BALTIMORE, MD 21279	52-1082991	501(C)(3)	5,000				CONTRIBUTIONS/MEMBERSHIP
ALLIANCE TO SAVE ENERGYPO BOX 791399 BALTIMORE, MD 21279	52-1082991	501(C)(3)	10,000				EVENT SPONSORSHIP
ASAECENTER FOR ASSOCIATION LEADERSHIP1575 I STREET NW WASHINGTON, DC 20005	53-0026940	501(C)(6)	5,000				CONTRIBUTIONS MEMBERSHIPS
ACCF-CTR FOR POLICY RESEARCH1750 K STREET 400	52-1091172	501(C)(3)	10,000				CONTRIBUTIONS EDUCATION
WASHINGTON, DC 20006  AMERICAN LEGISLATIVE EXCHANGE COUNCIL 1101 VERMONT AVENUE NW WASHINGTON, DC 20005	52-0140979	501(C)(3)	5,000				CONFERENCE SPONSORSHIP
AMERICAN LEGISLATIVE EXCHANGE COUNCIL 1101 VERMONT AVENUE NW	52-0140979	501(C)(3)	15,000				EVENT SPONSORSHIP
WASHINGTON, DC 20005  APPLE TREE INSTITUTE FOR EDUCATION (AMAZON)415 MICHIGAN AVE NE 3RD FLOOR WASHINGTON, DC 20017	04-3331760	501(C)(3)	5,821				CONTRIBUTIONS EDUCATION
BARNES AND THORNBURG (FEDERAL WATER QUALITY COALITION)ONE NORTH WACKER DRIVE SUITE 4400 CHICAGO,IL 60606	35-0900596		17,500				CONTRIBUTIONS COALITIONS
CHICAGO, IL 60606  CENTER FOR ENERGY WORKFORCE DEVELOPMENT701 PENNSYLVANIA AVE NW 3RD FLOOR WASHINGTON, DC 20004	20-4504014	501(C)(3)	5,000				CONFERENCE SPONSORSHIP
CENTER FOR LEGISLATIVE ENERGY AND ENVIRONMENTAL RESEARCH5400 LBJ FREEWAY DALLAS,TX 75240	72-2351673	501(C)(4)	5,000			I I	CONTRIBUTIONS POLITICAL ORGANIZATIONS

