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DLN: 93493320144515

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 private foundations)

 $\blacktriangleright$  Do not enter social security numbers on this form as it may be made public

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2014

Open to Public Inspection

A Fo	r the	2014 cal	endar year, or tax year begi	nning 01-01-2014 , and ending	12-31-2014				
		applicable	C Name of organization EDISON ELECTRIC INSTITUTE	INC			D Empl	oyer iden	itification number
☐ Ad	dress c	hange					13-0	659550	)
∏ Na	me cha	ange	Doing business as						
☐ Ini	tıal retu	ım					E Teleph	one numl	per
Fir		mınated	Number and street (or P O bo 701 PENNSYLVANIA AVENUE N	x if mail is not delivered to street addre V	ss) Room/suite				
							(202	) 508-5	000
_	nended plicatio	return n pending	City or town, state or province WASHINGTON, DC 200042696	, country, and ZIP or foreign postal code	2		<b>G</b> Gross	receipts \$	160,069,276
			<b>F</b> Name and address o	f principal officer		<b>H(a)</b> Is th	∎ is a groui	n return	for
			THOMAS R KUHN 701 PENNSYLVANIA A	VENUE NIM			rdinates?		┌ Yes <b>┌</b> No
			WASHINGTON, DC 20			<b>H(b)</b> Are a	all cubord	inatas	┌ Yes ┌ No
							ded?	illates	j resj No
I Ta	ıx-exer	npt status	「 501(c)(3) <b>▽</b> 501(c) ( 6	) ◀ (Insert no )	527	If"N	o," attac	h a list	(see instructions)
J W	ebsit	e: 🕨 WW	/W EEI ORG			H(c) Gro	ıp exemp	tion nun	nber ►
K For	m of or	rganization	Corporation Trust Asso	ciation Other ►		L Year of fo	rmation 1	933 <b>M</b>	State of legal domicile VA
	rt I		mary	saden, salen				,,,,	state of logar dominone 17
			<del>-</del>	 Ission or most significant activit	ies				
				LECTRIC UTILITY INDUSTRY					
ဗ									
Ē									
E E	2	Check th	nis box 🕶 if the organization	n discontinued its operations or	disposed of	more than 2	25% of its	s net as:	sets
Governance			,	······································					
	3	Number	of voting members of the go	verning body (Part VI, line 1a)				3	68
Activities &	4	Number	of independent voting memb	ers of the governing body (Part \	/I, line 1b)			4	68
볼	5	Total nu	mber of individuals employe	d ın calendar year 2014 (Part V ,	line 2a) .			5	232
্ব	6	Total nu	mber of volunteers (estimate	e if necessary)				6	100
	1			m Part VIII, column (C), line 12				7a	532,568
	b	Net unre	lated business taxable inco	me from Form 990-T, line 34 .				7b	-39,660
						Pric	or Year		Current Year
ā	8		butions and grants (Part VI				01 500	0	0 2 40 5 00 0
Revenue	9		im service revenue (Part VI		81,580,667		83,495,890		
盏				lumn (A), lines 3, 4, and 7d). (A), lines 5, 6d, 8c, 9c, 10c, and			2,482,873		1,785,620
	12			n 11 (must equal Part VIII, colu					
	12						84,063	,540	85,281,510
	13	Grants	s and sımılar amounts paıd (	Part IX, column (A), lines 1-3)			2,304	,692	2,340,168
	14			art IX, column (A), line 4)				0	0
ø.	15	Saları 5–10)		ployee benefits (Part IX, column	(A), lines		38,811	,758	36,231,622
Σ.	16a	•		IX, column (A), line 11e)				0	0
Expenses	Ь		ndraising expenses (Part IX, colum						
Д				· · · · · · · · · · · · · · · · · · ·					
	17			(A), lines 11a-11d, 11f-24e) .			42,523		43,822,823
	18		•	(must equal Part IX, column (A)	•		83,639		82,394,613
	19	Reven	ue ress expenses Subtract	line 18 from line 12	<u> </u>	Reginnin	423 g of Curre		2,886,897
Not Assets or Fund Balances							ear		End of Year
SS B	20	Total	assets (Part X, line 16) .				115,832	,910	121,025,677
줉	21	Totall	liabilities (Part X, line 26)				82,478	,384	95,894,683
žΞ	22	Netas	sets or fund balances Subt	ract line 21 from line 20			33,354	,526	25,130,994
Pa	rt II	Sign	ature Block						
my k	nowle	dge and		e examined this return, including complete Declaration of prepar					
		****	**			1 2	015-11-16		
Sigr	1		ature of officer				ate		
Her		ј јони	S SCHLENKER TREASURER/CFO						
_			or print name and title						
			Print/Type preparer's name DAVID TRIMNER	Preparer's signature DAVID TRIMNER	Date	011	eck 🗍 ıf	PTIN P00444	822
Pai	d	<u> </u>	Firm's name F CLIFTONLARSON				-employed n's EIN 🟲 ₄		
Pre	pare	er							
Use	On	ily  ⁵	Firm's address 🟲 4250 N FAIRFAX I	DRIVE SUITE 1020		Pho	one no (57	1) 227-95	00
			ARLINGTON, VA	22203					

Forn	n 990 (20	14)					Page :
Pai			gram Service Accontains a response or		hıs Part III		·
1	Briefly	describe the organiza	tion's mission				
INS	TITUTE P	ROVIDES AUTHORI	NC IS THE ASSOCIA TATIVE ANALYSIS A IMUNITY, AND OTHE	ND CRITICAL IND	DUSTRY DATA TO		CUTILITIES THE GRESS, GOVERNMENT
2	the prio	r Form 990 or 990-E	e any significant progi		the year which were	e not listed on	┌ Yes ┌ No
	If"Yes,	" describe these new	services on Schedule	0			
3	Did the service:	=	onducting, or make sig	nıfıcant changes ın	how it conducts, any	program	┌ Yes ┌ No
	If"Yes,	" describe these char	ges on Schedule O				
4	expense	es Section 501(c)(3)	rogram service accom and 501(c)(4) organiz nue, if any, for each pro	zations are required	to report the amour		
4a	(Code	) (E	xpenses \$	ıncludıng grantı	s of \$	) (Revenue \$	)
	WATER,	CLEAN COAL TECHNOLOG	EI) ENVIRONMENTAL PROG IES, NATURAL RESOURCES, S RELATE TO THE EXEMPT F	AND SITING AND PERM	ITTING AS THE ASSOCI	INVOLVING AIR QUALITY, ( ATION OF SHAREHOLDER-	CLIMATE CHANGE, CLEAN OWNED ELECTRIC UTILITIES
4b	(Code	) (E	xpenses \$	ıncludıng grant	s of \$	) (Revenue \$	)
	NORTH TRANSM	AMERICAN ELECTRIC RELI	SSOCIATION OF SHAREHOLI	RC) IT ALSO INCLUDES	SECURITY (CYBER AND	PHYSICAL), STORM RESI	LIENCY AND RESPONSE, AND
	(Code	) (E	xpenses \$	ıncludıng grant	s of \$	) (Revenue \$	)
	STANDA	RDS BOARD (FASB) ISSUE	IS COMPRISED OF A HOST S, FINANCIAL ACTIVITIES AI XEMPT PURPOSE OF EDISO	ND STUDIES AS THE AS	SOCIATION OF SHAREHO		CIAL ACCOUNTING UTILITIES, THESE PROGRAM:
4d	Other	program services (De	scribe in Schedule O )				
	(Exper	rses \$	ıncludıng gra	ants of \$	) (Reve	nue \$	)

Total program service expenses ►

Part IV Chec	klist 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 $I^{\bullet}$	3		Νo
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes,"</i> 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 $IV^{\bullet}$	9		No
LO	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 $\sqrt[6]{3}$	10		Νo
<b>1</b>	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? <i>If "Yes," complete Schedule D, Part IX</i>	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
.2a	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	
.3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule $E$	13		No
.4a	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	
.5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
.6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
L <b>7</b>	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 $11e^{\gamma}$ If "Yes," complete Schedule G, Part I (see instructions)	17		No
L <b>8</b>	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 "Yes," complete Schedule G, Part II</i>	18		No
L <b>9</b>	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		Νo
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 or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	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 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26	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			
	<i>IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? 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? <i>If "Yes," complete Schedule M</i>	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? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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	

Га	Check if Schedule O contains a response or note to any line in this Part V			_
	Check it Schedule O contains a response of note to any fine in this Part V	-	Yes	No.
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   161			
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	<b>1</b> c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
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	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
	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		Νo
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
_		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		N o
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).	_		
	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		
	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?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
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?	7f		
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.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time	ı		
	during the year?	8		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	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  10b			
D	facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
17-	Section 4947(a)(1) non-evernt charitable truete. Is the organization filing Form 0.00 in liquid Form 1.0413	12a		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the	TZG		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?  Note. 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			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
	. , , , , , , , , , , , , , , , , , , ,			

Section A. Governing Body and Management

Part VI 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.

Check if Schedule O contains a response or note to an	/ line in this Part VI

	<u> </u>		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		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
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		Νo
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu		
			yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		
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
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b		No No
10a b 11a b 12a b	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?  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	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	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 14	Yes 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?	10a 10b 11a 12a 12b 12c 13 14	Yes 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?  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  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10a 10b 11a 12a 12b 12c 13 14	Yes 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 Yes	No No

- 17 List the States with which a copy of this Form 990 is required to be filed▶
- 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)
- 19 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
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ►JOHN S SCHLENKER

Form 990 (2014)	
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)	a	g	e	7
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# Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

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

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

- ♣ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - ◆ List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ 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

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Former Highest compensated employee Key employee Officer Institutional Trustee Individual trustee or chiector	2/1099-MISC)	2/1099-MISC)	organization and related organizations

Form **990** (2014)

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

(A) Name and Title	(B) Average hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					;	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

1b	Sub-Total	►			
C	Total from continuation sheets to Part VII, Section A	►			
d	Total (add lines 1b and 1c)	▶	9,911,877	0	2,553,378

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►17

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule I for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

#### Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
HUNTON & WILLIAMS 1900 K STREET WASHINGTON, DC 20006	CONSULTING	8,862,812
VENABLE LLP 575 SEVENTH STREET WASHINGTON, DC 20004	CONSULTING	3,246,504
DEMOCRACY DATA & COMMUNICATIONS  147 WATERFRONT STREET  NATIONAL HARBOR, MD 20745	CONSULTING	1,326,106
SKADDEN ARPS SLATE MEAGHER & FLOM 1440 NEW YORK AVE NW WASHINGTON, DC 20005	CONSULTING	462,561
CHERTOFF GROUP LLC 1399 NEW YORK AVE NW 900 WASHINGTON, DC 20005	CONSULTING	445,548
2 Total number of independent contractors (including but not limited to those listed above	(e) who received more than	

