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DLN: 93493321014005

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)

▶ 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

Open to Public Inspection

A F	or the 2014	calendar year, or tax year beginning 07-01-2014 , and ending 06-30-2015	5			
ВС	heck if applicab	C Name of organization NATIONAL ASSOCIATION OF REGULATORY		D Emplo	yer iden	tification number
Га	ddress change	UTILITY COMMISSIONERS		53-0	204609	
Ги	ame change	Doing business as		·		
┌ Ir	ntıal return			E Teleph	one numb	per
☐ re	nal eturn/terminate	Number and street (or P O box if mail is not delivered to street address) Room/su 1101 VERMONT AVENUE NW NO 200	ite		898-2	
_	mended return pplication pendi	City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20005		<b>G</b> Gross	receipts \$	15,441,413
		F Name and address of principal officer	<b>H(a)</b> Is th	<b>⊿</b> ns a group	return	for
		CHARLES D GRAY 1101 VERMONT AVENUE NW NO 200	subc	rdinates?		┌ Yes  No
		WASHINGTON, DC 20005	<b>H(b)</b> Are	all subord	ınates	┌ Yes ┌ No
				ıded?		,
_	ax-exempt sta	,(-)(-) ,(-) ( -) ,(-)	IT "N	o, attacr	i a list (	(see instructions)
J V	Vebsite: ► \	VWW NARUC ORG	H(c) Gro	up exemp	tion num	nber 🟲
		on 🗸 Corporation Trust Association Other ►	<b>L</b> Year of fo	ormation 18	389 <b>M</b> :	State of legal domicile DC
P	art I Su	mmary				
ance	TOSI	describe the organization's mission or most significant activities RVE THE PUBLIC INTEREST BY IMPROVING THE QUALITY AND EFF LATION	ECTIVENES	SOFPUB	SLIC UT	ILITY
Governance	<b>2</b> Check	this box 🔭 if the organization discontinued its operations or disposed o	of more than 2	25% of its	net ass	sets
ٽ ت						
80 60 40	1	er of voting members of the governing body (Part VI, line 1a)			3	33
Activities &	1	er of independent voting members of the governing body (Part VI, line 1b) number of individuals employed in calendar year 2014 (Part V, line 2a)			5	33
Act	1	number of volunteers (estimate if necessary)			6	113
•		unrelated business revenue from Part VIII, column (C), line 12			7a	0
	<b>b</b> Net u	related business taxable income from Form 990-T, line 34			7b	0
			Pric	or Year		Current Year
Q)		tributions and grants (Part VIII, line 1h)		7,916,		7,159,714
Ravenue	1	gram service revenue (Part VIII, line 2g)	2,858,		3,000,150	
贽		estment income (Part VIII, column (A), lines 3, 4, and 7d) er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		848, 136,		997,618
		al revenue—add lines 8 through 11 (must equal Part VIII, column (A), line		130,	713	102,074
	12)	<u> </u>		11,759,		11,340,156
		nts and similar amounts paid (Part IX, column (A), lines 1–3)		2,768,		1,754,881
	1	efits paid to or for members (Part IX, column (A), line 4)			0	0
8	5-1			4,263,	704	4,733,072
Expenses	<b>16a</b> Pro	essional fundraising fees (Part IX, column (A), line 11e)			0	0
ਡੌ	<b>b</b> Tota	fundraising expenses (Part IX, column (D), line 25) 🛌				
	<b>17</b> Oth	er expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,680,	902	4,749,835
		al expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		11,713,		11,237,788
. 92	_	enue less expenses Subtract line 18 from line 12	_		536	102,368
20 0 20 0 20 0 20 0			_	g of Curre Year	ent	End of Year
Net Assets or Fund Balances	<b>20</b> Tot	al assets (Part X, line 16)		19,347,	231	17,516,074
4 pm	<b>21</b> Tot	al liabilities (Part X, line 26)	·	3,932,		2,281,040
		assets or fund balances Subtract line 21 from line 20		15,415,	134	15,235,034
U nd my l	er penalties knowledge an arer has any s	of perjury, I declare that I have examined this return, including accompanied belief, it is true, correct, and complete Declaration of preparer (other the knowledge  *****  gnature of officer  HARLES D GRAY EXECUTIVE DIRECTOR	nan officer) is			
	<u> </u>	pe or print name and title    Print/Type preparer's name	ate I	<u>, –                                    </u>	PTIN	
Pai	id	Print/Type preparer's name Preparer's signature DAVID TRIMNER DAVID TRIMNER	I .	eck if f-employed	P11N P00444	822
	eparer	Firm's name ► CLIFTONLARSONALLEN LLP	Fin	n's EIN 🟲 4	1-074674	.9
	e Onlv	Firm's address ► 4250 N FAIRFAX DRIVE SUITE 1020	Pho	one no (571	1) 227-95	00

ARLINGTON, VA 22203

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

✓ Yes ☐ No

including grants of \$ (Code ) (Expenses \$ 1,516,068 ) (Revenue \$ 2,033,875)

MEETINGS - PURPOSE IS TO PROMOTE THE STUDY AND DISCUSSION OF MEANS TO MAKE PUBLIC UTILITIES AND CARRIERS MORE RESPONSIVE TO THE NEEDS OF THE PUBLIC See Additional Data

Other program services (Describe in Schedule O) 4d 362,950 including grants of \$ (Expenses \$ ) (Revenue \$ 116,176)

Total program service expenses ► 9,720,183

4c

Part IV Checklist of Required Schedule	art IV	Checklist of	Required	Schedules
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{*}$	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
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? If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <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? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule $E$	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and $11e^{\gamma}$ If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants 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	Yes	
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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
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		No
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? <i>If "Yes," complete Schedule L, Part II</i>	26		No
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? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	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		No
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? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm <b>99</b> 0	(2014)

	Check if Schedule O contains a response or note to any line in this Part V				.Г
				Yes	No
	· · · · · · · · · · · · · · · · · · ·	0			
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable  1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1	.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	3 5			
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)	2	ь	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3	a		Νo
ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3	ь		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4	a		No
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?	5	a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5	ь		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	F	_		
		5	c		
	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?		a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gif were not tax deductible?		b		
	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?		a b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	<u> </u>	+		
	file Form 8282?		'c		
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?	7	e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7	f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 required?		g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7	h		
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	l i			
02	Did the sponsoring organization make any taxable distributions under section 4966?	<u> </u>	3 a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<u>⊢</u>	a b		
10	Section 501(c)(7) organizations. Enter	<u> </u>	_		
	Initiation fees and capital contributions included on Part VIII, line 12   10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				
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 )				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12	2a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	$\dashv$			
	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	13	Ва		
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?	14	1a		Νo
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14	1b		

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 C	contains a	response	or note to	o anv li	ine in this	Part VI							.▽

Se	ection A. Governing Body and Management			
			Yes	No
<b>1</b> a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ie Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		<b>No</b> No
	Did the organization have local chapters, branches, or affiliates?			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10a		
b 11a	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	10a 10b		No
b 11a b	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?	10a 10b		No
b 11a b 12a	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?	10a 10b 11a	Yes	No
b 11a b 12a b	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?	10a 10b 11a 12a	Yes	No
b 11a b 12a b	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?	10a 10b 11a 12a 12b	Yes	No
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10a 10b 11a 12a 12b	Yes Yes Yes	No
b 11a b 12a b c	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?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes	No
b 11a b 12a b c 13 14	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?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15	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?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15	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?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b	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
b 11a b 12a c 13 14 15 a b 16a b	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?	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b 16a b	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?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes	No

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 V 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 ►ANDRE T PARRAWAY

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- 2/1099-MISC)	(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) A verage hours per week (list any hours	more t	han d n is l	ne l both	box, an d	officer	1	(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)	Individual trustae or director	Institutional Trustee		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)	►	1,541,836	0	380,564

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►14

			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 J 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 I for such person	5		Νo				

## **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
ICF INCORPORATED LLC 9300 LEE HIGHWAY FAIRFAX, VA 22031	CONSULTING	666,466
EPRI 13014 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	CONSULTING	633,536
RENAISSANCE WASHINGTON 999 NINTH ST NW WASHINGTON, DC 20001	CONVENTION SERVICES	215,424
ILLINOIS INSTITUTE OF TECHNOLOGY 3300 SOUTH FEDERAL STREET CHICAGO, IL 60616	CONSULTING	185,543
NEXANT INCORPORATED 44 SOUTH BROADWAY WHITE PLAINS, NY 10601	CONSULTING	172,142
2 Total number of independent contractors (including but not limited to those listed above	) who received more than	