Form 990,Schedule I, Part  (a) Name and address of organization or government	t II, Grants an (b) EIN	nd Other Assistance (c) IRC Code section If applicable		and Organization (e) Amount of non- cash assistance	s in the United Sta (f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONGRESSIONAL MANAGEMENT FOUNDATION513 CAPITOL CT NE SUITE 300 WASHINGTON, DC 20002	52-1076614	501(C)(3)	10,000				CONTRIBUTIONS POLITICAL ORGANIZATIONS
COUNCIL OF GREAT LAKES INDUSTRIES3600 GREEN COURT ANN ARBOR, MI 48105	38-2973776	501(C)(6)	15,000				CONTRIBUTIONS COALITIONS
CURE DUES1050 THOMAS JEFFERSON STREET NW SUITE 700 WASHINGTON, DC 20007	52-1331523	501(C)(6)	6,250				CONTRIBUTIONS SPONSORSHIP
DEMOCRATIC GOVERNORS ASSOCIATION1401 K STREET NW SUITE 200 WASHINGTON, DC 20005	52-1304889		15,000				CONFERENCE SPONSORSHIP
ENERGY RESOURCES AND ENVIRONMENT PROGRAM 1717 MASSACHUSETTS AVE NW SUITE 745 WASHINGTON, DC 20036	52-0595110	501(C)(3)	5,000				CONTRIBUTIONS EDUCATION
ENVIRONMENTAL COUNCIL OF THE STATES PO BOX 758616 BALTIMORE, MD 21275	36-3962169	501(C)(6)	5,000				CONFERENCE SPONSORSHIP
FIGHT FOR CHILDREN INC 1726 M STREET NW SUITE 202 WASHINGTON, DC 20036	52-1706059	501(C)(3)	5,000				EVENT SPONSORSHIP
HORTON'S KIDS110 MARYLAND AVE NE SUITE 207 WASHINGTON, DC 20002	52-1755403	501(C)(3)	10,000				EVENT SPONSORSHIP
HUNTON AND WILLIAMS LLP2200 PENNSYLVANIA AVE NW WASHINGTON, DC 20037	54-0572269		99,877				CONTRIBUTIONS ENVIRONMENTAL
INSTITUTE FOR EDUCATION4410 MASSACHUSETTS AVE NW WASHINGTON, DC 20016	52-1776349	501(C)(3)	10,000				CONTRIBUTIONS MEMBERSHIP
JOHN HOPKINS UNIVERSITY1717 MASSACHUSETTS AVE NW WASHINGTON, DC 20036	52-0595110	501(C)(3)	5,000				CONTRIBUTIONS EDUCATION
MACRUC1101 VERMONT AVENUE NW SUITE 200 WASHINGTON, DC 20005	52-2027917	501(C)(3)	6 ,4 7 5				CONFERENCE SPONSORSHIP
NATIONAL FUEL FUNDS NETWORK1010 VERMONT AVENUE NW SUITE 718 WASHINGTON, DC 20005	52-1559709	501(C)(3)	5 ,0 0 0				EVENT SPONSORSHIP
NATIONAL HISPANIC CAUCUS OF STATE LEGISLATORS444 NORTH CAPITOL STREET NW SUITE 303 WASHINGTON, DC 20001	84-1168319	501(C)(3)	15,000				CONTRIBUTIONS MEMBERSHIP
NATIONAL SAFETY COUNCIL1121 SPRING LAKE DRIVE ITASCA,IL 60143	36-2167809	501(C)(3)	5,000				EVENT SPONSORSHIP
NERO1707 PRINCE STREET 5	91-1850125	501(C)(3)	5,650				EVENT SPONSORSHIP
POLITICO1100 WILSON BLVD SUITE 610 ARLINGTON, VA 22209	20-5354799		85,000				EVENT SPONSORSHIP
POLLINATOR PARTNERSHIP423 WASHINGTON ST 5TH FLOOR SAN FRANCISCO, CA 94111	94-3283967	501(C)(3)	5 ,0 0 0				CONFERENCE SPONSORSHIP
REPUBLICAN STATE LEADERSHIP COMMITTEE 1800 DIAGONAL ROAD SUITE 230 ALEXANDRIA, VA 22314	05-0532524		50,000				CONTRIBUTIONS POLITICAL ORGANIZATIONS
REPUBLICAN STATE LEADERSHIP COMMITTEE 1800 DIAGONAL ROAD SUITE 230 ALEXANDRIA, VA 22314	05-0532524		5,000				EVENT SPONSORSHIP

#### Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

Torin 550,5cheddie 1, Fai	•			ana organization	o the office of		
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STATE LEGISLATIVE LEADERS FOUNDATION 1645 FALMOUTH ROAD BUILDING D CENTERVILLE,MA 02632	23-7148478	501(C)(3)	10,000				CONTRIBUTIONS MEMBERSHIP
US CHAMBER OF COMMERCE1615 H STREET NW WASHINGTON, DC 20062	53-0045720	501(C)(3)	50,000				CONTRIBUTIONS MEMBERSHIP
UTILITY ARBORIST ASSOCIATION2101 WEST PARK COURT CHAMPAIGN,IL 61821	37-1404021	501(C)(3)	12,500				CONFERENCE SPONSORSHIP
UTILITY ARBORIST ASSOCIATION2101 WEST PARK COURT CHAMPAIGN,IL 61821	37-1404021	501(C)(3)	10,000				CONTRIBUTIONS ENVIRONMENTAL
VOLTA LIVE INC5500 FRIENDSHIP BLVD 2322N CHEVY CHASE,MD 20815	20-5291054		7,500				EVENT SPONSORSHIP
WORLD CONFERENCE OF MAYORS INC108 GRAY STREET SUITE 101 TUSKEGEE,AL 36083	52-1373507	501(C)(3)	5,000				EVENT SPONSORSHIP
CENTER FOR ENERGY WORKFORCE DEVELOPMENT701 PENNSYLVANIA AVE NW 3RD FLOOR WASHINGTON, DC 20004	20-4504014	501(C)(3)		205,261	FMV	IN-KIND SUPPORT	PROGRAM SUPPORT