		CHECK II SCHEU	ule O contains a respo	inse of flote to ally in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s s	1a	Federated cam	paigns 1a					
ant	b	Membership du	ıes <b>1b</b>					
Gr Imc	С	Fundraising ev	ents <b>1</b> c					
ifts, ar A	d	Related organiz	zations 1d					
s, Gi mila	e	Government grant	s (contributions) <b>1e</b>					
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contribute	ons, gifts, grants, and <b>1f</b>					
uti her	•	sımılar amounts no	ot included above		ļ	ļ		
iti)	g	Noncash contributi 1a-1f \$	ons included in lines					
Cont and	h	Total. Add line:	s 1a-1f	🗼				
				Business Code				
Program Service Revenue	2a	MEMBERSHIP DUE	S	900099	71,742,377	71,742,377		
Pæv	b	MEETINGS		900099	9,119,272	9,119,272		
931	С	PROGRAMS		900099	1,982,533	1,982,533		
%erv	d	ADVERTISING		541800	532,568		532,568	
E .	е	PUBLICATIONS		511190	119,140	119,140		
odra	f	All other progra	am service revenue					
ሏ	g	Total. Add lines	s 2a-2f		83,495,890			
	3		ome (including dividen		2,728,793			2,728,793
	4		stment of tax-exempt bond					· ·
	5	Royalties .		🕨				
			(ı) Real	(II) Personal				
	6a	Gross rents						
	b	Less rental expenses						
	С	Rental income or (loss)						
	d	Net rental inco	me or (loss)	·				
	7a	Gross amount	(ı) Securities	(II) O ther				
	74	from sales of assets other than inventory	73,844,593					
	Ь	Less cost or other basis and	74,787,766					
	С	sales expenses Gaın or (loss)	-943,173					
	d	Net gain or (los	ss)		-943,173			-943,173
eni	8a	Gross income f events (not inc \$	from fundraising luding					
Other Revenue			s reported on line 1c) ne 18 a					
her	b	Less direct ex	penses b					
5	С	Net income or	(loss) from fundraising	events 🛌				
	9a		from gaming activities ne 19 a					
	b	Less direct ex	penses b					
	С		(loss) from gamıng actı	vities				
	10a	Gross sales of returns and allo						
	b	Less costofa	oods sold b					
			(loss) from sales of inv	entory				
		Miscellaneou	s Revenue	Business Code				
	11a							
	b							
	С							
	d		ue					
	е		s 11a-11d	•				
	12	Total revenue.	See Instructions .	🕨	85,281,510	82,963,322	532,568	1,785,620

orm	990 (2014)				Page <b>10</b>
	Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must complete all columns All	other organizati	one must comr	olete column (A.)	
- C CIC	Check if Schedule O contains a response or note to any line in this	Ī			
	it include amounts reported on lines 6b,	(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 domestic organizations and		ехрепзез	general expenses	ехрепзез
_	domestic governments See Part IV, line 21	2,340,168			
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	11,524,112			
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	20,157,322			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	896,133			
9	Other employee benefits	2,146,579			
.0	Payroll taxes	1,507,476			
.1	Fees for services (non-employees)				
а	Management				
b	Legal	13,074,472			
c	Accounting	90,907			
d	Lobbying	2,262,778			
e	Professional fundraising services See Part IV, line 17	2,202,770			
f	Investment management fees	340,103			
a	Other (If line 11g amount exceeds 10% of line 25, column (A)	340,103			
y	amount, list line 11g expenses on Schedule O)	7,380,005			
.2	Advertising and promotion	127,397			
.3	Office expenses	2,640,157			
4	Information technology	1,371,046			
.5	Royalties	182			
6	Occupancy	5,296,918			
.7	Travel	2,377,727			
.8	Payments of travel or entertainment expenses for any federal, state, or local public officials	59,403			
9	Conferences, conventions, and meetings	6,976,562			
0	Interest	11,403			
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	376,687			
3	Insurance	125,654			
4	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	SUBSCRIPTIONS	593,781			
b	PERSONAL PROPERTY TAX	15,021			
C					
d					
e	All other expenses	702,620			
25	Total functional expenses. Add lines 1 through 24e	82,394,613			
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	t X	Balance Sheet Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
	1	Cash-non-interest-bearing	Beginning of year -394,911	1	End of year -983.851
	2	Savings and temporary cash investments	12,003,655	2	5,978,423
	3	Pledges and grants receivable, net	12,000,000	3	3,370,423
	4	Accounts receivable, net	1,394,078		1,491,331
	4	Loans and other receivables from current and former officers, directors, trustees,	1,394,078	4	1,491,331
	3	key employees, and highest compensated employees Complete Part II of Schedule L	424.155	5	447,700
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	,
××	7	Notes and loans receivable, net		7	
₹	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	1,236,775	9	1,055,799
	10a	Land, buildings, and equipment cost or other basis Complete			,,,,,,,,,
	١.	rait v1 of 3chedule D	_	10	2 002 550
	b	Less accumulated depreciation	· · ·		2,692,558
	11	Investments—publicly traded securities	95,760,778		109,763,921
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets	0.077.400	14	570 700
	15	Other assets See Part IV, line 11	3,377,166		579,796
	16	Total assets. Add lines 1 through 15 (must equal line 34)	115,832,910	16	121,025,677
	17	Accounts payable and accrued expenses	7,709,565	17	8,122,897
	18	Grants payable		18	
	19	Deferred revenue	24,477,658		25,260,878
	20	Tax-exempt bond liabilities		20	
8	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilitie	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
<u>ज</u> ्ञ		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	50,291,161	25	62,510,908
	26	Total liabilities. Add lines 17 through 25	82,478,384	26	95,894,683
-ù		Organizations that follow SFAS 117 (ASC 958), check here ▶ 🔽 and complete			
Fund Balances		lines 27 through 29, and lines 33 and 34.			
<u>=</u>	27	Unrestricted net assets	33,354,526		25,130,994
ñ	28	Temporarily restricted net assets		28	
핕	29	Permanently restricted net assets		29	
or Fu		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	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	33,354,526	33	25,130,994
~	34	Total liabilities and net assets/fund balances	115,832,910	34	121,025,677
					Form <b>990</b> (2014)

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				F
1	Total revenue (must equal Part VIII, column (A), line 12)	1		85,2	281,510
2	Total expenses (must equal Part IX, column (A), line 25)	2			
3	Revenue less expenses Subtract line 2 from line 1	-		02,.	394,613
•	Revenue less expenses subtract me 2 nommer 1	3		2,8	386,897
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) $\cdot$ .	4		33.3	354,526
5	Net unrealized gains (losses) on investments				731,320
		5		8	337,871
6	Donated services and use of facilities	6			
7	Investment expenses				
		7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)				
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	9		-11,9	948,300
10	column (B))	10		25,	130,994
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				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 revia separate basis, consolidated basis, or both	ewed or	1		
	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 sepbasis, consolidated basis, or both	oarate			
	☐ Separate basis ☐ Both consolidated and separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversion audit, review, or compilation of its financial statements and selection of an independent accountant?	ght of th	e <b>2c</b>	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t Single Audit Act and OMB Circular A-133?	:he	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3b		

Software ID: **Software Version:** 

**EIN:** 13-0659550

Name: EDISON ELECTRIC INSTITUTE INC

Form 990, Part VII - Compensation Compensated Employees, and Inde	of Officers,	Direct	ors, ers	Tru	ste	es, k	(ey	Employees, Higl	nest	
(A) Name and Title	(B) Average hours per week (list any hours for related	Posit more th perso and a	ion ( nan o n is b	ne b oth ctor/	ox, u an of /trus	inless fficer tee)		(D)  Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	<b>(F)</b> Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2,2033 11200)	2,2000	related organizations
(1) MICHAEL W YACKIRA	4 00	х		Х				0	0	0
CHAIR (1) THEODORE F CRAVER JR	1 00									
VICE CHAIR/CHAIR	1 00	Х		Х				0	0	0
(2) NICHOLAS K AKINS	4 00	х		×				0	0	0
VICE CHAIR (3) THOMAS A FANNING	1 00									
VICE CHAIR	1 00	х		х				0	0	0
(4) CHRISTOPHER M CRANE	4 00	х		х				0	0	0
VICE CHAIR	1 00							Ů	0	· · · · · · · · · · · · · · · · · · ·
(5) TIM MCLEOD	1 00	x						0	0	О
DIRECTOR (6) ALAN R HODNIK	1 00									
DIRECTOR		Х						0	0	0
(7) PATRICIA LEONARD KAMPLING	1 00	х						0	0	0
DIRECTOR (8) WARNER L BAXTER	1 00									
DIRECTOR		х						0	0	О
(9) THOMAS R VOSS	1 00							0	0	0
DIRECTOR		Х						0	0	
(10) THOMAS F FARRELL II	1 00	х						0	0	0
DIRECTOR (11) JOHN C PROCARIO	1 00							_	_	_
DIRECTOR		Х						0	0	0
(12) SCOTT L MORRIS	1 00	x						0	0	o
DIRECTOR (13) GERRY CHASSE	1 00									
DIRECTOR		Х						0	0	0
(14) DAVID R EMERY	1 00	x						0	0	0
DIRECTOR (15) DAVID M MCCLANAHAN	1 00							, v		
DIRECTOR		x						0	0	0
(16) STEVEN V LANT	1 00	<u> </u>								
DIRECTOR		Х						0	0	0
(17) BRUCE A WILLIAMSON	1 00	х						0	0	0
DIRECTOR (18) JOHN G RUSSELL	1 00									
DIRECTOR		Х						0	0	0
(19) KEVIN BURKE	1 00	х						0	0	0
DIRECTOR (20) GERARD M ANDERSON	1 00									
DIRECTOR		х						0	0	0
(21) JAMES E ROGERS	1 00									
DIRECTOR	1 00	X						0	0	0
(22) RICHARD RIAZZI	1 00	x						0	0	0
DIRECTOR (23) THOMAS V SHOCKLEY III	1 00									
DIRECTOR		Х						0	0	0
(24) BRADLEY P BEECHER	1 00	х						0	0	0
DIRECTOR	1									