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶8

Contribution	O THE CASE OF THE
Program Service Revenue	
Other Revenue	

Form 99								Page <b>9</b>
Part \	/III	Statement o	o <b>f Revenue</b> ule O contains a respon	ise or note to any lin	ne in this Part VIII			_
		CHECK II SCHOOL	are o contains a respon	ise of noce to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
N E	1a	Federated camp	paigns 1a					
am	Ь	Membership du	es <b>1b</b>					
اَيِّ قَ	c	Fundraising eve	ents <b>1c</b>					
Gifts, Grants ilar Amounts	d	Related organiz	zations 1d					
э, е ш ::	e	Government grants	s (contributions) <b>1e</b>	7,159,714				
iği Si	f	All other contribution	ons, gifts, grants, and <b>1f</b>					
Contributions, Giffs, Grants and Other Similar Amounts		similar amounts no	ot included above ons included in lines					
n di	g	1a-1f \$	ons included in lines					
G E	h	Total. Add lines	s 1 a - 1 f	· · · •	7,159,714			
<u> </u>				Business Code				
e E	2a	MEETINGS AND SE	MINARS	541900	1,948,575	1,948,575		
<u>8</u>	Ь	MEMBER ASSESSM	ENTS	900099	849,984	849,984		
926	С	SUBSCRIPTIONS/S	ALES	511190	116,176	116,176		
Program Service Revenue	d	CONVENTION SPON	NSORSHIP	900099	85,300	85,300		
Ē	е	CONTRACTS		541900	115	115		
<u> </u>	f	All other progra	am service revenue					
<u>~</u>	g	Total. Add lines	s 2a-2f		3,000,150			
	3		ome (including dividend ar amounts)		377,007			377,007
	4		ar amounts) street of tax-exempt bond p		·			
	5	Royalties		▶				
			(ı) Real	(II) Personal				
	6a	Gross rents						
	Ь	Less rental expenses						
	c	Rental income or (loss)						
	d	, ,	me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	4,721,868					
	Ь	Less cost or other basis and	4,101,257					
	c	sales expenses Gain or (loss)	620,611					
	d		[		620,611			620,611
	8a	Gross income f	Г	-				
Other Revenue		events (not incl \$	s reported on line 1c)					
ř. Œ		500 i aic 1 V , iiii	a [					
ф	ь		penses b					
0	C		(loss) from fundraising 6	events 🛌				
	9a		rom gaming activities ne 19 a					
			penses <b>b</b> [					
			loss) from gamıng actı).	/ities <b></b> -				
	10a	Gross sales of returns and allo						
	b c	Net income or (	oods sold <b>b</b> (loss) from sales of inve					
	44-	Miscellaneous		Business Code 900099	150 100			150 100
		MISCELLANEC		561000	158,190 24,484			158,190 24,484
	b	ADMINISTRAT	TIVE FEES	201000	24,484			24,484
	, c	All other revenu						
	d e		ue	🕨				
					182,674			
	12	iocai revenue.	See Instructions	· · · •	11,340,156	3,000,150	0	1,180,292

# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete col	umn (	A )
--	-------	-----

Secu	on 501(c)(3) and 501(c)(4) organizations must complete all columns. All		•		
	Check if Schedule O contains a response or note to any line in this of include amounts reported on lines 6b,		(B)	(c)	(D)
	o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,694,912	1,694,912		
2	Grants and other assistance to domestic individuals See Part IV, line 22	59,969	59,969		
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	1,048,691	521,169	527,522	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	19,392		19,392	
7	Other salaries and wages	2,724,706	2,331,681	393,025	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	339,893	288,810	51,083	
9	Other employee benefits	354,662	301,359	53,303	
10	Payroll taxes	245,728	208,797	36,931	
11	Fees for services (non-employees)				
а	Management				
ь	Legal				
С	Accounting	58,004		58,004	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	97,569		97,569	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	986,994	941,090	45,904	
12	Advertising and promotion				
13	Office expenses	296,966	257,393	39,573	
14	Information technology	35,780		35,780	
15	Royalties				
16	Occupancy	587,349	452,320	135,029	
17	Travel	1,327,850	977,524	350,326	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	936,301	916,631	19,670	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	75,482	58,129	17,353	
23	Insurance	23,107	10,425	12,682	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	SUBSCRIPTION EXPENSE	115,268	114,498	770	
b	REGISTRATION EXPENSE	31,257	24,887	6,370	
c	OVERHEAD ALLOCTION	0	466,750	-466,750	
d					
e	All other expenses	177,908	93,839	84,069	
25	Total functional expenses. Add lines 1 through 24e	11,237,788	9,720,183	1,517,605	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Form 990 (2014)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in t	hıs Part	х			
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		•	398,706	1	338,280
	2	Savings and temporary cash investments			3,756	2	3,741
	3	Pledges and grants receivable, net			1,758,028	3	777,758
	4	Accounts receivable, net			101,956	4	113,717
	5	Loans and other receivables from current and former officers, d employees, and highest compensated employees Complete Pa Schedule L	rectors,	trustees, key		5	
4ssets	6	Loans and other receivables from other disqualified persons (as section 4958(f)(1)), persons described in section 4958(c)(3)(lemployers and sponsoring organizations of section 501(c)(9) v beneficiary organizations (see instructions) Complete Part II o	B), and c	ontributing employees'		6	
Š	7	Notes and loans receivable, net		7			
⋖	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			156,066	9	235,582
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	1 1	935,241	,		,
	ь	Less accumulated depreciation	10b	724,609	174,868	<b>10</b> c	210,632
	11	Investments—publicly traded securities			16,698,217	11	15,786,160
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			55,634	15	50,204
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			19,347,231	16	17,516,074
	17	Accounts payable and accrued expenses			2,152,533		984,754
	18	Grants payable		•	2,102,000	18	331,131
	19	Deferred revenue		•	465,515	19	400,221
	20	Tax-exempt bond liabilities		•	400,010	20	400,221
		·					
<u>ie</u> s	21	Escrow or custodial account liability Complete Part IV of Sche			21		
Liabiliti	22	Loans and other payables to current and former officers, director key employees, highest compensated employees, and disqualif	ied				
<u>. e</u>		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 relat and other liabilities not included on lines 17-24) Complete Pai D	rt X of So		1,314,049	25	896,065
	26	Total liabilities. Add lines 17 through 25			3,932,097	26	2,281,040
Š Š		Organizations that follow SFAS 117 (ASC 958), check here ►   lines 27 through 29, and lines 33 and 34.					
ă	27	Unrestricted net assets		•	15,345,684	27	15,149,734
ក ស ប	28	Temporarily restricted net assets	69,450	28	85,300		
<u> </u>	29	Permanently restricted net assets				29	
Assets of Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check he complete lines 30 through 34.	ere ► ┌	and			
O	30	Capital stock or trust principal, or current funds				30	
ė,	31	Paid-in or capital surplus, or land, building or equipment fund				31	
Ş.	32	Retained earnings, endowment, accumulated income, or other fi				32	
Zet 4	33	Total net assets or fund balances			15,415,134	33	15,235,034
Z	34	Total liabilities and net assets/fund balances			19,347,231	34	17,516,074
			<u> </u>		1,,		Form <b>990</b> (2014)

Pai	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		11,3	340,156
2	Total expenses (must equal Part IX, column (A), line 25)	2		11,2	237,788
3	Revenue less expenses Subtract line 2 from line 1	3			102,368
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			
5	Net unrealized gains (losses) on investments	5			282,468
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)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		15,2	235,034
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				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed o	n		
	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 sepa basis, consolidated basis, or both	rate			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	t of th	ne <b>2c</b>	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	1			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	e	За	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	Yes	

#### **Additional Data**

Software ID:

**Software Version:** 

**EIN:** 53-0204609

Name: NATIONAL ASSOCIATION OF REGULATORY

UTILITY COMMISSIONERS

#### Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code ) (Expenses \$ 362,950 including grants of \$ ) (Revenue \$ 116,176)

POLICY DEVELOPMENT - NARUC'S PURPOSE IS TO PROVIDE STAFF SUPPORT AND GUIDANCE TO ITS COMMITTEES
RESPONSIBLE FOR DEVELOPING THE ASSOCIATION'S POLICY POSITIONS ON ISSUES INVOLVED IN THE REGULATION OF
TELECOM, ENERGY AND WATER UTILITIES THESE POLICY POSITIONS ARE SUBSEQUENTLY ADOPTED BY THE NARUC BOARD
OF DIRECTORS TO REPRESENT THE CONSENSUS VIEWS OF NARUC'S MEMBERSHIP