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DLN: 93493312024603

**Employer identification number** 

OMB No 1545-0047

**Compensation Information** 

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public **Inspection** 

EDISON ELECTRIC INSTITUTE INC 13-0659550 **Questions Regarding Compensation** Yes No Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in 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 Yes Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, 2 directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Yes 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 Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? 4a Νo 4b Yes Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? 4c Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. 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 The organization? 5a 5b Any related organization? If "Yes," to line 5a or 5b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? 6b Any related organization?

payments not described in lines 5 and 6? If "Yes," describe in Part III

For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed

subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe

If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was

If "Yes," to line 6a or 6b, describe in Part III

7

ın Part III

section 53 4958-6(c)?

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 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)(1)-(111) 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

(A) Name and Title	(B) Breakdown of	f W-2 and/or 1099-MI:	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of	<b>(F)</b> Compensation
	(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)	reported as deferred in prior Form 990
See Additional Data Table							

Schedule J (Form 990) 2012

#### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

tiso complete and pare for any dadicional informacion				
Identifier	Return Reference	Explanation		
	,	PART 1, QUESTION 1A - TRAVEL FOR COMPANIONS JOHN EASTON \$449 INCLUDED IN INCOME PART I, QUESTION 1A - HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES THOMAS KUHN \$1,505 INCLUDED IN INCOME RICHARD MCMAHON \$877 INCLUDED IN INCOME		
	,	THE EDISON ELECTRIC INSTITUTE PROVIDES A NON-QUALIFIED PLAN FOR ELIGIBLE MANAGEMENT EMPLOYEES THOMAS R KUHN \$2,444,903 DAVID K OWENS \$278,246 BRIAN WOLF \$102,851 EDWARD COMER \$108,622 MARY MILLER \$83,458 QUINLAN SHEA \$46,852 RICHARD MCMAHON \$68,230 JAMES FAMA \$50,682 KATHRYN STECKELBERG \$59,136 JOHN EASTON \$38,586 BRIAN MCCORMACK \$4,860 JOHN SCHLENKER \$34,622 JAMES OWEN \$23,012 RICHARD TEMPCHIN \$26,050		

Schedule J (Form 990) 2012

Software ID: Software Version:

**EIN:** 13-0659550

Name: EDISON ELECTRIC INSTITUTE INC

Form 990, Schedule J,	Part I							(F) Componentian
(A) Name		(i) Base Compensation	W-2 and/or 1099-MIS  (ii) Bonus &  Incentive  compensation	(iii) O ther compensation	<b>(C)</b> Deferred compensation	<b>(D)</b> Nontaxable benefits	(E) Total of columns (B)(I)-(D)	<b>(F)</b> Compensation reported in prior Form 990 or Form 990-EZ
THOMAS KUHN	(I) (II)	850,506 0	664,643 0	2,488,655 0	53,596 0	26,418 0	4,083,818 0	0
DAVID OWENS	(I) (II)	520,455 0	265,000 0	33,943 0	337,432 0	12,744 0	1,169,574 0	0 0
BRIAN WOLFF	(ı) (ıı)	528,954 0	252,000 0	7,332 0	140,839	12,657 0	941,782 0	0
EDWARD COMER	(ı) (ıı)	284,573 0	105,000	22,595	175,798 0	22,440 0	610,406 0	0
MARY MILLER	(ı) (ıı)	263,091 0	97,000 0	27,531 0	141,538 0	5,033 0	534,193 0	0
QUINLAN SHEA III	(ı) (ıı)	240,130 0	93,000	18,775 0	96,574 0	16,265 0	464,744 0	0
RICHARD MCMAHON	(ı) (ıı)	238,641 0	90,000	18,718 0	124,946 0	21,910	494,215 0	0
JAMES FAMA	(ı) (ıı)	232,641 0	84,000	18,817 0	112,520	21,866 0	469,844 0	0
KATHY STECKELBERG	(ı) (ıı)	245,466 0	84,000 0	3,200 0	120,992	9,713 0	463,371 0	0
BRIAN MCCORMACK	(I) (II)	244,650 0	84,000	2,314 0	29,360 0	9,775 0	370,099 0	0
JOHN EASTON JR	(I) (II)	212,031 0	78,000 0	28,798 0	100,560	14,290 0	433,679 0	0
JOHN SCHLENKER	(ı) (ıı)	192,114 0	75,000 0	26,580 0	127,188 0	19,926 0	440,808 0	0
RICHARD TEMPCHIN	(ı) (ıı)	185,641 0	66,000 0	19,519 0	132,328	21,325 0	424,813 0	0
JAMES OWEN	(ı) (ıı)	182,794 0	68,000 0	15,803 0	144,291 0	19,760 0	430,648 0	0
SADEGH RAZEGHI	(I) (II)	174,460 0	32,900 0	23,176 0	47,947 0	2,196 0	280,679 0	0
JAMES ROEWER	(ı) (ıı)	144,199 0	36,500 0	20,042	91,966 0	19,396 0	312,103 0	0
BILL FANG	(I) (II)	167,771 0	11,000	21,702 0	60,892	14,694 0	276,059 0	0
PATRIC O'KELLEY	(I) (II)	0 0	0	182,812 0	0	0	182,812 0	0
LYNN LEMASTER	(ı) (ıı)	180,000 0	0	1,888,571 0	0	9,357	2,077,928	0