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

Compensated Employees, and Inde		ntracto '						1	1	1 1
(A) Name and Title	(B) A verage hours per week (list any hours	Posit more th perso and a	ion ( nan o n is b	ne b oth	ox, u an of	ınless fficer	i	( <b>D)</b> Reportable compensation from the organization (W-	<b>(E)</b> Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Ke, emplo,ee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
(26) JOHN F YOUNG	1 00	x						0	0	0
DIRECTOR		_ ^						0	0	
(1) ANTHONY J ALEXANDER DIRECTOR	1 00	х						0	0	0
(2) MARY G POWELL	1 00	x						0	0	0
DIRECTOR		^						Ů,	0	Ů
(3) CONSTANCE LAU	1 00	l x						0	0	0
DIRECTOR								,		
(4) ROBERT D KUMP	1 00	×						0	0	0
DIRECTOR										
(5) J LAMONT KEEN	1 00	x						0	0	0
DIRECTOR (6) CHARLES A SCHROCK	1 00									
		×						0	0	0
OIRECTOR (7) JOSEPH L WELCH	1 00									
		×						0	0	0
DIRECTOR (8) DAVID L GOODIN	1 00									
DIRECTOR		×						0	0	0
(9) GARY J WOLTER	1 00									
DIRECTOR		×						0	0	0
(10) GREGORY E ABEL	1 00							_		_
DIRECTOR		X						0	0	0
(11) PHILIP BARNHARD IV	1 00	V						0	0	0
DIRECTOR		Х						0	U	
(12) THOMAS B KING	1 00	l x						0	0	0
DIRECTOR								Ů		
(13) JIM L STANLEY	1 00	l x						0	0	0
DIRECTOR	1.00									
(14) ROBERT C ROWE	1 00	×						0	0	0
DIRECTOR (15) THOMAS J MAY	1 00									
		×						0	0	0
OIRECTOR (16) PETER B DELANEY	1 00									
DIRECTOR		×						0	0	0
(17) EDWARD J MCINTYRE	1 00									
DIRECTOR		×						0	0	0
(18) CHRISTOPHER P JOHNS	1 00									
DIRECTOR		X						0	0	0
(19) JOSEPH M RIGBY	1 00	V						0	0	
DIRECTOR		Х						U	U	0
(20) DONALD E BRANDT	1 00	X						0	0	0
DIRECTOR								, and the second		
(21) PATRICIA K VINCENT-COLLAWN	1 00	l x						0	0	0
DIRECTOR	1.00									
(22) JAMES J PIRO	1 00	х						0	0	0
DIRECTOR (23) WILLIAM H SPENCE	1 00	-								
		х						0	0	О
DIRECTOR (24) RALPH IZZO	1 00		<u> </u>	$\vdash$			$\vdash$			
DIRECTOR	1 00	х						0	0	0
DIRECTOR	1 100	<u> </u>			<u> </u>	<u> </u>	<u> </u>			<u> </u>

(A) Name and Title	A verage hours per week (list any hours for related	Posit more th person and a	ion (d nan o n is b	ne booth a	ox, u an of trus	inless ficer tee)		Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Ke, emplojee	Highest compensated employee	Former	2,1033 1130)	2,1033 11130)	related organizations
(51) KIMBERLY J HARRISDIRECTOR	1 00	×						0	0	0
(1) KEVIN B MARSH	1 00	x						0	0	0
DIRECTOR								Ů	0	
(2) ANDRES GLUSKI DIRECTOR	1 00	×						0	0	0
(3) JOHN B RAMIL	1 00	,,								
DIRECTOR		Х						0	0	0
(4) JAMES P TORGERSON	1 00	×						0	0	0
DIRECTOR (5) ROBERT G SCHOENBERGER	1 00									
DIRECTOR		Х						0	0	0
(6) PAUL J BONAVIA	1 00	×						0	0	0
DIRECTOR (7) CARL L CHAPMAN	1 00									
DIRECTOR		X						0	0	0
(8) CHRISTOPHER L DUTTON	1 00	х						0	0	0
DIRECTOR (9) MARK A RUELLE	1 00									
DIRECTOR		х						0	0	0
(10) GALE E KLAPPA	1 00	x						0	0	0
DIRECTOR (11) BENJAMIN GS FOWKE III	1 00									
DIRECTOR		x						0	0	0
(12) LEO P DENAULT	1 00	х						0	0	0
DIRECTOR	4.00							Ů	0	
(13) JEFF HOUSEHOLDERDIRECTOR	1 00	x						0	0	0
(14) TERRY D BASSHAM	1 00	,,								
DIRECTOR		×						0	0	0
(15) JAMES L ROBO	1 00	×						0	0	0
DIRECTOR (16) JOHN WALSH	1 00									
DIRECTOR		Х						0	0	0
(17) SCOTT M PROCHAZKA	1 00	×						0	0	0
DIRECTOR (18) JAMES P LAURITO	1 00									
DIRECTOR		X						0	0	0
(19) JOHN J MCAVOY	1 00	х						0	0	0
DIRECTOR (20) PAUL SEGAL	1 00									
DIRECTOR		×						0	0	0
(21) LYNN J GOOD	1 00	х						0	0	0
DIRECTOR								, i	, , , , , , , , , , , , , , , , , , ,	
(22) FRANCESCO VENTURINI DIRECTOR	1 00	х						0	0	0
(23) DARREL T ANDERSON	1 00	.,							_	
DIRECTOR		X						0	0	0
(24) DAVID A CAMPBELL	1 00	x						0	0	0
DIRECTOR		<u> </u>				<u> </u>				

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

Compensated Employees, and Inde	ependent Cor	ntracto	rs			•	-	. , , ,	•	
(A) Name and Title	(B) A verage hours per week (list any hours for related	Posit more th persoi and a	ion (d nan o n is b	ne b oth ctor/	ox, ι an o /trus	inless fficer tee)		( <b>D)</b> Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-M13C)	2/1099-MISC)	organization and related organizations
(76) W KIRK BAKER	1 00	х						0	0	0
(1) IAN ROBERTSON DIRECTOR	1 00	х						0	0	0
(2) ROBERT F BEARD	1 00	х						0	0	0
DIRECTOR (3) DAVID G HUTCHENS	1 00	х						0	0	0
DIRECTOR (4) THOMAS DUNN	1 00	X						0	0	0
DIRECTOR (5) THOMAS KUHN	47 00			Х				3,491,658	0	116,269
PRESIDENT (6) DAVID OWENS	3 00 45 00			X				893,678	0	339,157
EXECUTIVE VP, BUSINESS OPE (7) BRIAN WOLFF	46 00			x				867,315	0	141,029
SENIOR VP, EXTERNAL AFFAIR (8) EDWARD COMER	1 00 45 00									
VP, GENERAL COUNSEL AND CO (9) MARY MILLER	46 00			Х				435,215	0	263,858
CHIEF ADMINISTRATIVE OFFIC  (10) QUINLAN SHEA III	4 00			Х				419,304	0	153,667
VP, ENVIRONMENT (11) RICHARD MCMAHON	45 00			Х				369,411	0	125,198
VP, ALLIANCE ENERGY SUPPLI				Х				411,611	0	206,438
VP, ENERGY DELIVERY	45 00			Х				368,595	0	163,261
(13) KATHY STECKELBERG  VP, GOVERNMENT RELATIONS	45 00			х				359,026	0	142,390
(14) BRIAN MCCORMACK  VP, POLITICAL AND EXTERNAL	45 00			Х				352,640	0	42,733
(15) JOHN EASTON JR  VP, INT'L PROGRAMS	45 00			х				348,972	0	133,321
(16) JOHN SCHLENKER	46 00			Х				308,185	0	172,401
CFO & TREASURER (17) RICHARD TEMPCHIN	2 00 45 00					х		280,113	0	137,019
EXECUTIVE DIRECTOR, RETAIL (18) JAMES OWEN	45 00					x		284,747	0	196,901
EXEC DIR, MEMBER REL & MTG (19) MARC RAZEGHI	45 00					×		238,995	0	75,979
CIO (20) SCOTT AARONSON	45 00					×		225,366	0	31,682
SENIOR DIRECTOR, NATIONAL SECURITY POLICY (21) STEPHANIE VOYDA	46 00									·
MANAGING DIRECTOR, COMMUNICATIONS	1 00					X		257,046	0	112,075

DLN: 93493320144515

# OMB No 1545-0047

Open to Public **Inspection** 

## **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. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

**Political Campaign and Lobbying Activities** 

www.irs.gov/form990. 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
- ◆ 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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** 

LUI	SON ELECTRIC INSTITUTE INC			13-0659	550	)		
Par	t I-A Complete if the or	ganization is exempt unde	r section 501(				ganizatio	on.
1	Provide a description of the org	ganızatıon's dırect and ındırect polı	tical campaign act	tivities in Part IV				
2	Political expenditures			<b>•</b>		\$_		
3	Volunteer hours					_		
Par	t I-B Complete if the or	ganization is exempt unde	r section 501(	c)(3).				
1	Enter the amount of any excise	e tax incurred by the organization u	nder section 495!	5	<b>&gt;</b>	\$_		
2	Enter the amount of any excise	e tax incurred by organization mana	igers under sectio	n 4955	<b>F</b>	\$_		
3	If the organization incurred a s	ection 4955 tax, did it file Form 47	20 for this year?				┌ Yes	┌ No
4a	Was a correction made?						☐ Yes	┌ No
b	If "Yes," describe in Part IV							
Par		ganization is exempt unde				)1(c	:)(3).	
1		ended by the filing organization for s			<b>F</b>	\$_		
2	Enter the amount of the filing o exempt function activities	rganization's funds contributed to	other organization	s for section 527	-	\$_		
3	Total exempt function expendit	tures Add lines 1 and 2 Enter her	e and on Form 112	20-POL, line 17b	►	\$		
4	Did the filing organization file <b>F</b>	Form 1120-POL for this year?					┌ Yes	┌ No
5	organization made payments F amount of political contribution	nd employer identification number ( For each organization listed, enter t ns received that were promptly and political action committee (PAC)	he amount paid front directly delivered	om the filing organizati to a separate political	on's I org	fund anıza	s Also ente	er the
	(a) Name	( <b>b)</b> Address	(c) EIN	(d) A mount paid fi filing organization funds If none, ente	n's	. d	e) A mount on ontributions and promp irectly delives separate programmers.	received of the received of the received to a colline of the received to a colline of the received to the received the rec
For F	Paperwork Reduction Act Notice, se	l se the instructions for Form 990 or 99	90-EZ.	<u> </u>	le C	(Forn	n 990 or 990	)-EZ) 2014

5 c	hedule C (Form 990 or 990-EZ) 2014					Page <b>2</b>
Ρ	art II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c	:)(3) and file	d Form 5768	
	Check If the filing organization belongs to a expenses, and share of excess lobb	ying expenditures)		_	p member's nam	e, address, EIN,
	Limits on Lobbying E (The term "expenditures" means an	xpenditures			(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	ying)			
c	Total lobbying expenditures (add lines 1a and 1b	o)				
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1	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				
	Not over \$500,000	20% of the amount on lir	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	00		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,	000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,0	00		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25% of lin	ne 1f)				
h	Subtract line 1g from line 1a If zero or less, ente	er-0-				
i	Subtract line 1f from line 1c If zero or less, ente	ır - 0 -				
j	If there is an amount other than zero on either lin section 4911 tax for this year?	ne 1h or line 1ı, did the	organızatıon file F	Form 4720 repo	rtıng	┌ Yes ┌ No
	4-Year Av (Some organizations that made a s columns below. See t		ection do not	have to com		ne five
	Lobbying Expe	enditures During	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	( <b>d)</b> 2014	(e) Total
2a	Lobbying nontaxable amount					
ь	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontaxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					