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

Compensated Employees, and Independent Contractors										
<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours for related	•		( <b>D)</b> Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and				
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former			related organizations
(1) LISA POLAK EDGAR	10 00	x		Х				0	0	0
PRESIDENT	F 00							,	<u> </u>	
(1) TRAVIS KAVULLA	5 00	x		х				0	0	0
FIRST VICE PRESIDENT (2) ROBERT F POWELSON	1 00									
SECOND VICE PRESIDENT	1 00	X		х				0	0	0
(3) DAVID E ZIEGNER	5 00	x		Х				0	0	0
TREASURER		^						Ů		
(4) JOHN W BETKOSKI	1 00	x						0	0	0
BOARD MEMBER (5) ELLEN NOWAK	1 00									
BOARD MEMBER		x						0	0	0
(6) PHILIP B JONES BOARD MEMBER	1 00	х						0	0	0
(7) COLETTE D HONORABLE	1 00	х						0	0	0
BOARD MEMBER (8) MARSHA H SMITH								,	<u> </u>	
	1 00	х						0	0	0
BOARD MEMBER  (9) STAN WISE	1 00									
BOARD MEMBER		Х						0	0	0
(10) BOB ANTHONY BOARD MEMBER	1 00	х						0	0	0
(11) CARLA PETERMAN	1 00	х						0	0	0
BOARD MEMBER (12) DAVID C BOYD	1 00									
BOARD MEMBER		x						0	0	0
(13) ASIM Z HAQUE	1 00									
BOARD MEMBER		X						0	0	0
(14) TW PATCH	1 00	l x						0	0	0
BOARD MEMBER (15) JUDITH W JAGDMANN	1 00									
BOARD MEMBER		х						0	0	0
(16) RONALD BRISE	1 00	×						0	0	0
BOARD MEMBER (17) ROBERT R SCOTT	1 00									
BOARD MEMBER		Х						0	0	0
(18) MICHAEL R PEEVEY	1 00	×						0	0	0
BOARD MEMBER (19) ALAINA C BURTENSHAW	1 00						_			
BOARD MEMBER		х						0	0	0
(20) BARRY T SMITHERMAN	1 00	x						0	0	0
BOARD MEMBER (21) BOB STUMP	1 00									
BOARD MEMBER	1.00	×						0	0	0
(22) SUSAN K ACKERMAN	1 00	x						0	0	0
BOARD MEMBER (23) ANNE E HOSKINS	1 00									
BOARD MEMBER (24) JOHN D BURKE	1 00	X						0	0	0
BOARD MEMBER		x						0	0	0
DONNU PIEPIDEN	1	<u> </u>	<u> </u>		<u> </u>	<u> </u>	<u> </u>	I		<u> </u>

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

Compensated Employees, and Inde	pendent Cor	ntracto	rs					1	1	1
(A) Name and Title	(B) Average hours per week (list any hours for related	Position (do not check more than one box, unless person is both an officer and a director/trustee)						( <b>D)</b> Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former			related organizations
(26) G O'NEAL HAMILTON	1 00	х						0	0	0
BOARD MEMBER (1) CAROLENE R MAYS-MEDLEY	1.00									
(1) CAROLENE R MATS-MEDLET	1 00	×						0	0	0
BOARD MEMBER	1.00									
(2) ROBERT S KENNEY	1 00	×						0	0	0
BOARD MEMBER	1 00									
(3) CHRIS NELSON	1 00	×						0	0	0
BOARD MEMBER (4) NIKKI M HALL	1 00									
BOARD MEMBER		х						0	0	0
(5) BRANDON PRESLEY	1 00	×						0	0	0
BOARD MEMBER										
(6) AUDREY ZIBELMAN	1 00	l x						0	0	0
BOARD MEMBER										
(7) LORRAINE H AKIBA	1 00	l x						0	0	0
BOARD MEMBER										
(8) PAUL ROBERTI	1 00	х						0	0	0
BOARD MEMBER  (9) JOLETTE WESTBROOK	1 00									
BOARD MEMBER		х						0	0	0
(10) JON W MCKINNEY	1 00	х						0	0	0
BOARD MEMBER (11) JAMES W GARDNER	1 00									
BOARD MEMBER		X						0	0	0
(12) BETTY ANN KANE	1 00	x						0	0	0
BOARD MEMBER (13) JOSHUA EPEL	1 00									
BOARD MEMBER		Х						0	0	0
(14) KEVIN HUGHES	1 00	х						0	0	0
BOARD MEMBER		^						Ů	0	•
(15) CHARLES D GRAY	40 00			×				368,698	0	66,498
EXECUTIVE DIRECTOR (16) ANDRE T PARRAWAY	1 00									
CHIEF FINANCIAL OFFICER/CHIEF OPERATING OFFICER				х				183,186	0	50,242
(17) JAMES BRADFORD RAMSAY	40 00				х			249,218	0	60,014
GENERAL COUNSEL (18) CHRISTOPHER MELE	40 00									
LEGISLATIVE DIRECTOR, ENERGY						X		170,558	0	48,702
(19) MICHELLE A MALLOY	40 00					х		155,771	0	46,888
SENIOR DIRECTOR OF MEETINGS (20) ERIN HAMMEL	40 00					X		148,214	0	37,833
DIRECTOR, INTERNATIONAL PROGRAMS (21) AIDA P TIMM	40 00							140,214	0	37,033
DIRECTOR, FINANCIAL GRANTS ADMINISTRATION	40 00					Х		135,112	0	43,220
(22) BRIAN M O'HARA LEGISLATIVE DIRECTOR, TELECOM TECHNOLOGY &	40 00					x		131,079	0	27,167
WATER										

DLN: 93493321014005

# OMB No 1545-0047

Open to Public Inspection

# **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at 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 (Provy Tax) (see separate instructions) then