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DLN: 93493312024603

#### Schedule L

(Form 990 or 990-EZ)

**Transactions with Interested Persons** 

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

	RIC INSTITUTE INC										i icacioi	ii iiuiiibei	•
Part I Ex	cess Benefit	Transactio	ons	(section	501(c)(3)	and section	501(c)(4) or		3-065 ations				
	mplete if the orga											40b	
1 (a) N	ame of disqualified	d person (	<b>(b)</b> R		ıp between c		(c) Descri	ption c	f tran	saction		(d) Corre	ected?
				person a	nd organiza	tion						Yes	No
2 Enterth	e amount of tax ır	ocurred by or	raani	zation ma	nagers or di	squalified ners	ons during the	veari	ınder	section	<u> </u>		
4958 .	· · · ·		_		_					<b>&gt;</b> \$			
<b>3</b> Enter th	e amount of tax, ı	fany, on line	2, a	bove, reir	nbursed by t	he organizatio:	n			<b>&gt;</b> \$			
Part II	Loone to and	'ar Eram 1	r-t-		Dorsons								
	<b>Loans to and/</b> Complete if the or					0-EZ, Part V,	line 38a, or Fo	rm 99	0, Par	t IV, lır	ne 26, d	rıfthe	
	organization repoi	ted an amou	ınt or	Form 99	0 , Part X , lır	ne 5, 6, or 22						_	
(a) Name of interested	(b) Relationship with organization		e of	(d) Loa		(e)Original principal	( <b>f)</b> Balance due		In ult?	(h		(i)Wrı agreen	
person	with organization 10an		organization?				l duc	by board or		rd or	·   -		
				To	From	_		Yes	N <sub>1</sub>	commi Yes	1	Yes	T No
1)THOMAS	CEO	SPLIT		10	X	C	536,273	res	No No	Yes	No	Yes	No
KUHN		DOLLAR LI					Í		""	'		' "	
		INSURANC POLICY WI											
		CEO WI											
												_	
												_	
												_	
												_	
Γotal				<b>b</b> :	<u>'</u> \$		536,273				<u> </u>	٦ .	
	Grants or Assi	stance Be	nef	itting Ir	iterested	Persons.	•					_	
	Complete if the	_											
		<b>b)</b> Relationsl terested per			(c) A mount	of assistance	<b>(d)</b> Type o	fassis	tance	(e)	Purpos	e of ass	ıstancı
pei	5011	organiz											
											_		_
							_						
							_						
							_						

	Part IV Business Transactions Involving Interested Persons.  Complete If the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.									
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sh organiz reven	f zatıon's					
				Yes	No					

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Ident if ier	Return Reference	Explanation
		Schedule I (Form 990 or 990-F7) 2012