Grassroots lobbying expenditures

	and "Man" was an a to live of a bloom by the law many days Doub TV and bailed decount on a fit by lab by the	(	a)		(b)	
	each "Yes" response to lines 1a through 11 below, provide in Part IV a detailed description of the lobbying vity.	Yes	No	A	moun	t
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?			1		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			1		
С	Media advertisements?					
d	Mailings to members, legislators, or the public?					
e	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?			-		
!	Other activities? Total Add lines 1c through 1:					
j 2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		I	_		
za 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					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		I			
	rt III-A Complete if the organization is exempt under section 501(c)(4), secti	on 501(c	1(5)	or se	ction	
9.1	501(c)(6).	011 301(0	,,(3), (	J. 3C	CLIOI	•
			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		L	1		Νo
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		Νo
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?				Yes	
ar	rt III-B Complete if the organization is exempt under section 501(c)(4), secti 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members	1		6	8,911	1 ,0 3
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	,	2a	<u> </u>		8,470	
b	Carryover from last year	2b			3,757	
C	Total	2c			4,712	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3			7,629	9,21
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc 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		-	2,916	5,27
Pä	art IV Supplemental Information	I .				
Pro	ovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated (see instructions), and Part II-B, line 1 Also, complete this part for any additional information	group list)	, Part II	[-A, lır	nes 1	and
	Return Reference Explanation					

Part IV Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2014

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#### DLN: 93493320144515

OMB No 1545-0047

Open to Public

# SCHEDULE D

(Form 990)

Department of the Treasury

## **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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Inspection Internal Revenue Service Name of the organization **Employer identification number** EDISON ELECTRIC INSTITUTE INC 13-0659550 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV

	conscivation Lasements: complete if the organization answered Tes	.0 1 0111	<u>1 220, 1 aic 14, 1</u>	,iiic / .
1	Purpose(s) of conservation easements held by the organization (check all that apply)  Preservation of land for public use (e.g., recreation or education)  Protection of natural habitat  Preservation of a		• •	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in easement on the last day of the tax year	the form	ı of a conservatıoı	n
			Held at the En	d of the
а	Total number of conservation easements	2a		
b	Total acreage restricted by conservation easements	2b		
c	Number of conservation easements on a certified historic structure included in (a)	2c		
d	Number of conservation easements included in (c) acquired after $8/17/06$ , and not on a historic structure listed in the National Register	2d		
3	Number of conservation easements modified, transferred, released, extinguished, or terminate	ed by th	e organization du	rıng
	the tax year 🛌			
4	Number of states where property subject to conservation easement is located 🛌			
5	Does the organization have a written policy regarding the periodic monitoring, inspection, han enforcement of the conservation easements it holds?	dlıng of	violations, and	┌ Yes
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation ease	nents d	uring the year	
	<u> </u>			
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easement	s durıng	the year	
•	<b>▶</b> \$			
8	Does each conservation easement reported on line $2(d)$ above satisfy the requirements of second section $170(h)(4)(B)(II)$ ?	ction 17	'0(h)(4)(B)(ı)	┌ Yes
_	In Dark VIII. describe how the arganization reports concernation accompanies in its revenue and	d avnan		_

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
  - (i) Revenue included in Form 990, Part VIII, line 1

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

(ii) Assets included in Form 990, Part X

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Revenue included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Cat No 52283D Schedule D (Form 990) 2014

Part	••• Organizations Maintaining Col	lections of Art	<u>, His</u>	tori	cal T	reasu	ires, or C	the	<u>r Simil</u>	<u>ar As</u>	sets (	<u>continued)</u>
3	Using the organization's acquisition, accessicollection items (check all that apply)	on, and other record	ds, ch	eck	any of	the foll	lowing that a	are a	significa	ant use	of its	
а	Public exhibition		d	Γ	Loan	orexc	hange progi	rams				
b	Scholarly research		e	Γ	Othe	r						
С	Preservation for future generations											
4	Provide a description of the organization's co Part XIII	llections and expla	ın hov	v the	y furth	er the o	organızatıor	ı's ex	cempt pu	rpose	n	
5	During the year, did the organization solicit o assets to be sold to raise funds rather than to	be maintained as	part o	fthe	organ	ızatıon	's collection	۱?			Yes	┌ No
Par	Escrow and Custodial Arrange Part IV, line 9, or reported an am						n answere	d "Y	es" to f	Form 9	90,	
1a	Is the organization an agent, trustee, custodi included on Form 990, Part X?	an or other interme	diary	for c	ontribi	utions	or other ass	ets	not		┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follow	ving t	able							
										An	ount	
С	Beginning balance							<b>1</b> c				
d	Additions during the year							1d				
е	Distributions during the year							1e				
f	Ending balance							1f				
2a b	Did the organization include an amount on Fo										Yes	Г № Г
	If "Yes," explain the arrangement in Part XII  rt V Endowment Funds. Complete if									 na 10	· · ·	
Fe	Endowment i unus. Complete ii	(a)Current year		Prior			wo years back				(e)Four	years back
1a	Beginning of year balance											
b	Contributions											
С	Net investment earnings, gains, and losses											
d	Grants or scholarships							+				
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the curr	ent year end balanc	e (lın	e 1g	, colun	nn (a))	held as					
а	Board designated or quasi-endowment 🕨											
b	Permanent endowment ▶											
С	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c shou	ld equal 100%										
3a	Are there endowment funds not in the posses	sion of the organiza	ation t	hat	are hel	d and a	admınıstere	d for	the			
	organization by									T	Yes	No
	(i) unrelated organizations			•				•		. 3a(		+
ь	(ii) related organizations							•		. 3a(		<u> </u>
4	Describe in Part XIII the intended uses of the	•				•		•				<u> </u>
Par	Land, Buildings, and Equipme 11a. See Form 990, Part X, line 1		he o	rgar	ızatıo	n ansv	wered 'Yes	s' to	Form 9	90, Pa	rt IV,	ine
	Description of property				) Cost o is (inve		(b)Cost or o basis (other			ımulated cıatıon	(d)	Book value
1a	_and											
b I	Buildings		•									
	_easehold improvements						386	5,305				386,305
	Equipment		•				1,747			1,067,81	.2	679,331
e (	Other			1			1 4004	956		364,93	и I	1,626,922
	I. Add lines 1a through 1e (Column (d) must ed						1,991	.,050		<b>▶</b>	74	2,692,558

Part VII Investments—Other Securities. Co	mplete if the organization	answered 'Yes' to Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.  (a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	<b>+</b>	
Part VIII Investments—Program Related. C	omplete if the organizatio	n answered 'Yes' to Form 990, Part IV, line 11c.
See Form 990, Part X, line 13.  (a) Description of investment	(b) Book value	(c) Method of valuation
(a) Description of investment	(b) Book value	Cost or end-of-year market value
		·
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	<u> </u>	
		), Part IV, line 11d See Form 990, Part X, line 15
(a) Desc	Прстоп	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line	15.)	
	anization answered 'Yes' t	o Form 990, Part IV, line 11e or 11f. See
Form 990, Part X, line 25.	(h) Pook value	
1 (a) Description of liability	(b) Book value	
Federal income taxes		
POSTRETIREMENT BENEFIT OBLIGATION	10,417,704	
DEFERRED COMPENSATION	49,599,086	
DEFERRED RENT	866,999	
BENEFITS LIABILITIES	1,204,877	
OTHER CURRENT LIABILITIES	268,812	
LIFE INSURANCE LIABILITY	100,000	
MEDICARE TAX LIABILITY	19,396	
OTHER LONG-TERM LIABILITY	34,034	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	<b>▶</b> 62,510,908	
	do the taxt of the feature to t	

Par		<b>enue per Audited Financial Stat</b> ed 'Yes' to Form 990, Part IV, line 1		ts Wit	h Revenu	e per R	<b>eturn</b> Complete If
1	<u> </u>	ipport per audited financial statements				1	
2	Amounts included on line 1 but no	ot on Form 990, Part VIII, line 12					
а	Net unrealized gains (losses) on ii	nvestments	2a				
b	Donated services and use of facili	ties	2b				
c	Recoveries of prior year grants .		2c				
d	Other (Describe in Part XIII ) .		2d				
e	Add lines 2a through 2d					. 2e	
3	Subtract line <b>2e</b> from line <b>1</b>					. 3	
4	Amounts included on Form 990, P	art VIII, line 12, but not on line <b>1</b>					
а	Investment expenses not included	d on Form 990, Part VIII, line 7b .	4a				
b	Other (Describe in Part XIII ) .		4b				
c	Add lines <b>4a</b> and <b>4b</b>					. 4c	
5	Total revenue Add lines 3 and 4c.	. (This must equal Form 990, Part I, line	12) .			5	
Part		enses per Audited Financial Sta ered 'Yes' to Form 990, Part IV, line		nts Wi	th Expens	ses per	Return. Complete
1		dited financial statements				1	
2	Amounts included on line 1 but no	t on Form 990, Part IX, line 25					
а	Donated services and use of facility	ties	2a				
b	Prior year adjustments		2b				
c	Other losses		2c				
d	Other (Describe in Part XIII ) .		2d				
e	Add lines <b>2a</b> through <b>2d</b>					. 2e	
3	Subtract line ${f 2e}$ from line ${f 1}$					. 3	
4	Amounts included on Form 990, P	art IX, line 25, but not on line 1:					
а	Investment expenses not included	d on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII ) .		4b				
c	Add lines <b>4a</b> and <b>4b</b>					. 4c	
5	Total expenses Add lines 3 and 4	<b>c.</b> (This must equal Form 990, Part I, lin	e 18)			5	
Part	XIII Supplemental Inform	mation				•	
Part	de the descriptions required for Par V , line 4 , Part X , line 2 , Part XI , line nation	t II, lines 3, 5, and 9, Part III, lines 1a es 2d and 4b, and Part XII, lines 2d and	and 4 , I 4b Als	Part IV , o comp	lines 1b and lete this part	l 2b, t to provid	de any additional
	Return Reference	Explanation					
PART	TH EX EX YE	I AND THE FOUNDATION HAVE EVAI IAT THEIR POSITIONS ARE MORE-LII (AMINATION EEI AND THE FOUNDAT (AMINATION BY FEDERAL AND STATE (ARS ENDED 2011 THROUGH 2013 AF JTHORITIES	KELY-T ION'S AUTH	HAN-N TAX RE ORITIE	OT TO BE S TURNS ARE S THE TAX	USTAINI SUBJEC (RETURN	ED ON CT TO REVIEW AND NS FOR THE FISCAL

	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2014

#### **Additional Data**

Software ID: Software Version:

(b) Book Value

**EIN:** 13-0659550

Name: EDISON ELECTRIC INSTITUTE INC

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

	` '
POSTRETIREMENT BENEFIT OBLIGATION	10,417,704
DEFERRED COMPENSATION	49,599,086
DEFERRED RENT	866,999
BENEFITS LIABILITIES	1,204,877
OTHER CURRENT LIABILITIES	268,812
LIFE INSURANCE LIABILITY	100,000
MEDICARE TAX LIABILITY	19,396
OTHER LONG-TERM LIABILITY	34,034

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493320144515

SCHEDULE F (Form 990)

#### **Statement of Activities Outside the United States**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. 2014

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990.

► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

	e of the organization				Employer ident	ification number
	JON ELLCTRIC INSTITUTE INC				13-0659550	
Pa	rt I General Information "Yes" to Form 990, Par			ne United States. Co	omplete if the organiz	ation answered
1	<b>For grantmakers.</b> Does the dand other assistance, the grants or a used to award the grants or a	ntees' eligibili	ty for the grar	nts or assistance, and	the selection criteria	√ Yes
2	<b>For grantmakers.</b> Describe in assistance outside the United		ganızatıon's p	rocedures for monitori	ng the use of its gran	ts and other
3	Activites per Region (The follow	ing Part I, line 3	table can be d	uplicated if additional spa	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
(1)	EUROPE	0	0	PROGRAM SERVICES	MEETINGS WITHIN THE REGION	293,48
( 2)	CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	MEETINGS WITHIN THE REGION	1,70
(3)	EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	MEETINGS WITHIN THE REGION	137,27
(4)	RUSSIA AND NEIGHBORING STATES	0	0	PROGRAM SERVICES	MEETINGS WITHIN THE REGION	1,54
( 5)	NORTH AMERICA	0	0	PROGRAM SERVICES	MEETINGS WITHIN THE REGION	13,89
3a	Sub-total	0	0			447,90
	Total from continuation sheets to Part I	0	0			
c	Totals (add lines 3a and 3b)	0	0	ĺ		447,90

Pā						<b>ited States.</b> Comp duplicated if additioi			to Form 990,
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(	1)								
(	2)								
(	3)								
(	4)								
2						les by the foreign co (c)(3) equivalency l			
3	Enter total num	nber of other or	ganızatıons or ent	ities					

Schedule F (Form 990) 2014

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 addit	ional space is ne	eeded.				
(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	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)
(1)							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
( 2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
( 12)							
(13)							
(14)							
( 15)							
( 16)							
( 17)							
( 18)							
	1			l .			

### 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)	Г	Yes	[~	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may 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; do not file with Form 990)	Г	Yes	ি	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	Yes	ত	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, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Г	Yes	<b>~</b>	No
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)	Γ	Yes	V	No
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; do not file with Form 990)	Г	Yes	্ন	Νo

Schedule F (Form 990) 2014

#### **Additional Data**

Software ID: Software Version:

**EIN:** 13-0659550

Name: EDISON ELECTRIC INSTITUTE INC

Schedule F (Form 990) 2014

Page **5** 

#### Part V Supplemental Information

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).

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -Schedule I

DLN: 93493320144515

OMB No 1545-0047

Grants and Other Assistance to Organizations, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Attach to Form 990. Open to Public Department of the Treasury **Inspection** Internal Revenue Service Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization Employer identification number EDISON ELECTRIC INSTITUTE INC 13-0659550 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ✓ Yes 

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. 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.

(c) IRC section (a) Name and address of **(b)** EIN (d) Amount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable valuation non-cash assistance grant cash orassistance or government 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. 66 Enter total number of other organizations listed in the line 1 table . . . . . . . . . . . . . . . . 39

Schedule I (Form 990) 2014								
Part III	Grants and Other Assistance to Domestic Individuals. 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	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Ir	iformation. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.
Return Reference	Explanation
•	THE ORGANIZATION MAINTAINS RECORDS TO SUBSTANTIATE THE AMOUNT OF ASSISTANCE, THE GRANTEE'S ELIGIBILITY FOR ASSISTANCE AND THE SELECTION CRITERIA TO AWARD THE ASSISTANCE

Schedule I (Form 990) 2014

#### **Additional Data**

Software ID:

**Software Version:** 

**EIN:** 13-0659550

Name: EDISON ELECTRIC INSTITUTE INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> 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
A WIDER CIRCLE4808 MOORLAND LANE NO 802 BETHESDA,MD 20814	52-2345144	501(C)(3)	10,000				EVENT SPONSORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
AABE1625 K STREET NW STE 405 WASHINGTON, DC 20006	84-0782569	501(C)(3)	15,000				CONFERENCE SPONSORSHIP		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> 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				
ACCF CENTER FOR POLICY RESEARCH1750 K STREET NW SUITE 400 WASHINGTON, DC 20006	52-1091172	501(C)(3)	30,000				CONTRIBUTIONS/MEMBERSHIPS				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.												
(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					
ALL HAZARDS CONSORTIUM7360 GUILFORD DRIVE SUITE 201 FREDERICK,MD 21704	26-0275096	501(C)(3)	25,000				CONTRIBUTIONS/MEMBERSHIPS					

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> 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				
ALLIANCE TO SAVE ENERGYPO BOX 791399 BALTIMORE,MD 21279	52-1082991	501(C)(3)	15,000				CONTRIBUTIONS/MEMBERSHIPS				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
ALZHEIMER'S ASSOCIATION NCAC9370 OLIVE BOULEVARD ST LOUIS,MO 63132	43-1237069	501(C)(3)	5,000				EVENT SPONSORSHIP		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
AMERICAN CONSUMER INSTITUTE CENTER FOR CITIZEN RESEARCH1701 PENNSYLVANIA AVE NW SUITE 300 WASHINGTON, DC 20006	20-8601897	501(C)(3)	12,000				CONTRIBUTIONS/MEMBERSHIPS				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> 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				
AMERICAN LEGISLATIVE EXCHANGE COUNCIL 1101 VERMONT AVENUE NW WASHINGTON, DC 20005	52-0140979	501(C)(3)	43,000				CONTRIBUTIONS/MEMBERSHIPS				

form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
AMERICAN LEGISLATIVE EXCHANGE COUNCIL1101 VERMONT AVENUE NW WASHINGTON,DC 20005	52-0140979	501(C)(3)	15,000				EVENT SPONSORSHIP		

form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
AMERICANS FOR TAX REFORM722 12TH STREET NW 4TH FLOOR WASHINGTON, DC 20005	52-1403587	501(C)(4)	75,000				PROGRAM SUPPORT		

Form 990,Schedule I, Pai	<u>rt II, Grants an</u>	<u>id Other Assistance</u>	<u>a to Domestic Org</u>	anizations and Do	<u>mestic Governme</u>	nts.	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> 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
ASPEN INSTITUTEONE DUPONT CIRCLE NW SUITE 700 WASHINGTON, DC 20036	84-0399006	501(C)(3)	11,200				CONTRIBUTIONS ENVIRONMENTAL

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
BARNES & THORNBURG LLP (FEDERAL WATER QUAILITY COALITION) ONE NORTH WACKER DRIVE SUITE 4400 CHICAGO,IL 60606	35-0900596	LLP	17,500				CONTRIBUTIONS COALITIONS			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
BOY SCOUTS OF AMERICA 9190 ROCKVILLE PIKE BETHESDA,MD 20814	53-0204610	501(C)(3)	5,000				EVENT SPONSORSHIP			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
BUILDING AND CONSTRUCTION TRADES DEPARTMENT815 16TH STREET NW NO 600 WASHINGTON, DC 20006	53-0025755	501(C)(5)	5,000				CONFERENCE SPONSORSHIP			

<u>Form 990,Schedule I, Pa</u>	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(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			
CAMPAIGN FOR HOME ENERGY ASSISTANCE1615 L STREET NW SUITE 529 WASHINGTON,DC 20036	52-1243510	501(C)(3)	15,000				CONTRIBUTIONS COALITIONS			

form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
CAPITAL AREA REACH 1816 12TH STREET NW WASHINGTON,DC 20009	26-4088542	501(C)(3)	10,000				CONTRIBUTIONS EDUCATION		

Form 990,Schedule 1, 1	form 990,Schedule 1, Part 11, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(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				
CATALYST120 WALL STREET NO 15 FL NEWYORK,NY 10005	13-1992402	501(C)(3)	5,000				CONTRIBUTIONS/MEMBERSHIPS				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CENTER FOR ENERGY WORKFORCE DEVELOPMENT701 PENNSYLVANIA AVE 3RD FLOOR WASHINGTON, DC 20004	20-4504014	501(C)(3)	5,000				CONFERENCE SPONSORSHIP			

<u>Form 990,Schedule I, Par</u>	form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(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				
CENTER FOR ENERGY WORKFORCE DEVELOPMENT701 PENNSYLVANIA AVE 3RD FLOOR WASHINGTON, DC 20004	20-4504014	501(C)(3)	100,000				CONTRIBUTIONS EDUCATION				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(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				
CENTER FOR LEGISLATIVE ENERGY 5400 LBJ FREEWAY DALLAS,TX 75240	75-2351673	501(C)(4)	6,000				CONTRIBUTIONS/MEMBERSHIPS				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> 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				
COAL UTILIZATION RESEARCH COUNCIL 1050 THOMAS JEFFERSON ST NW 7TH FL WASHINGTON, DC 20007	52-2028570	501(C)(6)	20,000				CONTRIBUTIONS/MEMBERSHIPS				

Form 990,Schedule I, Pai	form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CONGRESSIONAL BLACK CAUCUS FOUNDATION I 413 NEW JERSEY NAVE SE WASHINGTON, DC 20003	52-2270607	501(C)(3)	10,000				EVENT SPONSORSHIP			

form 990,Schedule 1, Part 11, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
CONGRESSIONAL BLACK CAUCUS INSTITUTE1720 MASSACHUSETTS AVE NW WASHINGTON, DC 20036	52-1160561	501(C)(4)	10,000				CONFERENCE SPONSORSHIP		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> 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				
CONGRESSIONAL BLACK CAUCUS INSTITUTE1720 MASSACHUSETTS AVE NW WASHINGTON, DC 20036	52-1160561	501(C)(4)	15,000				CONTRIBUTIONS/MEMBERSHIPS				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CONGRESSIONAL HISPANIC CAUCUS INSTITUTE300 M STREET SE NO 510 WSHINGTON, DC 20003	52-1114225	501(C)(3)	20,000				EVENT SPONSORSHIP			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> 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				
CONGRESSIONAL INSTITUTE1700 DIAGONAL ROAD NO 730 ALEXANDRIA,VA 22314	52-1504189	501(C)(4)	25,000				CONTRIBUTIONS/MEMBERSHIPS				

form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CONSORTIUM OF CATHOLIC ACADEMIES 5001 EASTERN AVENUE SUITE 207 HYATTSVILLE,MD 20782	52-2050972	501(C)(3)	20,000				EVENT SPONSORSHIP			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> 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				
CONSUMERS UNITED FOR RAIL EQUITY1050 THOMAS JEFFERSON STREET NW SUITE 700 WASHINGTON, DC 20007	52-1331523	501(C)(6)	10,000				CONTRIBUTIONS/MEMBERSHIPS				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(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				
COUNCIL OF STATE GOVERNMENTS2760 RESEARCH PARK DRIVE LEXINGTON,KY 40511	36-6000818	501(C)(3)	85,000				CONTRIBUTIONS/MEMBERSHIPS				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
DEMOCRATIC ATTORNEYS GENERAL ASSOC1580 LINCOLN ST SUITE 1125 DENVER,CO 80203	13-4220019	SECTION 527	25,000				MEMBERSHIPS				

form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
DEMOCRATIC GOVERNORS' ASSOCIATION1401 K STREET NW SUITE 200 WASHINGTON,DC 20005	52-1304889	SECTION 527	50,000				MEMBERSHIPS			

form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	cash	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
DEMOCRATIC LEGISLATIVE CAMPAIGN COMMITTEE1401 K STREET NW SUITE 201 WASHINGTON,DC 20005	52-1870839	SECTION 527	12,000				MEMBERSHIPS			