Was a correction made?  b If "Yes," describe in Part IV  Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).  1 Enter the amount directly expended by the filing organization for section 527 exempt function activities   2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities  3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b  4 Did the filing organization file Form 1120-POL for this year?  5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also amount of political contributions received that were promptly and directly delivered to a separate political organization, separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part (e) Amount paid from filing organization's funds If none, enter -0-  (a) Name  (b) Address  (c) EIN  (d) Amount paid from filing organization's funds If none, enter -0- and pairectly	
Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV  Political expenditures  Volunteer hours  Part I-E Complete if the organization is exempt under section 501(c)(3).  I Enter the amount of any excise tax incurred by the organization under section 4955  Enter the amount of any excise tax incurred by organization managers under section 4955  If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  If "Yes," describe in Part IV  Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).  I Enter the amount directly expended by the filing organization for section 527 exempt function activities  Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities  Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b  Did the filing organization file Form 1120-POL for this year?  Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which organization made payments. For each organization listed, enter the amount paid from the filing organizations for separate political organizations, separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part infiling organization's funds alto from filing organization's funds and part infiling organization's funds and part infiling organization's funds alto from filing organization's funds alto and part infiling organization's funds alto and	
Part I-B Complete if the organization is exempt under section 501(c)(3).  I Enter the amount of any excise tax incurred by the organization under section 4955  Enter the amount of any excise tax incurred by organization managers under section 4955  If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  A Was a correction made?  If "Yes," describe in Part IV  Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).  Enter the amount directly expended by the filing organization for section 527 exempt function activities  Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities  Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b  Did the filing organization file Form 1120-POL for this year?  Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also amount of political contributions received that were promptly and directly delivered to a separate political organization in Part (e) Amount of political organization's funds and put information in Part (e) Amount paid from filing organization's funds and put information in Part (e) Amount paid from filing organization's funds and put information in Part (e) Amount paid from filing organization's funds and put information in Part (e) Amount paid from the filing organization's funds and put information in Part (e) Amount paid from the filing organization's funds and put information in Part (e) Amount paid from the filing organization's funds and put information in Part (e) Amount paid from the filing organization's funds If none, enter -0 directly delivered to a separate political organization in Part (e) Amount paid from the filing organization's funds and put information in Part (e) Amount paid from the f	Yes \( \backsquare \text{No.} \)
Enter the amount of any excise tax incurred by the organization under section 4955  Enter the amount of any excise tax incurred by organization managers under section 4955  If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  If "Yes," describe in Part IV  Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).  Enter the amount directly expended by the filing organization for section 527 exempt function activities  Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities  Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b  Did the filing organization file Form 1120-POL for this year?  Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also amount of political contributions received that were promptly and directly delivered to a separate political organization, separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part and political contributions.  (a) Name  (b) Address  (c) EIN  (d) Amount paid from folling organization is and political action organization is and political organization.	Yes No
2 Enter the amount of any excise tax incurred by organization managers under section 4955  3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  4a Was a correction made?  b If "Yes," describe in Part IV  Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).  1 Enter the amount directly expended by the filing organization for section 527 exempt function activities  2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities  3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b  4 Did the filing organization file Form 1120-POL for this year?  5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organization's funds Also amount of political contributions received that were promptly and directly delivered to a separate political organization, separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part (e) Amount paid from filing organization's funds Also and provide information in Part (e) Amount paid from filing organization's funds If none, enter -0-  (a) Name  (b) Address  (c) EIN  (d) Amount paid from filing organization's and provide information in Part (e) Amount paid from filing organization's funds Also and provide information in Part (e) Amount paid from filing organization's funds If none, enter -0-	Yes No
If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Was a correction made?  b If "Yes," describe in Part IV  Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).  Enter the amount directly expended by the filing organization for section 527 exempt function activities   Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities  Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b  Did the filing organization file Form 1120-POL for this year?  Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also amount of political contributions received that were promptly and directly delivered to a separate political organization, separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part (e) Amount paid from filing organization's funds If none, enter -0- directly directly delivered to a separate political organization, separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part (e) Amount paid from filing organization's funds If none, enter -0- directly directly delivered to a separate segregation in the filing organization's funds If none, enter -0- directly delivered to a separate segregation in Part -0- directly delivered to a separate segregation organization in Part -0- directly delivered to a separate segregation organization in Part -0- directly delivered to a separate segregation organization in Part -0- directly delivered to a separate segregation organization organizat	Yes No
Was a correction made?  b If "Yes," describe in Part IV  Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).  1 Enter the amount directly expended by the filing organization for section 527 exempt function activities   2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities  3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b  4 Did the filing organization file Form 1120-POL for this year?  5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also amount of political contributions received that were promptly and directly delivered to a separate political organization, separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part (e) Amount paid from filing organization's funds If none, enter -0-  (a) Name  (b) Address  (c) EIN  (d) Amount paid from filing organization's funds If none, enter -0- and pairectly	Yes □ No
Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).  1 Enter the amount directly expended by the filing organization for section 527 exempt function activities   2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities   3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b   4 Did the filing organization file Form 1120-POL for this year?  5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also amount of political contributions received that were promptly and directly delivered to a separate political organization, separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part (a) Name  (b) Address  (c) EIN  (d) Amount paid from filing organization's funds. If none, enter -0- and paid directly.	, 110
Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).  1 Enter the amount directly expended by the filing organization for section 527 exempt function activities  \$	Yes
Enter the amount directly expended by the filing organization for section 527 exempt function activities  Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities  Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b  Did the filing organization file Form 1120-POL for this year?  Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also amount of political contributions received that were promptly and directly delivered to a separate political organization, separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part (a) Name  (b) Address  (c) EIN  (d) Amount paid from filing organization's funds. If none, enter -0- and purpose is not paid from contributions and political contributions.	
Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities  Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b  Did the filing organization file Form 1120-POL for this year?  Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also amount of political contributions received that were promptly and directly delivered to a separate political organization, separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Particular organization in Particular organization's funds. If none, enter -0 directly directly.	
Did the filing organization file Form 1120-POL for this year?  Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which to organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also amount of political contributions received that were promptly and directly delivered to a separate political organization, separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Particular (a) Name  (b) Address  (c) EIN  (d) Amount paid from filing organization's funds. If none, enter -0 - directly directly.	
Did the filing organization file Form 1120-POL for this year?  Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which to organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also amount of political contributions received that were promptly and directly delivered to a separate political organization, separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Particular (a) Name  (b) Address  (c) EIN  (d) Amount paid from filing organization's funds. If none, enter -0 - directly directly.	
Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also amount of political contributions received that were promptly and directly delivered to a separate political organization, s separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part (a) Name  (b) Address  (c) EIN  (d) Amount paid from filing organization's funds. If none, enter -0 directly delivered to a separate political organization, s separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part (e) Amount paid from filing organization's funds. If none, enter -0 directly delivered to a separate political organization in Part (e) Amount paid from filing organization's funds. If none, enter -0 directly delivered to a separate political organization in Part (e) Amount paid from filing organization's funds.	Yes No
filing organization's funds If none, enter -0 directly	enter the uch as a : IV
organiz	unt of political tions received romptly and delivered to a ate political ation If none, other -0-

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		(a) Filing organization's totals	(b) Affiliated group totals				
1a	Total lobbying expenditures to influence public o							
b	Total lobbying expenditures to influence a legisla							
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							
g	Grassroots nontaxable amount (enter 25% of lin	ne 1f)						
h	Subtract line 1g from line 1a If zero or less, ente							
i	Subtract line 1f from line 1c If zero or less, ente							
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?								
	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

	rt II-B Complete if the organization filed Form 5768 (election u	on is exempt under section 501(c)(3) and has inder section 501(h)).					
For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying		(a)		(	(b)		
activ	rity.		Yes	No	Am	ount	
1 a		empt to influence foreign, national, state or local e public opinion on a legislative matter or referendum,					
b c	Paid staff or management (include compensa Media advertisements?	tion in expenses reported on lines 1c through 1i)?					
d	Mailings to members, legislators, or the publi	c۶					
е	Publications, or published or broadcast state	ments?					
f	Grants to other organizations for lobbying pur	poses?					
g	Direct contact with legislators, their staffs, g	overnment officials, or a legislative body?					
h i	Rallies, demonstrations, seminars, conventio O ther activities?	ns, speeches, lectures, or any similar means?					_
j	Total Add lines 1c through 1i						
2a	_	tion to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred	d under section 4912					
C		by organization managers under section 4912	_	. [			
	If the filing organization incurred a section 49						
Par	t III-A Complete if the organizatio 501(c)(6).	n is exempt under section 501(c)(4), section	501(c	)(5), o	r sec	tion	l
	301(0)(0).				ΤY	es	No
1	Were substantially all (90% or more) dues re	ceived nondeductible by members?		Г		es	
2	Did the organization make only in-house lobb	•			2 Y	es	
3		ying and political expenditures from the prior year?			3		Νo
Pai		n is exempt under section 501(c)(4), section ! BOTH Part III-A, lines 1 and 2, are answered "					
1	Dues, assessments and similar amounts fron	n members	1				
2	Section 162(e) nondeductible lobbying and p expenses for which the section 527(f) tax was	olitical expenditures (do not include amounts of political as paid).					
a	Current year		2a				
b	Carryover from last year		2b				
_C	Total		2c				
3		e)(1)(A) notices of nondeductible section 162(e) dues	3				
4		c exceeds the amount on line 3, what portion of the excess ne reasonable estimate of nondeductible lobbying and	4				
5	Taxable amount of lobbying and political expe	enditures (see instructions)	5				
P	art IV Supplemental Information						
	ovide the descriptions required for Part I-A, line (see instructions), and Part II-B, line 1 Also, co	e 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grou Implete this part for any additional information	ıp lıst),	Part II-	·A , line	es 1 a	and
	Return Reference	Explanation					

Part IV Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2014

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

DLN: 93493321014005

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

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

Information about Schedule D (Form 990) and its instructions is at <a href="www.irs.gov/form990">www.irs.gov/form990</a>.