Schedule L (Form 990 or 990-EZ) 2012

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DLN: 93493312024603

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

2012

Open to Public Inspection

	Employer ident if i	cation number
EDISON ELECTRIC INSTITUTE INC		
	13-0659550	

Identifier Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	THE BOARD OF DIRECTORS, AFTER EACH ANNUAL ELECTION OF DIRECTORS AND BY THE RESOLUTION ADOPTED BY A MAJORITY OF THE ENTIRE BOARD, MAY DESIGNATE FROM ITS OWN MEMBERSHIP AN EXECUTIVE COMMITTEE OF EIGHTEEN INCLUDING THE CHAIRMAN AND VICE CHAIRMEN IN ADDITION TO THOSE DESIGNATED TO SERVE ON THE EXECUTIVE COMMITTEE, FORMER CHAIRMEN OF THE INSTITUTE WHO CONTINUE AS CHAIRMAN OR CHIEF EXECUTIVE OFFICER OF A CLASS A INSTITUTE MEMBER SHALL SERVE AS EX OFFICIO, NON-VOTING MEMBERS OF THE COMMITTEE. THE EXECUTIVE COMMITTEE MAY EXERCISE ALL THE POWERS OF THE BOARD OF DIRECTORS BETWEEN MEETINGS OF THE BOARD EXCEPT 1 APPROVAL OR RECOMMENDATION TO MEMBERS OF ACTION THAT IS REQUIRED TO BE APPROVED BY MEMBERS UNDER STATUTE, 2 THE FILLING OF VACANCIES IN THE BOARD OF DIRECTORS OR IN ANY COMMITTEE THEREOF, 3 THE FIXING OF COMPENSATION OF THE DIRECTORS FOR SERVING ON THE BOARD OR ON ANY COMMITTEE THEREOF, 4 THE AMENDMENT OR REPEAL OF THE BYLAWS OR THE ADOPTION OF NEW BYLAWS, 5 THE AMENDMENT OR REPEAL OF ANY RESOLUTION OF THE BOARD WHICH BY ITS TERMS SHALL NOT BE SO AMENDABLE OR REPEALABLE AND AS OTHERWISE REQUIRED BY RESOLUTION OF THE BOARD OF DIRECTORS THE CHAIRMAN SHALL PRESIDE AT MEETINGS OF THE EXECUTIVE COMMITTEE VACANCIES IN THE MEMBERSHIP OF THE COMMITTEE SHALL BE FILLED BY THE BOARD OF DIRECTORS THE EXECUTIVE COMMITTEE SHALL KEEP REGULAR MINUTES OF THE PROCEEDINGS AND REPORT THE SAME TO THE BOARD WHEN REQUIRED