form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
DEMOCRATIC LEGISLATIVE CAMPAIGN COMMITTEE1401 K STREET NW SUITE 201 WASHINGTON,DC 20005	52-1870839	SECTION 527	5,000				EVENT SPONSORSHIP		

form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
DEMOCRATIC LEGISLATIVE CAMPAIGN COMMITTEE1401 K STREET NW SUITE 201 WASHINGTON,DC 20005	52-1870839	SECTION 527	10,000				PROGRAM SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
DOVETAIL PARTNERS INC 528 HENNEPIN AVENUE MINNEAPOLIS, MN 55403	52-2419510	501(C)(3)	5,000				CONTRIBUTIONS ENVIRONMENTAL			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> 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				
ELECTRIC DRIVE TRANSPORTATION ASSOCIATION1250 EYE STREET NW SUITE 902 WASHINGTON, DC 20005	52-1665058	501(C)(6)	30,000				CONTRIBUTIONS/MEMBERSHIPS				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	<b>(d)</b> 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				
EMERGING ISSUES POLICY FORUM5169 LATROBE DRIVE WINDEMERE,FL 34786	59-3686885	501(C)(4)	15,000				CONTRIBUTIONS/MEMBERSHIPS				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
ENVIRONMENTAL COUNCIL OF THE STATES PO BOX 758616 BALTIMORE,MD 21275	36-3962169	501(C)(6)	10,000				CONFERENCE SPONSORSHIP			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
FOUNDATION TO ERADICATE DUCHENNEPO BOX 2371 ALEXANDRIA,VA 22301	71-0874241	501(C)(3)	5,000				CORPORATE RESPONSIBILITY EVENTS			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(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				
FUND FOR AMERICAN STUDIES3615 OLD VERNON COURT ALEXANDRIA,VA 22309	13-6223604	501(C)(3)	10,000				EVENT SPONSORSHIP				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(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				
HOMELESS CHILDREN'S PLAYTIME PROJECT1525 NEWTON STREET NW WASHINGTON,DC 20010	20-3380456	501(C)(3)	5,000				CORPORATE RESPONSIBILITY ORGANIZATION				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
HORTON'S KIDS INC110 MARYLAND AVENUE NE SUITE 207 WASHINGTON,DC 20002	52-1755403	501(C)(3)	15,000				EVENT SPONSORSHIP			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
HUNTON & WILLIAMS (UWAG)2200 PENNSYLVANIA AVENUE NW WASHINGTON, DC 20037	54-0572269	LLP	111,044				CONTRIBUTIONS ENVIRONMENTAL			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
INSTITUTE FOR EDUCATION4410 MASSACHUSETTS AVE NW WASHINGTON,DC 20016	52-1776349	501(C)(3)	5,000				CONTRIBUTIONS EDUCATION			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
INTEGRATED DESIGN & ELECTRONICS ACADEMY PUBLIC CHARTER SCHOOL 1027 45TH STREET NW WASHINGTON,DC 20019	31-1573701	501(C)(3)	10,000				CONTRIBUTIONS EDUCATION			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
JOHNS HOPKINS UNIVERSITY1717 MASSACHUSETTS AVE NW WASHINGTON, DC 20036	52-0595110	501(C)(3)	5,000				PROGRAM SUPPORT				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(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	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
JOINT CENTER FOR POLITICAL AND ECONOMIC STUDIES1090 VERMONT AVENUE NW SUITE 1100 WASHINGTON, DC 20005	52-1069070	501(C)(3)	15,000				EVENT SPONSORSHIP			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	( <b>f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
KEEP MEMORY ALIVE888 W BONNEVILLE AVE LAS VEGAS,NV 89106	88-0515534	501(C)(3)	5,000				CONTRIBUTIONS/MEMBERSHIPS				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	1 , ,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
KEYSTONE CENTER1628 STS JOHN ROAD KEYSTONE,CO 80435	84-0688506	501(C)(3)	15,000				CONTRIBUTIONS/MEMBERSHIPS				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
KEYSTONE CENTER1628 STS JOHN ROAD KEYSTONE,CO 80435	84-0688506	501(C)(3)	20,000				EVENT SPONSORSHIP			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	cash	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
LEADERSHIP CONFERENCE ON CIVIL AND HUMAN RIGHTS1629 K STREET NW 10TH FLOOR WASHINGTON,DC 20006	23-7026895	501(C)(4)	10,000				EVENT SPONSORSHIP			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
MACRUC1101 VERMONT AVENUE NW SUITE 200 WASHINGTON, DC 20005	52-2027917	501(C)(3)	15,000				CONFERENCE SPONSORSHIP			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
MIDEAST LAMPAC801 PENNSYLVANIA AVE NW WASHINGTON,DC 20004	26-4485721	501(C)(6)	5,000				CONFERENCE SPONSORSHIP			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
MIDWEST LAMPAC414 NICOLLET MALL 7TH FLOOR MINNEAPOLIS,MN 55401	45-4131269	501(C)(6)	5,000				CONFERENCE SPONSORSHIP			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> 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				
MIDWESTERN GOVERNORS ASSOCIATION2025 M STREET NW SUITE 800 WASHINGTON, DC 20036	27-4862860	501(C)(3)	7,500				CONTRIBUTIONS/MEMBERSHIPS				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	cash	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
NATIONAL ASSOCIATION OF BLACK JOURNALISTS 1100 KNIGHT HALL SUITE 3100 COLLEGE PARK,MD 20742	52-1266959	501(C)(3)	5,000				EVENT SPONSORSHIP			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
NATIONAL BLACK CAUCUS OF STATE LEGISLATORS444 N CAPITAL ST NW WASHINGTON, DC 20001	52-1218832	501(C)(3)	10,000				CONTRIBUTIONS/MEMBERSHIPS				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(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			
NATIONAL BUILDING MUSEUM401 F STREET NW WASHINGTON, DC 20001		501(C)(3)	33,000				CONTRIBUTIONS EDUCATION			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(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	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
NATIONAL CAPITAL CHAPTER MULTIPLE SCLEROSIS SOCIETY1800 M STREET NW SUITE 750 SOUTH WASHINGTON, DC 20036	53-0237585	501(C)(3)	25,000				EVENT SPONSORSHIP			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(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				
NATIONAL ENDANGERED SPECIES ACT REFORM COALITION1050 THOMAS JEFFERSON STREET NW 6TH FL WASHINGTON, DC 20007	52-1763800	501(C)(6)	10,000				CONTRIBUTIONS/MEMBERSHIPS				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
NATIONAL ENERGY AND UTILITY AFFORDABILITY COALITION1010 VERMONT AVE NNW WASHINGTON, DC 20005	52-1559709	501(C)(3)	10,000				CONFERENCE SPONSORSHIP			

form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
NATIONAL LAMPAC701 PENNSYLVANIA AVE 3RD FLOOR WASHINGTON, DC 20004	26-2620296	501(C)(3)	45,000				PRO GRAM CONTRIBUTION			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> 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				
NATIONAL PARK FOUNDATION1110 VERMONT AVENUE NW SUITE 200 WASHINGTON, DC 20005	52-1086761	501(C)(3)	10,000				CONTRIBUTIONS/MEMBERSHIPS				

form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> 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				
NCSL FOUNDATION FOR STATE7700 EAST FIRST PLACE DENVER,CO 80230	74-2232576	501(C)(3)	27,500				CONTRIBUTIONS/MEMBERSHIPS				

form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
NCSL FOUNDATION FOR STATE7700 EAST FIRST PLACE DENVER,CO 80230	74-2232576	501(C)(3)	20,000				EVENT SPONSORSHIP		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
NERO1707 PRINCE STREET ALEXANDRIA,VA 22314	91-1850125	501(C)(3)	5,600				EVENT SPONSORSHIP		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(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	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
NMSU FOUNDATIONP 0 BOX 3590 LAS CRUCES,NM 88003	85-0170157	501(C)(3)	6,000				CONTRIBUTIONS EDUCATION		

form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(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		
NORTHWESTERN UNIVERSITY KELLOGG SCHOOL OF MANAGEMENT 2001 SHERIDAN ROAD EVANSTON,IL 60208	36-2167817	501(C)(3)	15,000				CONTRIBUTIONS EDUCATION		

Form 990,Schedule I, Pa	rt II, Grants an	<u>d Other Assistance</u>	e to Domestic Org	<u>anizations and Do</u>	<u>mestic Governmei</u>	nts.	
(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PHI COMMUNITY FOUNDATION701 NINTH ST NW WASHINGTON, DC 20068	51-0367729	501(C)(3)	5,000				EVENT SPONSORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
POLLINATOR PARTNERSHIP423 WASHINGTON ST 5TH FLOOR SAN FRANCISCO,CA 94111	94-3283967	501(C)(3)	5,000				CONFERENCE SPONSORSHIP		

Form 990,Schedule I, Pa	orm 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(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			
PREVENT CANCER FOUNDATION1600 DUKE STREET 500 ALEXANDRIA,VA 22314	52-1429544	501(C)(3)	10,000				EVENT SPONSORSHIP			

form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
PUBLIC AFFAIRS COUNCIL 2121 K STREET NW NO 900 WASHINGTON,DC 20037	13-1790733	501(C)(4)	6,000				EVENT SPONSORSHIP		

form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
REPUBLICAN ATTORNEYS GENERAL ASSOCIATION 1201 F STREET NW SUITE 675 WASHINGTON, DC 20004	46-4501717	SECTION 527	25,000				MEMBERSHIPS		

Form 990,Schedule I, Pai	form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
REPUBLICAN GOVERNORS' ASSOCIATION1747 PENNSYLVANIA AVENUE WASHINGTON,DC 20006	11-3655877	SECTION 527	50,000				MEMBERSHIPS			

Form 990,Schedule I, Pa	form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
REPUBLICAN STATE LEADERSHIP COMMITTEE 1800 DIAGONAL ROAD SUITE 230 ALEXANDRIA,VA 22314	05-0532524	SECTION 527	25,000				MEMBERSHIPS				

Form 990,Schedule I, Pa	Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(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				
RESOURCES FOR THE FUTURE1616 P STREET NW WASHINGTON, DC 20036		501(C)(3)	10,000				CONTRIBUTIONS ENVIRONMENTAL				

form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(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			
ROOSEVELT INSTITUTE 570 LEXINGTON AVENUE SUITE 500 NEWYORK,NY 10022	23-7213592	501(C)(3)	10,000				EVENT SPONSORSHIP			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> 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			
RULE OF LAW DEFENSE FUND1747 PENNSYLVANIA AVE NW ST 800 WASHINGTON, DC 20006	46-5130903	501(C)(4)	25,000				CONTRIBUTIONS/MEMBERSHIPS			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> 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				
SECURITIES INDUSTRY AND FINANCIAL MARKETS ASSOCIATION 120 BROADWAY NEW YORK, NY 10271	32-0178959	501(C)(6)	20,000				CONTRIBUTIONS/MEMBERSHIPS				