Open to Public Inspection

	me of the organization		Employer identification number
	FIONAL ASSOCIATION OF REGULATORY LITY COMMISSIONERS		53-0204609
Pa	organizations Maintaining Donor Advorganization answered "Yes" to Form 990	, Part IV, line 6.	·
_		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		L
5	Did the organization inform all donors and donor advisor funds are the organization's property, subject to the or	ganization's exclusive legal control?	☐ Yes ☐ No
5	Did the organization inform all grantees, donors, and doused only for charitable purposes and not for the benef conferring impermissible private benefit?		
Pa	rt III Conservation Easements. Complete if	the organization answered "Yes" to	o Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the org Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space	or education)  Preservation of an	historically important land area certified historic structure
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conservation contribution in t	the form of a conservation
	casement on the last day of the tax year	ı	Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified histo	oric structure included in (a)	2c
d	Number of conservation easements included in (c) acq historic structure listed in the National Register	uired after 8/17/06, and not on a	2d
3	Number of conservation easements modified, transferr	ed, released, extinguished, or terminate	ed by the organization during
	the tax year ►		
1	Number of states where property subject to conservati	ion easement is located 🕨	
5	Does the organization have a written policy regarding tenforcement of the conservation easements it holds?		dling of violations, and Yes No
5	Staff and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation easen	nents during the year
	Amount of expenses incurred in monitoring, inspecting	and onforming concernation accomments	during the year
7	★ \$	, and emorcing conservation easements	s during the year
3	Does each conservation easement reported on line 2(of and section 170(h)(4)(B)(ii)?	d) above satisfy the requirements of sec	tion 170(h)(4)(B)(ı)
9	In Part XIII, describe how the organization reports corbalance sheet, and include, if applicable, the text of the the organization's accounting for conservation easeme	e footnote to the organization's financial	
ar	<b>Complete of the organization answered</b>		or Other Similar Assets.
la	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide, in Part XIII, the text of the footnote t	16 (ASC 958), not to report in its rever ts held for public exhibition, education,	or research in furtherance of public
b	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide the following amounts relating to thes	16 (ASC 958), to report in its revenue ts held for public exhibition, education,	statement and balance sheet
	(i) Revenue included in Form 990, Part VIII, line 1		<b>►</b> \$
	(ii) Assets included in Form 990, Part X		► \$
2	If the organization received or held works of art, histor following amounts required to be reported under SFAS		
a	Revenue included in Form 990, Part VIII, line 1		<b>▶</b> \$
b	Assets included in Form 990. Part X		<b>▶-</b> \$

Organizations Maintaining Collections of Art, His	storical Tr	<u>easu</u>	res, or Oth	<u>ner Simil</u>	<u>ar Asse</u>	ets (co	<u>ntınued)</u>
Using the organization's acquisition, accession, and other records, cleollection items (check all that apply)	heck any of t	the follo	owing that are	e a significa	ant use of	fits	
a Public exhibition d	Loan	or exch	nange program	ns			
<b>b</b> $\Gamma$ Scholarly research <b>e</b>	┌ Othe	r					
c Preservation for future generations							
Provide a description of the organization's collections and explain ho Part XIII	w they furthe	er the o	rganızatıon's	exempt pu	rpose in		
During the year, did the organization solicit or receive donations of a				ımılar	_		_
assets to be sold to raise funds rather than to be maintained as part				!!\/!!		Yes	l No
<b>Part IV</b> Escrow and Custodial Arrangements. Complete If Part IV, line 9, or reported an amount on Form 990, P			answered	res to r	·01111 991	J,	
a Is the organization an agent, trustee, custodian or other intermediary included on Form 990, Part X?	•		r other asset	s not	Г	Yes	┌ No
<b>b</b> If "Yes," explain the arrangement in Part XIII and complete the follow	wing table						
					Amo	unt	
C Beginning balance			1	с			
<b>d</b> Additions during the year			10	d			
e Distributions during the year			10	e			
<b>f</b> Ending balance			1	f			
a Did the organization include an amount on Form 990, Part X, line 21,	for escrow o	rcusto	dıal account	liability?	_	Yes	┌ No
<b>b</b> If "Yes," explain the arrangement in Part XIII Check here if the expl	lanation has	been p	rovided in Pa	rt XIII .			Γ
Part V Endowment Funds. Complete if the organization and							
(a)Current year (b	)Prior year		vo years back (			<b>)</b> Four ye	ears back
a Beginning of year balance							
<b>b</b> Contributions							
c Net investment earnings, gains, and losses							
d Grants or scholarships							
e Other expenditures for facilities and programs							
f Administrative expenses							
g End of year balance							
Provide the estimated percentage of the current year end balance (lir	ne 1g, colum	ın (a)) h	neld as				
a Board designated or quasi-endowment ▶							
b Permanent endowment ▶							
C Temporarily restricted endowment ►							
The percentages in lines 2a, 2b, and 2c should equal 100%							
<b>a</b> Are there endowment funds not in the possession of the organization	that are held	d and a	dmınıstered f	or the			
organization by						Yes	No
(i) unrelated organizations					. 3a(i)		<u> </u>
<ul><li>(ii) related organizations</li></ul>					3a(ii)	<u> </u>	<u> </u>
b If "Yes" to 3a(II), are the related organizations listed as required on 9 Describe in Part XIII the intended uses of the organization's endown					30		<u> </u>
art VI Land, Buildings, and Equipment. Complete if the o		n answ	rered 'Yes'	to Form 9	90 Part	TV lu	
11a. See Form 990, Part X, line 10.	ngamzado.	i anon	rerea res		50, T are	10,	
Description of property	(a) Cost o basis (inve		(b)Cost or oth basis (other)		umulated eciation	(d) Bo	ook value
<b>a</b> Land							
<b>b</b> Buildings							
<ul><li>b Buildings</li></ul>			389,3	14	334,570		54,744
-			389,3 362,3		334,570 286,689		54,744 75,694
c Leasehold improvements				83			

(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		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>F</b>	
Part VIII Investments—Program Related.	Complete if the organization	n answered 'Yes' to Form 990. Part IV. line 110
See Form 990, Part X, line 13.		
(a) Description of investment	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	<b>F</b>	
		), Part IV, line 11d See Form 990, Part X, line 15
(a) Des	cription	(b) Book value
Part X Other Liabilities. Complete if the or		▶ o Form 990, Part IV, line 11e or 11f. See
Part X Other Liabilities. Complete if the or Form 990, Part X, line 25.	ganızatıon answered 'Yes' tı	▶ o Form 990, Part IV, line 11e or 11f. See
Part X Other Liabilities. Complete if the or Form 990, Part X, line 25.  (a) Description of liability		▶ o Form 990, Part IV, line 11e or 11f. See
Part X Other Liabilities. Complete if the or Form 990, Part X, line 25.  (a) Description of liability  Federal income taxes	(b) Book value	
Part X Other Liabilities. Complete if the or Form 990, Part X, line 25.  (a) Description of liability  Federal income taxes  ACCRUED SEVERANCE PAYABLE	(b) Book value	
Part X Other Liabilities. Complete if the or Form 990, Part X, line 25.  1 (a) Description of liability  Federal income taxes  ACCRUED SEVERANCE PAYABLE  DUE TO COMMITTEES	(b) Book value  116,750 51,702	
Part X Other Liabilities. Complete if the or Form 990, Part X, line 25.  1 (a) Description of liability  Federal income taxes  ACCRUED SEVERANCE PAYABLE  DUE TO COMMITTEES  OBLIGATIONS UNDER CAPITAL LEASE	(b) Book value  116,750 51,702 67,857	
Part X Other Liabilities. Complete if the or Form 990, Part X, line 25.  1 (a) Description of liability  Federal income taxes  ACCRUED SEVERANCE PAYABLE  DUE TO COMMITTEES  OBLIGATIONS UNDER CAPITAL LEASE  LINE OF CREDIT	(b) Book value  116,750 51,702 67,857 200,011	
Part X Other Liabilities. Complete if the or Form 990, Part X, line 25.  1 (a) Description of liability  Federal income taxes  ACCRUED SEVERANCE PAYABLE  DUE TO COMMITTEES  OBLIGATIONS UNDER CAPITAL LEASE  LINE OF CREDIT	(b) Book value  116,750 51,702 67,857	
Part X Other Liabilities. Complete if the or Form 990, Part X, line 25.  1 (a) Description of liability  Federal income taxes  ACCRUED SEVERANCE PAYABLE  DUE TO COMMITTEES  OBLIGATIONS UNDER CAPITAL LEASE  LINE OF CREDIT	(b) Book value  116,750 51,702 67,857 200,011	
Part X Other Liabilities. Complete if the or Form 990, Part X, line 25.  1 (a) Description of liability  Federal income taxes  ACCRUED SEVERANCE PAYABLE  DUE TO COMMITTEES  OBLIGATIONS UNDER CAPITAL LEASE  LINE OF CREDIT	(b) Book value  116,750 51,702 67,857 200,011	o Form 990, Part IV, line 11e or 11f. See
Part X Other Liabilities. Complete if the or Form 990, Part X, line 25.  1 (a) Description of liability  Federal income taxes  ACCRUED SEVERANCE PAYABLE  DUE TO COMMITTEES  OBLIGATIONS UNDER CAPITAL LEASE  LINE OF CREDIT	(b) Book value  116,750 51,702 67,857 200,011	o Form 990, Part IV, line 11e or 11f. See
Form 990, Part X, line 25.	(b) Book value  116,750 51,702 67,857 200,011	o Form 990, Part IV, line 11e or 11f. See
Part X Other Liabilities. Complete if the or Form 990, Part X, line 25.  1 (a) Description of liability  Federal income taxes  ACCRUED SEVERANCE PAYABLE  DUE TO COMMITTEES  OBLIGATIONS UNDER CAPITAL LEASE  LINE OF CREDIT	(b) Book value  116,750 51,702 67,857 200,011	o Form 990, Part IV, line 11e or 11f. See
Part X Other Liabilities. Complete if the or Form 990, Part X, line 25.  1 (a) Description of liability  Federal income taxes  ACCRUED SEVERANCE PAYABLE  DUE TO COMMITTEES  OBLIGATIONS UNDER CAPITAL LEASE  LINE OF CREDIT	(b) Book value  116,750 51,702 67,857 200,011	o Form 990, Part IV, line 11e or 11f. See