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	THE ORGANIZATION HAS THREE VOTING CLASSES OF MEMBERSHIP OPERATING COMPANY MEMBERS - INVESTOR-OWNED OPERATING ELECTRIC CORPORATIONS ENGAGED IN THE GENERATION, TRANSMISSION, OR DISTRIBUTION OF ELECTRICTY TO THE PUBLIC IN THE US OR ITS POSSESSIONS EE'S US SHAREHOLDER-OWNED ELECTRIC COMPANY MEMBERS SERVE 95% OF THE ULTIMATE CUSTOMERS IN THIS SEGMENT OF THE INDUSTRY AND REPRESENT APPROXIMATELY 70% OF THE US ELECTRIC POWER INDUSTRY HOLDING COMPANY MEMBERS - BEING CORPORATIONS IN THE US OR ITS POSSESSIONS WHICH BY VIRTUE OF OWNERSHIP OF SECURITIES IN INVESTOR-OWNED CORPORATIONS ARE INTERESTED IN ADVANCING THE BUSINESS OF OPERATING ELECTRICAL COMPANIES IN RELATION TO THE SALE OF ELECTRICITY TO THE ULTIMATE CONSUMER SUBSIDIARY COMPANY MEMBERS - BEING SUBSIDIARY COMPANIES OF OPERATING COMPANY OR HOLDING COMMITTEES AND IN OTHER ACTIVITIES OF THE ORGANIZATION SHALL BE DEFINED BY AND DETERMINED FROM TIME TO TIME BY THE BOARD THE ORGANIZATION HAS THREE NON-VOTING CLASSES OF MEMBERSHIP INTERNATIONAL AFFILIATES - EDISON ELECTRIC INSTITUTES INTERNATIONAL AFFILIATES PROGRAM PROVIDES THE CRITICAL LINK THAT BRINGS TOGETHER ELECTRIC COMPANIES AROUND THE WORLD WITH THE US ELECTRIC POWER INDUSTRY THIS SPECIAL PROGRAM OFFERS ELECTRIC COMPANIES OUTSIDE THE US THE OPPORTUNITY TO BECOME EEI MEMBERS REGARDLESS OF THEIR OWNERSHIP FORM THROUGH ITS EXPANDED INTERNATIONAL INVOLVEMENT, EEI BROADENS THE VALUE OF SHARED EXPERTISE AND EXPERIENCE ON ISSUES OF CONCERN AND INTEREST TO ELECTRIC COMPANIES AROUND THE WORLD ASSOCIATES - EDISON ELECTRIC INSTITUTE INC. ASSOCIATE MEMBERSHIP IS DESIGNED FOR FIRMS THAT HAVE AN INTEREST IN ADVANCING THE DEVELOPMENT OF THE ELECTRIC POWER INDUSTRY. THESE FIRMS MAY PROVIDE GOODS AND SERVICES TO THE INDUSTRY, BUT MAY NOT BE ENGAGED IN THE GENERATION, TRANSMISSION, DISTRIBUTION, BROKERAGE, OR SALE OF ELECTRICITY ASSOCIATE MEMBERSHIP HELPS FIRMS TO BETTER KNOW AND UNDERSTAND THE INDUSTRY, THE PEOPLE, AND THE ISSUES HONORARY MEMBERS - MEMBERS WHO, ON ACCOUNT OF THEIR STANDING OR QUALIFICATIONS, IN

Identifier	Return Reference	Explanation
		THE DIRECTORS ARE ELECTED AT THE ANNUAL MEETING BY VOTING CLASS MEMBERS OF THE ORGANIZATION EITHER IN-PERSON OR BY PROXY

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7B	THE MEMBERSHIP OF THE ORGANIZATION DOES APPROVE BY LAW AMENDMENTS

Identifier	Return Reference	Explanation
	,	DUE TO THE SIZE OF THE GOVERNING BODY AND MAGNITUDE AND COMPLEXITY OF THE FORM 990, THE RETURN FOR EDISON ELECTRIC INSTITUTE INC. IS REVIEWED BY THE ORGANIZATION'S OUTSIDE CPA FIRM AND REPORTED BY THE ENGAGEMENT PARTNER TO THE INSTITUTE'S EXECUTIVE COMMITTEE IN ADVANCE OF FILING