<u> Form 990,Schedule I, Pa</u>	form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
SO OTHERS MIGHT EAT71 0 STREET NW WASHINGTON,DC 20001	23-7098123	501(C)(3)	10,000				EVENT SPONSORSHIP				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> 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				
SOUTHEAST LAMPAC600 18TH STREET NORTH BIRMINGHAM,AL 35244	46-0612026	501(C)(6)	5,000				CONTRIBUTIONS/MEMBERSHIPS				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	<b>(d)</b> 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 GOVERNMENT AFFAIRS COUNCIL515 KING STREET SUITE 325 ALEXANDRIA,VA 22314		501(C)(6)	5,000				CONTRIBUTIONS/MEMBERSHIPS				

form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
STATE POLICY NETWORK 1655 N FORT MYER DRIVE NO 360 ARLINGTON,VA 22209	57-0952531	501(C)(3)	10,000				CONFERENCE SPONSORSHIP			

form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(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			
STEM4US1629 K STREET NW SUITE 300 WASHINGTON,DC 20004	90-0999200	CORPORATION	5,000				EVENT SPONSORSHIP			

form 990,Schedule 1, Part 11, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(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			
STEM4US1629 K STREET NW SUITE 300 WASHINGTON,DC 20004	90-0999200	CORPORATION	5,000				CONFERENCE SPONSORSHIP			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(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				
THE ARTISTS & ATHLETES ALLIANCE900 19TH STREET NW SUITE 800 WASHINGTON, DC 20006	26-2255679	CORPORATION	10,000				CONTRIBUTIONS/MEMBERSHIPS				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
THOMAS ALVA EDISON FOUNDATION701 PENNSYLVANIA AVE 3RD FLOOR WASHINGTON, DC 20004	52-2106274	501(C)(3)	175,000				PRO GRAM CONTRIBUTION			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	<b>(g)</b> Description of non-cash assistance	(h) Purpose of grant or assistance		
THOMAS JEFFERSON INSTITUTE FOR PUBLIC POLICY9035 GOLDEN SUNSET LANE SPRINGFIELD,VA 22153	51-0280185	501(C)(3)	5,000				CONFERENCE SPONSORSHIP		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(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				
US CHAMBER OF COMMERCE1615 H ST NW WASHINGTON, DC 20062	53-0045720	501(C)(6)	100,000				CONTRIBUTIONS/MEMBERSHIPS				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
US CHAMBER OF COMMERCE1615 H ST NW WASHINGTON,DC 20062	53-0045720	501(C)(6)	5,000			1	EVENT SPONSORSHIP		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
UNITED WAY OF THE NATIONAL CAPITAL AREA 1577 SPRING HILL ROAD NO 420 VIENNA,VA 22182	53-0234290	501(C)(3)	5,000				CORPORATE RESPONSIBILITY ORGANIZATION			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(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		
US NAVY MEMORIAL FOUNDATION701 PENNSYLVANIA AVE NW WASHINGTON,DC 20004	52-1104476	501(C)(3)	5,000				CORPORATE RESPONSIBILITY ORGANIZATION		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
US NAVY MEMORIAL FOUNDATION701 PENNSYLVANIA AVE NW WASHINGTON,DC 20004	52-1104476	501(C)(3)	5,000				EVENT SPONSORSHIP		

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(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		
UTAH STATE UNIVERSITY 5005 OLD MAIN HILL LOGAN,UT 84322	87-6000528	501(C)(3)	5,000				CONFERENCE SPONSORSHIP		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
VOLTA LIVE INC5500 FRIENDSHIP BOULEVARD 2322N CHEVY CHASE,MD 20815	20-5291054	CORPORATION	10,000				EVENT SPONSORSHIP			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
WAFWA2903 SAINTSBURY PLAZA FAIRFAX,VA 22031	82-0329350	501(C)(4)	5,000				CONFERENCE SPONSORSHIP		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
WASHINGTON PERFORMING ARTS SOCIETY 2000 L ST NW 150 WASHINGTON, DC 20036	52-6062439	501(C)(3)	10,000				EVENT SPONSORSHIP		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	cash	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
WASHINGTON TENNIS & EDUCATION FOUNDATION 16TH AND KENNEDY STREETS NW WASHINGTON, DC 20011	52-6046504	501(C)(3)	11,000				EVENT SPONSORSHIP			

<u>Form 990,Schedule I, Par</u>	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.						
(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESTERN CONFERENCE OF PUBLIC SERVICE COMMISSIONERS1101 VERMONT AVE NW SUITE 200 WASHINGTON, DC 20005	45-5529620	501(C)(3)	5,000				CONFERENCE SPONSORSHIP

<u>Form 990,Schedule I, P</u>	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.						
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> 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
WESTERN GOVERNORS' ASSOCIATION400 N CAPITOL STREET NW SUITE 388 WASHINGTON, DC 20001	84-0747227	170(C)(1)	10,000				CONTRIBUTIONS/MEMBERSHIPS

Form 990,Schedule I, Pa	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.						
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESTERN LAMPAC321 16TH AVENUE SOUTH SEATTLE, WA 98144	20-2432543	501(C)(6)	5,000				CONFERENCE SPONSORSHIP

<u>  Form 990,Schedule I, Pa</u>	form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.						
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOMEN IN GOVERNMENT 1319 F STREET NW NO 710 WASHINGTON, DC 20004	54-1527192	501(C)(3)	5,000				CONFERENCE SPONSORSHIP

Form 990,Schedule I, Pai	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.						
(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOMEN'S COUNCIL ON ENERGY AND THE ENVIRONMENTPO BOX 33211 WASHINGTON, DC 20033	52-1258690	501(C)(3)	5,000				EVENT SPONSORSHIP

<u>  Form 990,Schedule I, Pa</u>	form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.						
(a) Name and address of organization or government	(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
WORLD CONFERENCE OF MAYORS108 GRAY STREET SUITE 101 TUSKEGEE,AL 36083	52-1373507	501(C)(3)	6,000				CONFERENCE SPONSORSHIP

Form 990,Schedule I, Pai	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.						
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR ENERGY WORKFORCE DEVELOPMENT701 PENNSYLVANIA AVE 3RD FLOOR WASHINGTON, DC 20004	20-4504014	501(C)(3)		293,975	FM∨	IN-KIND SUPPORT	PROGRAM SUPPORT

Form 990,Schedule I, Pai	form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.						
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL LAMPAC701 PENNSYLVANIA AVE 3RD FLOOR WASHINGTON, DC 20004	26-2620296	501(C)(3)		39,025	FMV	IN-KIND SUPPORT	PROGRAM SUPPORT

Form 990,Schedule 1, Pai	Form 990, Schedule 1, Part 11, Grants and Other Assistance to Domestic Organizations and Domestic Governments.						
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THOMAS ALVA EDISON FOUNDATION701 PENNSYLVANIA AVE 3RD FLOOR WASHINGTON,DC 20004	52-2106274	501(C)(3)		101,824	FM∨	IN-KIND SUPPORT	PROGRAM SUPPORT

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#### DLN: 93493320144515

# OMB No 1545-0047

## Schedule J

(Form 990)

Department of the Treasury

Internal Revenue Service

**Compensation Information** 

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

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

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

13-0659550

Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel  Housing allowance or residence for personal use			
	▼ Travel for companions			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	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	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	▼ Compensation committee			
	✓ Independent compensation consultant ✓ Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
c	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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		
b	Any related organization?	5b		
_	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line $1a$ , did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		
b	Any related organization?	6b		
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was			
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

### 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 W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of	<b>(F)</b> Compensation in
	(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)	column(B) reported as deferred in prior Form 990
See Additional Data Table							

Schedule J (Form 990) 2014

### Part III Supplemental Information

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

tiso complete this part for any additional information						
Return Reference	Explanation					
PART I, LINE 1A	PART 1, QUESTION 1A - TRAVEL FOR COMPANIONS JOHN EASTON \$7,792 INCLUDED IN INCOME PART I, QUESTION 1A - HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES THOMAS KUHN \$3,248 INCLUDED IN INCOME RICHARD MCMAHON \$901 INCLUDED IN INCOME JOHN EASTON IS ENTITLED TO FIRST CLASS OR CHARTER TRAVEL FOR INTERNATIONAL FLIGHTS RICHARD MCMAHON IS ENTITLED TO FIRST CLASS OF CHARTER TRAVEL FOR FLIGHTS OVER FOUR HOURS DUE TO MEDICAL REASONS AMOUNTS FOR FIRST-CLASS TRAVEL ARE NOT INCLUDED IN INCOME					
PART I, LINE 4B	THE EDISON ELECTRIC INSTITUTE PROVIDES A NON-QUALIFIED PLAN FOR ELIGIBLE MANAGEMENT EMPLOYEES THOMAS R KUHN \$1,726,693 DAVID K OWENS \$231,407 BRIAN WOLFF \$108,994 EDWARD COMER \$118,210 MARY MILLER \$53,498 QUINLAN SHEA \$27,458 RICHARD MCMAHON \$76,881 JAMES FAMA \$49,334 KATHRYN STECKELBERG \$36,110 JOHN EASTON \$31,012 BRIAN MCCORMACK \$5,520 JOHN SCHLENKER \$49,690 JAMES OWEN \$40,559 RICHARD TEMPCHIN \$7,291					

Schedule J (Form 990) 2014

Software ID: Software Version:

**EIN:** 13-0659550

Name: EDISON ELECTRIC INSTITUTE INC

### Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	<b>(F)</b> Compensation in column (B)
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported as deferred in prior Form 990
1 THOMAS KUHN,	(I)	899,010	823,277	1,769,371	92,944	23,325	3,607,927	0
PRESIDENT	(II)	0	0	0	0	0	0	
1 DAVID OWENS, EXECUTIVE VP, BUSINESS OPE	(I) (II)	577,896 0	281,000 0	34,782 0	327,231 0	11,926 0	1,232,835 0	0
2 BRIAN WOLFF, SENIOR VP, EXTERNAL AFFAIR	(I) (II)	585,985 0	273,000 0	8,330 0	129,181 0	11,848	1,008,344 0	0
3 EDWARD COMER, VP,	(I)	302,331	110,000	22,884	242,911	20,947	699,073	0 0
GENERAL COUNSEL AND CO	(II)	0	0	0	0	0	0	
4 MARY MILLER, CHIEF	(I)	287,959	103,000	28,345	143,237	10,430	572,971	0 0
ADMINISTRATIVE OFFIC	(II)	0	0	0	0	0	0	
5 QUINLAN SHEA III, VP,	(I)	246,194	96,000	27,217	110,982	14,216	494,609	0 0
ENVIRONMENT	(II)	0	0	0	0	0	0	
6 RICHARD MCMAHON, VP,	(I)	286,823	105,000	19,788	185,661	20,777	618,049	0
ALLIANCE ENERGY SUPPLI	(II)	0	0	0	0	0	0	
7 JAMES FAMA, VP,	(I)	251,584	97,000	20,011	148,873	14,388	531,856	0
ENERGY DELIVERY	(II)	0	0	0	0	0	0	0
<b>8</b> KATHY STECKELBERG,	(I)	260,887	89,000	9,139	133,293	9,097	501,416	0
VP, GOVERNMENT RELATIONS	(II)	0	0	0	0	0	0	
9 BRIAN MCCORMACK, VP,	(I)	260,450	89,000	3,190	33,680	9,053	395,373	0
POLITICAL AND EXTERNAL	(II)	0	0	0	0	0	0	
10 JOHN EASTON JR, VP,	(I)	228,144	82,000	38,828	119,104	14,217	482,293	0
INT'L PROGRAMS	(II)	0	0	0	0	0	0	
11 JOHN SCHLENKER, CFO	(I)	205,808	80,000	22,377	154,156	18,245	480,586	0
& TREASURER	(II)	0	0	0	0	0	0	
12 RICHARD TEMPCHIN, EXECUTIVE DIRECTOR, RETAIL	(I) (II)	194,068 0	69,000 0	17,045 0	117,178 0	19,841 0	417,132 0	0 0
13 JAMES OWEN, EXEC	(I)	189,082	74,000	21,665	178,828	18,073	481,648	0
DIR, MEMBER REL & MTG	(II)	0	0	0	0	0	0	
14 MARC RAZEGHI, CIO	(I) (II)	185,353 0	30,000 0	23,642 0	73,863 0	2,116 0	314,974 0	 0 0
15 SCOTT AARONSON, SENIOR DIRECTOR, NATIONAL SECURITY P	(I) (II)	188,925 0	20,000 0	16,441 0	29,617 0	2,065 0	257,048 0	0
16 STEPHANIE VOYDA, MANAGING DIRECTOR, COMMUNICATIONS	(I) (II)	177,368 0	62,000 0	17,678 0	97,945 0	14,130 0	369,121 0	0