Par		<b>evenue per Audited Financial Stat</b> vered 'Yes' to Form 990, Part IV, line 1		nts With Revenue <sub>I</sub>	oer R	<b>eturn</b> Complete If
1		r support per audited financial statements			1	11,472,219
2	Amounts included on line 1 bu	t not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses)	on investments	2a	-282,468		
b	Donated services and use of fa	acılıtıes	2b	414,531		
c	Recoveries of prior year grants	5	2c			
d	Other (Describe in Part XIII )		2d			
e	Add lines <b>2a</b> through <b>2d</b> .				2e	132,063
3	Subtract line ${f 2e}$ from line ${f 1}$ .				3	11,340,156
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line <b>1</b>				
а	Investment expenses not incl	uded 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	0
5	Total revenue Add lines 3 and	l <b>4c.</b> (This must equal Form 990, Part I, line	12)		5	11,340,156
Par		xpenses per Audited Financial Sta swered 'Yes' to Form 990, Part IV, line			s per	Return. Complete
1	Total expenses and losses pe	audited financial statements			1	11,652,319
2	Amounts included on line 1 bu	t not on Form 990, Part IX, line 25				
а	Donated services and use of fa	acilities	2a	414,531		
b	Prior year adjustments		2b			
c	Otherlosses		2c			
d	Other (Describe in Part XIII )		2d			
e	Add lines $2a$ through $2d$				2e	414,531
3	Subtract line ${f 2e}$ from line ${f 1}$ .				3	11,237,788
4	Amounts included on Form 99	0, Part IX, line 25, but not on line 1:				
а	Investment expenses not incl	uded 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	0
5	Total expenses Add lines <b>3</b> ai	nd <b>4c.</b> (This must equal Form 990, Part I, lin	e 18 )		5	11,237,788
Par	t XIII Supplemental Inf	ormation				
Part		Part II, lines 3, 5, and 9, Part III, lines 1a , lines 2d and 4b, and Part XII, lines 2d and				de any additional
	Return Reference	Explanation				
PART	X, LINE 2	NARUC IS A NOT-FOR-PROFIT ORGANI CODE (IRC) SECTION 501(C)(4) OF THE ITS EXEMPT PURPOSE ACTIVITIES IS I	INTE	RNAL REVENUE CODE	INC	OME DERIVED FROM

Return Reference	Explanation
PART X, LINE 2	NARUC IS A NOT-FOR-PROFIT ORGANIZATION AS DEFINED BY THE INTERNAL REVENUE CODE (IRC) SECTION 501(C)(4) OF THE INTERNAL REVENUE CODE INCOME DERIVED FROM ITS EXEMPT PURPOSE ACTIVITIES IS NOT SUBJECT TO INCOME TAX NARUC IS SUBJECT TO FEDERAL AND DISTRICT OF COLUMBIA TAX ON ANY UNRELATED BUSINESS INCOME NARUC IS NOT AWARE OF ANY ACTIVITIES THAT WOULD JEOPARDIZE ITS TAX-EXEMPT STATUS AS OF JUNE 30, 2015, THERE ARE NO IDENTIFIED UNCERTAIN TAX POSITIONS

Jenedale 2 (1 31111 33 3) 23 13		1 age s				
Part XIII Supplemental Information	on (continued)					
Return Reference	Explanation					
l						
-						

Schedule D (Form 990) 2014

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As Filed Data -

DLN: 93493321014005

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.

► Attach to Form 990.

2014

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization NATIONAL ASSOCIATION OF REGI	JIATORY			Employer ident	ification number						
UTILITY COMMISSIONERS				53-0204609							
Part I General Informatio "Yes" to Form 990, Pa			ne United States. Co	omplete if the organiz	ation answered						
and other assistance, the gr	For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?										
<b>2 For grantmakers.</b> Describe i assistance outside the Unite		ganızatıon's pr	rocedures for monitori	ng the use of its grant	s and other						
3 Activites per Region (The follow	wing Part I, line 3	table can be du	uplicated if additional spa	ace is needed )							
( <b>a)</b> 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) See Add'l Data											
( 2)											
(3)											
(4)											
( 5)											
3a Sub-total b Total from continuation sheets to Part I	1 0	0			3,195,775 0						
c Totals (add lines 3a and 3b)	1	0	'L	l	3,195,775						

Schedule F (Form 990) 2014

Pa				izations or Entitie ved more than \$5,0		•	9		to Form 990,
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	( <b>d)</b> Purpose of grant	(e) A mount of cash grant	<b>(f)</b> 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				ed above that are ro or counsel has pro					
3	Enter total num	nber of other or	ganizations or ent	ities					

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)	Γ	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	<b>▽</b>	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	্	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

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).

## 990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 2	NARUC'S INTERNAL POLICY OUTLINES PROCEDURES FOR MONITORING, REVIEW AND EXPENDITURE APPROVA L TO ENSURE COMPLIANCE WITH FEDERAL REQUIREMENTS AND PROJECT BUDGET CONSISTENCY ASSIGNED STAFF PROVIDES FISCAL AND ADMINISTRATIVE OVERSIGHT OF ALL GRANTS MONITORING IS ACCOMPLISH ED THROUGH DIFFERENT LEVELS OF REVIEWS PERFORMED BY NARUC STAFF, INCLUDING ON SITE REVIEWS

## **Additional Data**

Software ID: Software Version:

**EIN:** 53-0204609

Name: NATIONAL ASSOCIATION OF REGULATORY

UTILITY COMMISSIONERS

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, 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 region
EUROPE	1	0		TECHNICAL ASSISTANCE, EDUCATION	561,952
RUSSIA & THE NEWLY INDEPENDENT STATES	0	0		TECHNICAL ASSISTANCE, EDUCATION	912,413
EAST ASIA & THE PACIFIC	0	0		TECHNICAL ASSISTANCE, EDUCATION	5,640

Form 990 Schedule F Part I - Activities Outside The United States									
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, 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 region				
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	TECHNICAL ASSISTANCE, EDUCATION	667,501				
NORTH AMERICA	0	0	PROGRAM SERVICES	TECHNICAL ASSISTANCE, EDUCATION	1,007,862				
MIDDLE EAST & NORTH AFRICA	0	0	PROGRAM SERVICES	TECHNICAL ASSISTANCE, EDUCATION	40,407				

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**Grants and Other Assistance to Organizations,** Covernments and Individuals in the United States OMB No 1545-0047

2011

DLN: 93493321014005

organization answered "Yes," to For ► Attach to Form 990. Chedule I (Form 990) and its instruc				pen to Public Inspection
			Employer identification	n number
				,
			53-0204609	
ance				
		-	•	✓ Yes
				s" to
1 ` '	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	( <b>h)</b> Purpose of grar or assistance
 	Organizations and Domestic t received more than \$5,000. P	Organizations and Domestic Governments. Com t received more than \$5,000. Part II can be duplicated RC section pplicable (d) Amount of cash grant (e) Amount of noncash	Organizations and Domestic Governments. Complete if the organizations treceived more than \$5,000. Part II can be duplicated if additional space.  RC section pplicable (d) Amount of cash grant (e) Amount of non-cash cash assistance (book, FMV, appraisal,	Organizations and Domestic Governments. Complete if the organization answered "Ye t received more than \$5,000. Part II can be duplicated if additional space is needed.  RC section pplicable (a) Amount of cash cash cash assistance (book, FMV, appraisal,