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION HAS WRITTEN CONFLICT OF INTEREST POLICIES FOR ALL OFFICERS, DIRECTORS, AND KEY EMPLOYEES EDISON ELECTRIC INSTITUTE INC 'S CODE OF BUSINESS CONDUCT HAS BEEN DISTRIBUTED TO ALL EMPLOYEES AND IS ON THE ORGANIZATION'S INTRANET SITE. THIS DOCUMENT INCLUDES, IN PART, EE'S CORE VALUES, OPERATING PRINCIPLES, CONFLICT OF INTEREST POLICY AND WHISTLEBLOWER POLICY, WHICH INCLUDES A CONFIDENTIAL 800 TELEPHONE NUMBER PERIODIC REMINDERS ARE GIVEN EDISON ELECTRIC INSTITUTE, INC. HAS A WRITTEN DIRECTOR'S CONFLICT OF INTEREST POLICY, APPLICABLE TO ALL MEMBERS OF ITS BOARD OF DIRECTORS, WHICH WAS FORMALLY ADOPTED BY THE ORGANIZATION'S BOARD PERIODIC REMINDERS ARE GIVEN. THE ORGANIZATION ALSO HAS A CORPORATE COMPLIANCE OFFICER, A POLICY AND PROCEDURE FOR REPORTING VIOLATIONS OF THE CODE OF BUSINESS CONDUCT AS WELL AS CONCERNS ABOUT THE USE OF EDISON ELECTRIC INSTITUTE INC 'S CORPORATE RESOURCES AND FINANCIAL REPORTING AND A VENDOR CODE OF CONDUCT POLICY. THERE HAS NOT BEEN A VIOLATION OF THE CONFLICT OF INTEREST POLICIES, ALTHOUGH WE STAND READY TO ENFORCE THE POLICIES IN APPROPRIATE CIRCUMSTANCES.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION OF THE ORGANIZATION'S CEO IS BASED ON RESULTS FROM COMPENSATION SURVEYS AND A REVIEW BY AN INDEPENDENT CONSULTANT ON AN ANNUAL BASIS THE CEO'S COMPENSATION IS REVIEWED BY THE ORGANIZATION'S COMPENSATION COMMITTEE AND APPROVED BY THE BOARD THE COMPENSATION OF THE ORGANIZATION'S OFFICERS AND KEY EMPLOYEES IS BASED ON RESULTS FROM COMPENSATION SURVEYS AND A REVIEW BY AN INDEPENDENT COMPENSATION CONSULTANT ON AN ANNUAL BASIS OFFICER COMPENSATION IS REVIEWED BY THE ORGANIZATION'S COMPENSATION COMPENSATION

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S ARTICLES OF INCORPORATION ARE A PUBLIC DOCUMENT AND ARE AVAILABLE ON THE VIRGINIA SECRETARY OF STATE WEB SITE. THE ORGANIZATION'S CONFLICT OF INTEREST POLICY IS AVAILABLE UPON REQUEST. THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS ARE NOT MADE AVAILABLE TO THE PUBLIC, HOWEVER THE BALANCE SHEET AND INCOME STATEMENT CAN BE FOUND ON THE FORM 990 WHICH IS MADE AVAILABLE TO THE PUBLIC ON VARIOUS WEB SITES AND UPON REQUEST.

ldentifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	OTHER COMPREHENSIVE LOSS -6,167,042

DLN: 93493312024603

OMB No 1545-0047

Open to Public Inspection

# **SCHEDULE R** (Form 990)

# **Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service

**Employer identification number** Name of the organization EDISON ELECTRIC INSTITUTE INC 13-0659550

Part I Identification of Disregarded Entities (C	Joinpiete		1 4115		FOI							
(a) Name, address, and EIN (if applicable) of disregarded entity				(c) egal domicile (state or foreign country)		(d) Total income		(e) year assets	Dir	(f) rect controlling entity		
Part II Identification of Related Tax-Exempt Or or more related tax-exempt organizations du			the	organızatıon ar	ารพ	ered "Yes"	to Fo	rm 990, P	art IV, l	ine 34 because it	had o	ne
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity		(c) Legal domicile (s or foreign count		te )	(d) Exempt Code section		(e) Public chari (if section 50	ty status	<b>(f)</b> Direct controlling entity	Secti (b) con en	( <b>g)</b> on 51 (13) trolled tity?
(1) THOMAS ALVA EDISON FOUNDATION	SCIEN	SCIENTIFIC/EDUCATION		DC		501(C)(3)		N/A			Yes	N N
701 PENNSYLVANIA AVE NW										N/A		
WASHINGTON, DC 20004 52-2106274										,		
(2) CENTER FOR ENERGY WORKFORCE DEVELOPMENT	EDUC.	ATION		DE	501(C)(3)		N/A					N
701 PENNSYLVANIA AVE NW WASHINGTON, DC 20004 20-4504014										N/A		
20 1301011												

(a) Name, address, and EIN of related organization		organization domicile controlling income( (state or entity unrel foreign country) tax t		(e) Predominant Income(related, unrelated, excluded from tax under sections 512-	(f) Share of total income	(g) Share of end-of-yea assets	(h Disprop r allocat	ortionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentae ownersh	
					514)			Yes	No		Yes	No	
V Identification of Related Or line 34 because it had one or r	ganizations Taxa nore related organi	ble as a Corpo zations treated a	ration s a cor	or Trust (poration or	Complete if t	the organi the tax ye	zatıon ar ar.)	swere	ed "Ye	s" to Form	990,	Part	IV,
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domıcıle (state or foreign country)		( <b>d)</b> Direct controlli entity	(e) Type of entro (C corp, S corp, or trust)		otal Share e of	(g) e of end- year ssets		<b>(h)</b> ercentage wnership	Section (b) conti	(13)	
		,,			,						Yes		No