DLN: 93493320144515

OMB No 1545-0047

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# Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

**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.

▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

			13-0659550			
Part	<b>Excess Benefit Transactions</b> (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)					
	Complete if the organization a	nswered "Yes" on Form 990, Part IV, line	25a or 25b, or Form 990-EZ, Part V, Iır	1e 40b		
1	(a) Name of disqualified person	(b) Relationship between disqualified	(c) Description of transaction	<b>(d)</b> Cor	rected?	
		person and organization		Yes	No	

4958 .	e amount of tax inc e amount of tax, if a						· .		<b>&gt;</b> \$			
Complete ıf	and/or From I the organization an amount on Form 99	swered "Yes" o	n Form 990	)-EZ, Part V	, line 38a, c	r Form 990, P	art IV	, line 2	6, or if t	he orga	nızatıon	
(a) Name of interested person	<b>(b)</b> Relationship with organization	(c) Purpose of loan	(d) Loan or from t organizati	he	(e) Original principal amount	<b>(f)</b> Balance due	<b>(g)</b> defa		(h) Approv by boar commit	ved d or	(i)Writi agreeme	
			То	From	1		Yes	No	Yes	No	Yes	No
(1)THOMAS KUHN	CEO	SPLIT DOLLAR LIFE INSURANCE POLICY		Х	0	447,700		No	Yes		Yes	

Γotal		<b>▶</b> \$		447,700	
Part III	Grants or Assistance Benefiting I		nterested Persons.		-
	Complete if the	he organization answered	"Yes" on Form 990, Part	: IV, line 27.	
(a) Name of interested person		(b) Relationship between interested person and the organization	(c) A mount of assistance	(d) Type of assistanc	e (e) Purpose of assistance

WITH CEO

Part IV Business Transactions Ir							
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		(e) Sha of organiz revent	ation's		
				Yes	No		

Part V	Supplemental Information
	Provide additional information for responses to questions on Schedule L (see instructions

Return Reference	Explanation	
		0         (5

Schedule L (Form 990 or 990-EZ) 2014

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DLN: 93493320144515

OMB No 1545-0047

2014

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### 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 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization
EDISON ELECTRIC INSTITUTE INC

13-0659550

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 BY LAWS OR THE ADOPTION OF NEW BY LAWS, 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. COMMITTEE SHALL KEEP REGULAR MINUTES OF THE PROCEEDINGS AND REPORT THE SAME TO THE BOARD WHEN REQUIRED.

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 EETS 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 COMPANY MEMBERS, SHALL BE ELIGIBLE FOR SEPARATE MEMBERSHIP PARTICIPATION ON STANDING 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 COMPANIES OF ONSERS OF CONCERN AND INTEREST TO ELECTRIC COMPANIES AROUND THE WORLD ASSOCIATES - EDISON ELECTRIC TOSTITUTE IN C 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 ASSOCIA

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE DIRECTORS ARE ELECTED AT THE ANNUAL MEETING BY VOTING CLASS MEMBERS OF THE ORGANIZATION EITHER IN-PERSON OR BY PROXY

R	eturn Reference	Explanation
FORM 990, PAF	RT VI, SECTION A, LINE 7B	THE MEMBERSHIP OF THE ORGANIZATION APPROVES BY LAW AMENDMENTS

Return Reference	Explanation
	THE FORM 990 FOR THE EDISON ELECTRIC INSTITUTE 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 COPIES OF THE FORM 990 ARE MADE AVAILABLE TO THE EEI BOARD PRIOR TO FILING THE RETURN IS REVIEWED AND SIGNED BY THE INSTITUTE'S CHIEF FINANCIAL OFFICERS

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.

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 COMMITTEE AND APPROVED BY THE EXECUTIVE COMMITTEE

Return Reference	Explanation
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

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN PROJECTED EMPLOYEE BENEFITS OBLIGATIONS -11,948,300

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SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

**Related Organizations and Unrelated Partnerships** 

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

► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

DLN: 93493320144515

2014

Open to Public Inspection

Name of the organization
EDISON ELECTRIC INSTITUTE INC

Employer identification number

13-0659550

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

(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity	
					_	

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

( <b>a</b> ) Name, address, and EIN of related organization	( <b>b)</b> Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section (b)( contro enti	n 512 13) olled
						Yes	No
(1) THOMAS ALVA EDISON FOUNDATION 701 PENNSYLVANIA AVE NW  WASHINGTON, DC 20004 52-2106274	SCIENTIFIC/EDUCATION	DC	501(C)(3)	170(B)(1)(A)(VI)	EDISON ELECTRIC INSTITUTE INC	Yes	
(2) CENTER FOR ENERGY WORKFORCE DEVELOPMENT 701 PENNSYLVANIA AVE NW  WASHINGTON, DC 20004 20-4504014	EDUCATION	DE	501(C)(3)	509(A)(3)	EDISON ELECTRIC INSTITUTE INC	Yes	
(3) POWERPAC OF THE EDISON ELECTRIC INSTITUTE 701 PENNSYLVANIA AVE NW  WASHINGTON, DC 20004 52-2084626	POLITICAL ACTION COMMITTEE	DC	527	N/A	EDISON ELECTRIC INSTITUTE INC	Yes	
(4) EDISON ELECTRIC INSTITUTE RETIREE BENEFITS VOLUNTARY EMPLOYEES BENEFICIARY 701 PENNSYLVANIA AVE NW  WASHINGTON, DC 20004 52-1660737	RETIREE MEDICAL AND LIFE INSURANCE BENEFITS	DC	501(C)(9)		EDISON ELECTRIC INSTITUTE INC	Yes	

Part III	Identification of Related Organizations Taxable a	as a Partne	ership	Complete i	f the organiz	atıon ansv	ered "Ye	s" on Form	990, Part 1	[V, line 3	4
	because it had one or more related organizations treate	ed as a part	nership	during the	tax year.						
											$^{-}$

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	)	(i)	Ü	)	(k)
Name, address, and EIN of	Primary activity	Legal	Direct	Predominant	Share of	Share of	Dispropr	rtionate	Code V-UBI	Gener	al or	Percentage
related organization		domicile	controlling	ıncome(related,	total income	lend-of-year	allocati	ions?	amount in box	mana	iging	ownership
-		(state or	entity	unrelated,		assets			20 of	partr	ner?	
		foreign		excluded from		1			Schedule K-1			
		country)		tax under		1			(Form 1065)			
				sections 512-		1						
		1 1		514)		1	L			L		
				,		1	Yes	No		Yes	No	
									ı			

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	
Name, address, and EIN of	Primary activity	Legal	Direct controlling	Type of entity	Share of total	Share of end-	Percentage	Section 512	
related organization		domicile	entity	(C corp, S	ıncome	of-year	ownership	(b)(13)	
		(state or foreign		corp,		assets		controlled	
		country)		or trust)				entity?	
								Yes	No

See Additional Data Table

che	dule k (Form 990) 2014		Ρā	age 3
Pai	Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
<b>1</b> D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to related organization(s)	1b	Yes	
C	Gift, grant, or capital contribution from related organization(s)	1c		No
d	Loans or loan guarantees to or for related organization(s)	1d		No
e	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	1g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
ŀ	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
		10	Yes	
0	Sharing of paid employees with related organization(s)		163	
p	Reimbursement paid to related organization(s) for expenses	1р	Yes	
q	Reimbursement paid by related organization(s) for expenses	1q	Yes	
r	Other transfer of cash or property to related organization(s)	1r	Yes	
	Other transfer of cash or property from related organization(s)	1s		No
			•	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			
	(a) Name of related organization  (b) Transaction type (a-s)  (c)  (d)  Method of determining among the companies of the comp	ount i	nvolve	d

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

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

4											
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	,)	(k)
Name, address, and EIN of entity	Primary activity	/ Legal	Predominant	Are all partners	Share of	Share of	Disproprtionate	te Code V-U	BI Genera	.al or′	Percentage
1	1	domicile	ıncome	section	total	end-of-year	allocations?	amount i	ın manag	₄ging '	ownership
1	1	(state or	(related,	501(c)(3)	ıncome	assets	1	box 20	partn	.ier?	1 '
1	1	foreign	unrelated,	organizations?		'	1	of Schedu	ie .		1 '
1	1	country)	excluded from	(		'	1	K-1			1 '
1		1	tax under	í		'	1	(Form 106	,5)		1
1	1	1	sections 512-	(		'	1	,	´		1
1	1	1	514)			'		$\overline{}$			
1	1	1	1 ' '	Yes No		'	Yes N	No	Yes	No	1
1	<del>                                     </del>		1	$\overline{}$	+	+		+		<del></del>	4
1			<u> </u>			'					

Schedule R (Form 990) 2014

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2014

Page **5** 

## **Additional Data**

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 related organization	<b>(b)</b> Transaction type(a-s)	<b>(c)</b> A mount Involved	(d) Method of determining amount involved
THOMAS ALVA EDISON FOUNDATION	В	276,824	
CENTER FOR ENERGY WORKFORCE DEVELOPMENT	В	398,975	
POWERPAC OF THE EDISON ELECTRIC INSTITUTE	В	297,824	
POWERPAC OF THE EDISON ELECTRIC INSTITUTE	0	271,696	
THOMAS ALVA EDISON FOUNDATION	R	1,092,500	
THOMAS ALVA EDISON FOUNDATION	Q	936,068	
CENTER FOR ENERGY WORKFORCE DEVELOPMENT	Q	87,336	