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

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	(c)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
(1) US DEPARTMENT OF ENERGY PROJECTS-CAPACITY BUILDING AND INSTITUTIONAL SUPPORT FOR STATE REGULATORY UTILITY COMMISSIONS AND ELECTRICITY DELIVERY AND ENERGY RELIABILITY, RESEARCH, DEVELOPMENT	1	59,969			

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.					
Return Reference	Explanation				
	NARUC CONSIDERS THE MONITORING OF SUBRECIPIENTS AS A CRITICAL ELEMENT OF GRANT SUCCESS ALL SUBRECIPIENT FUNDED BY U S FEDERAL AGENCIES MUST FOLLOW THE OFFICE OF MANAGEMENT AND BUDGET (OMB) CIRCULAR A-133 GUIDELINES IN ADDITION, NARUC HAS IN PLACE ITS OWN INTERNAL CONTROL SYSTEMS, POLICIES AND PROCEDURES IN WHICH THE SUBRECIPIENT MUST FOLLOW BEFORE ISSUING A SUBCONTRACT AND IN ORDER TO FACILITATE ACCOUNTABILITY, NARUC WILL REVIEW THE RESPONSE TO THE REQUEST FOR PROPOSAL RECEIVED, VALIDATE THE SUBRECIPIENTS CRITERIA, DATA AND PAST PERFORMANCE, APPLICANTS CAPABILITY TO ACCOUNT FOR FUNDS THE SUBCONTRACT INCLUDES CLEAR WORK PLANS THAT OUTLINES THE GRANT GOALS, CLEAR TERMS AND CONDITIONS REQUIRED IN GRANTS AWARD DOCUMENTS, ALL PROVISIONS TO ENSURE ACCOUNTABILITY AND PROPER USE OF FUNDS ONCE THE SUBCONTRACT IS SIGNED, NARUC MONITORS THE SUBRECIPIENT ACTIVITIES WITH PROGRAM GOALS, ENSURES RESULTS THROUGH PERFORMANCE MONITORING, MONITORS THE FINANCIAL STATUS OF SUBRECIPIENTS, AND ENSURES THE SUBRECIPIENT OBLIGATED, EXPENDED, AND USED GRANT FUNDS WITHIN MANDATORY REQUIREMENTS IN COMPLIANCE WITH OMB GUIDELINES				

## **Additional Data**

Software ID:

**Software Version:** 

**EIN:** 53-0204609

Name: NATIONAL ASSOCIATION OF REGULATORY

UTILITY COMMISSIONERS

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
NAVIGANT CONSULTING INCONE MARKET STREET SPEAR STREET TOWER SUITE 1200 SAN FRANCISCO,CA 941051422	36-4094854		29,932				DEPARTMENT OF ENERGY GRANT SUBRECIPIENT AWARDS TO WORK ON PROJECTS- CAPACITY BUILDING AND INSTITUTIONAL SUPPORT FOR STATE REGULATORY UTILITY COMMISSIONS AND ELECTRICITY DELIVERY AND ENERGY RELIABILITY, RESEARCH, DEVELOPMENT

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			
DUKE UNIVERSITY2200 W MAIN STREET SUITE 710 DURHAM,NC 277054677	56-0532129	501(C)(3)	42,789				DEPARTMENT OF ENERGY GRANT SUBRECIPIENT AWARDS TO WORK ON PROJECTS- CAPACITY BUILDING AND INSTITUTIONAL SUPPORT FOR STATE REGULATORY UTILITY COMMISSIONS AND ELECTRICITY DELIVERY AND ENERGY RELIABILITY, RESEARCH, DEVELOPMENT			

Form 990,Schedule I, Pai	rt II, Grants an	d Other Assistance	e to Domestic Org	anizations and Do	mestic Governme	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
NATIONAL REGULATORY RESEARCH INSTITUTE 8611 SECOND AVE SUITE 2C SILVER SPRING, MD 209103701	26-1439365	501(C)(3)	224,781				DEPARTMENT OF ENERGY GRANT SUBRECIPIENT AWARDS TO WORK ON PROJECTS- CAPACITY BUILDING AND INSTITUTIONAL SUPPORT FOR STATE REGULATORY UTILITY COMMISSIONS AND ELECTRICITY DELIVERY AND ENERGY RELIABILITY, RESEARCH, DEVELOPMENT

Form 990,Schedule I, Pai	rt II, Grants an	d Other Assistance	e to Domestic Org	anizations and Do	mestic Governme	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	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PURDUE UNIVERSITY144 SOUTH GRANT STREET YOUNG HALL WEST LAFAYETTE,IN 479072114	35-6002041	501(C)(3)	63,756				DEPARTMENT OF ENERGY GRANT SUBRECIPIENT AWARDS TO WORK ON PROJECTS- CAPACITY BUILDING AND INSTITUTIONAL SUPPORT FOR STATE REGULATORY UTILITY COMMISSIONS AND ELECTRICITY DELIVERY AND ENERGY RELIABILITY, RESEARCH, DEVELOPMENT

Form 990,Schedule I, Pai	rt II, Grants an	d Other Assistance	e to Domestic Org	anizations and Do	mestic Governme	nts.	
(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
CLEAN ENERGY STATES ALLIANCE INC50 STATE STREET SUITE 1 MONTPELIER,VT 056022957	27-0029803	501(C)(3)	44,169				DEPARTMENT OF ENERGY GRANT SUBRECIPIENT AWARDS TO WORK ON PROJECTS- CAPACITY BUILDING AND INSTITUTIONAL SUPPORT FOR STATE REGULATORY UTILITY COMMISSIONS AND ELECTRICITY DELIVERY AND ENERGY RELIABILITY, RESEARCH, DEVELOPMENT

Form 990,Schedule I, Par	rt II, Grants an	d Other Assistance	e to Domestic Org	anizations and Do	mestic Governme	nts.	
(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
ICF INCORPORATED LLC 9300 LEE HIGHWAY FAIRFAX,VA 220316050	52-0893615		180,297				DEPARTMENT OF ENERGY GRANT SUBRECIPIENT AWARDS TO WORK ON PROJECTS- CAPACITY BUILDING AND INSTITUTIONAL SUPPORT FOR STATE REGULATORY UTILITY COMMISSIONS AND ELECTRICITY DELIVERY AND ENERGY RELIABILITY, RESEARCH, DEVELOPMENT

Form 990,Schedule I, Pa	rt II, Grants ar	id Other Assistance	e to Domestic Org	anizations and Do	mestic Governme	nts.	
(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
ELECTRIC POWER RESEARCH INSTITUTE INC (EPRI)3420 HILLVIEW AVE PALO ALTO, CA 943041338		501(C)(3)	458,427				DEPARTMENT OF ENERGY GRANT SUBRECIPIENT AWARDS TO WORK ON PROJECTS- CAPACITY BUILDING AND INSTITUTIONAL SUPPORT FOR STATE REGULATORY UTILITY COMMISSIONS AND ELECTRICITY DELIVERY AND ENERGY RELIABILITY, RESEARCH, DEVELOPMENT

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
ILLINOIS INSTITUTE OF TECHNOLOGY3300 S FEDERAL STREET CHICAGO,IL 606163732	36-2170136	501(C)(3)	218,752				DEPARTMENT OF ENERGY GRANT SUBRECIPIENT AWARDS TO WORK ON PROJECTS- CAPACITY BUILDING AND INSTITUTIONAL SUPPORT FOR STATE REGULATORY UTILITY COMMISSIONS AND ELECTRICITY DELIVERY AND ENERGY RELIABILITY, RESEARCH, DEVELOPMENT

Form 990,Schedule I, Pa	rt II, Grants ar	ıd Other Assistanc	e to Domestic Org	anizations and Do	mestic Governme	nts.	
(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
UNIVERSITY OF NORTH CAROLINA9201 UNIVERSITY CITY BOULEVARD CHARLOTTE, NC 282230001	56-0791228	501(C)(3)	216,237				DEPARTMENT OF ENERGY GRANT SUBRECIPIENT AWARDS TO WORK ON PROJECTS- CAPACITY BUILDING AND INSTITUTIONAL SUPPORT FOR STATE REGULATORY UTILITY COMMISSIONS AND ELECTRICITY DELIVERY AND ENERGY RELIABILITY, RESEARCH, DEVELOPMENT

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
ENERGY EXAMPLAR LLC20 CHURCH STREET STE 790 HARTFORD,CT 061031247	20-2473325		215,772				DEPARTMENT OF ENERGY GRANT SUBRECIPIENT AWARDS TO WORK ON PROJECTS- CAPACITY BUILDING AND INSTITUTIONAL SUPPORT FOR STATE REGULATORY UTILITY COMMISSIONS AND ELECTRICITY DELIVERY AND ENERGY RELIABILITY, RESEARCH, DEVELOPMENT

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OMB No 1545-0047

#### Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

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

**Compensation Information** 

► 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 NATIONAL ASSOCIATION OF REGULATORY **Employer identification number** 

UTILITY COMMISSIONERS 53-0204609 Questions Regarding Compensation Yes No Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Health or social club dues or initiation fees Tax idemnification and gross-up payments Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Yes Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 Yes Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? 4a Νo 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo Participate in, or receive payment from, an equity-based compensation arrangement? **4**c 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. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? Νo 5b Νo Any related organization? If "Yes," to line 5a or 5b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? 6a Νo Any related organization? Νo If "Yes," to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed 7 payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Νo 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 Nο

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

section 53 4958-6(c)?