(5) THOMAS ALVA EDISON FOUNDATION

(6) CENTER FOR ENERGY WORKFORCE DEVELOPMENT

Pa	rt V	Transactions With Related Organizations (Complete if the or	rganization answered	"Yes" to Form 990, Par	t IV, line 34, 35b, or 36.)					
	Note.	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No		
<b>1</b> D	urıng th	e tax year, did the orgranization engage in any of the following transactions v	with one or more related o	rganizations listed in Parts	s II-IV?					
а	Recei	ot of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled enti	ity		Ţ	La		No		
b	<b>b</b> Gift, grant, or capital contribution to related organization(s)									
c	c Gift, grant, or capital contribution from related organization(s)									
d	d Loans or loan guarantees to or for related organization(s)									
е	Loans	or loan guarantees by related organization(s)				Le		No		
f	Divide	nds from related organization(s)			:	Lf		No		
g	Sale	fassets to related organization(s)				Lg		No		
h	Purch	ase of assets from related organization(s)				Lh		No		
i	Excha	nge of assets with related organization(s)				1i		No		
j	Lease	of facilities, equipment, or other assets to related organization(s)				1j		No		
k	k Lease of facilities, equipment, or other assets from related organization(s)									
I	I Performance of services or membership or fundraising solicitations for related organization(s)									
m	<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)									
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)									
0	Sharır	ng of paid employees with related organization(s)			<u> </u>	Lo	Yes			
р	p Reimbursement paid to related organization(s) for expenses									
q	q Reimbursement paid by related organization(s) for expenses									
r	Other	transfer of cash or property to related organization(s)			<u> </u>	$\rightarrow$	Yes			
s	Other	transfer of cash or property from related organization(s)			<u>[</u>	ls		No		
	Ifthe	answer to any of the above is "Yes," see the instructions for information on w	the must complete this lir	ne including covered relati	onships and transaction thresholds					
	Ti tile	(a)	(b)	(c)	(d)					
		Name of other organization	Transaction type (a-s)	Amount involved	Method of determining amount invo	lved				
(1) TH	HOMAS A	LVA EDISON FOUNDATION	В	303,000						
<b>(2)</b> CI	ENTER F	DR ENERGY WORKFORCE DEVELOPMENT	В	310,261						
<b>(3)</b> Th	HOMAS A	LVA EDISON FOUNDATION	R	935,240						
<b>(4)</b> Cl	ENTER F	DR ENERGY WORKFORCE DEVELOPMENT	R	62,845						

Q

1,020,627

97,368

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross)

revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships																										
<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512- 514)	org	(e) all partners section 501(c)(3) anizations?	(f) Share of total income	total	total	total	total	total	otal end-of-year	total end-of-year	total end-of-year	end-of-year	end-of-year	end-of-year	al end-of-year ne assets	(h) Disproprtionate r allocations?		ear   allocations		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No														
												1														

### Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier Return Reference Explanation

Software ID:

**Software Version:** EIN: 13-0659550

Name: EDISON ELECTRIC INSTITUTE INC

---> Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of other organization	<b>(b)</b> Transaction type(a-s)	(c) A mount I nvolved	(d) Method of determining amount involved
THOMAS ALVA EDISON FOUNDATION	В	303,000	
CENTER FOR ENERGY WORKFORCE DEVELOPMENT	В	310,261	
THOMAS ALVA EDISON FOUNDATION	R	935,240	
CENTER FOR ENERGY WORKFORCE DEVELOPMENT	R	62,845	
THOMAS ALVA EDISON FOUNDATION	Q	1,020,627	
CENTER FOR ENERGY WORKFORCE DEVELOPMENT	Q	97,368	