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

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

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

(A) Name and Title		(B) Breakdown of	of W-2 and/or 1099-MISC compensation		(C) Retirement and	(D) Nontaxable	(E) Total of columns	<b>(F)</b> Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred in prior Form 990
1 CHARLES D GRAY, EXECUTIVE DIRECTOR	(i) (ii)	352,998 0	15,700 0	0	47,514 0	18,984 0	435,196 0	0
2 ANDRE T PARRAWAY, CHIEF FINANCIAL OFFICER/CHIEF OPERAT	(i) (ii)	180,186 0	3,000	0	27,046 0	23,196 0	233,428	0
3 JAMES BRADFORD RAMSAY, GENERAL COUNSEL	(i) (ii)	248,218 0	1,000	0	36,818 0	23,196 0	309,232 0	0 
4 CHRISTOPHER MELE, LEGISLATIVE DIRECTOR, ENERGY	(i) (ii)	169,558 0	1,000	0	25,506 0	23,196 0	219,260 0	0
5 MICHELLE A MALLOY, SENIOR DIRECTOR OF MEETINGS	(i) (ii)	154,771 0	1,000	0	23,692 0	23,196 0	202,659 0	0
<b>6</b> ERIN HAMMEL, DIRECTOR, INTERNATIONAL PROGRAMS	(i) (ii)	147,214 0	1,000	0	22,214	15,619 0	186,047 0	0
<b>7</b> AIDA P TIMM, DIRECTOR, FINANCIAL GRANTS ADMINISTR	(i) (ii)	134,112 0	1,000	0	20,147	23,073	178,332 0	0 0
8 BRIAN M O'HARA, LEGISLATIVE DIRECTOR, TELECOM TECHNO	(i) (ii)	130,079 0	1,000	0	18,386 0	8,781	158,246 0	0

Schedule J (Form 990) 2014

#### Part IIII 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

Return Reference	Explanation
PART I, LINE 1A	EXECUTIVES ARE PERMITTED TO BRING SPOUSES TO CERTAIN MEETINGS THE VALUE OF SPOUSAL TRAVEL IS INCLUDED IN THE EXECUTIVE'S TAXABLE COMPENSATION

Schedule J (Form 990) 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
National Association of Regulatory
UTILITY COMMISSIONERS

Employer identification number
53-0204609

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	THE VOTING MEMBERS OF THE EXECUTIVE COMMITTEE SHALL CONSIST OF THE PRESIDENT, THE FIRST VICE PRESIDENT, THE SECOND VICE PRESIDENT AND TWO ADDITIONAL MEMBERS APPOINTED BY THE PRESIDENT THE EXECUTIVE COMMITTEE SHALL PROVIDE DAY-TO-DAY POLICY GUIDANCE TO THE EXECUTIVE DIRECTOR WITHIN THE FRAMEWORK OF POLICIES ADOPTED BY THE BOARD OF DIRECTORS AND SHALL RECOMMEND POLICY REVISIONS TO THE BOARD OF DIRECTORS THE EXECUTIVE COMMITTEE SHALL RECOMMEND THE SELECTION OF THE EXECUTIVE DIRECTOR AND SHALL SUPERVISE THE ACTIVITIES OF THE EXECUTIVE DIRECTOR THE EXECUTIVE COMMITTEE SHALL ALSO UNDERTAKE SUCH OTHER ACTIONS AND RESPONSIBILITIES AND SHALL EXERCISE SUCH AUTHORITY AS DELEGATED BY THE BOARD OF DIRECTORS

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE ASSOCIATION'S MEMBERS INCLUDE THE GOVERNMENTAL AGENCIES THAT ARE ENGAGED IN THE REGULATION OF UTILITIES AND CARRIERS IN THE FIFTY STATES, THE DISTRICT OF COLUMBIA, PUERTO RICO AND THE VIRGIN ISLANDS NARUC'S MEMBER AGENCIES REGULATE THE ACTIVITIES OF TELECOMMUNICATIONS, ENGERGY, AND WATER UTILITIES

	Return Reference	Explanation
I	FORM 990, PART VI, SECTION A, LINE 7A	THE MEMBERS OF THE ASSOCIATION ELECT THE OFFICERS OF THE BOARD OF DIRECTORS

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	THE MEMBERS OF THE ASSOCIATION MUST APPROVE CHANGES TO THE BY LAWS AND THE CONSTITUTION

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND REVIEWED IN DETAIL BY THE CHIEF FINANCIAL OFFICER AND FORWARDED TO THE EXECUTIVE DIRECTOR AND THE AUDIT COMMITTEE FOR REVIEW PRIOR TO FILING WITH THE IRS

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE BOARD REQUIRES FULL DISCLOSURE OF ALL ACTUAL AND POTENTIAL CONFLICTS OF INTEREST EACH COVERED OFFICIAL SHALL DISCLOSE ANY AND ALL FACTS THAT MAY BE CONSTRUED AS A CONFLICT OF INTEREST BOTH THROUGH AN ANNUAL DISCLOSURE PROCESS AND WHENEVER SUCH ACTUAL OR POTENTIAL CONFLICT OCCURS THE BOARD OF DIRECTORS WILL DETERMINE WHETHER OR NOT A CONFLICT OF INTEREST EXISTS, AND WHETHER OR NOT SUCH CONFLICT MATERIALLY AND ADVERSELY AFFECTS THE INTERESTS OF NARUC A COVERED OFFICIAL WHOSE POTENTIAL CONFLICT IS UNDER REVIEW MAY NOT DEBATE, VOTE, OR OTHERWISE PARTICIPATE IN SUCH DETERMINATION IF THE BOARD OF DIRECTORS DETERMINES THAT AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST DOES EXIST, THE BOARD SHALL ALSO DETERMINE AN APPROPRIATE REMEDY

PART VI, SECTION B, LINE 15 BOARD PRESIDENT AND FIRST VICE PRESIDENT CONDUCT THE PERFORMANCE APPRAISAL FORM AS A GUIDE, THE NARUC'S ANALYSIS TO ENSURE THAT EXECUTIVE DIRECTOR'S SALARY IS COMPARABLE TO MARKET FIGURES AND SHARES THAT	Return Reference	Explanation
IMPLEMENTED IN FISCAL YEAR 2014 NARUC STAFF COMPENSATION THE ASSOCIATION USES VARIOUS COMPENSATION SURVEYS TO DETERMINE STAFF SALARIES THAT ARE APPROVED BY THE EXECUTIVE DIRECTOR THE ASSOCIATION ENLISTED THE SERVICES OF A THIRD PARTY CONSULTANT TO PERFORM THE COMPENSATION ANALYSIS IN 2014 SALARY RANGES FOR EACH POSITION WERE PROVIDED IN THE REPORT PREPARED BY THE CONSULTANT THIS REPORT WAS REVIEWED BY THE CFO WHO DOCUMENTED A SUMMARY OF THE ANALYSIS AND A STRATEGY FOR IMPLEMENTATION THE ED REVIEWED AND APPROVED THE STRATEGY STAFF WERE PROVIDED A MEMO WHICH NOTED THE UPDATED SALARY RANGES FOR THEIR POSITION AND WHERE THEIR CURRENT SALARY WAS IN RELATION TO THE RANGE	FORM 990, PART VI, SECTION B, LINE 15	PERFORMED ANNUALLY THE EXECUTIVE DIRECTOR WORKS UNDER A RENEWABLE THREE YEAR EMPLOYMENT AGREEMENT WITH THE ASSOCIATION USING THE NARUC PERFORMANCE APPRAISAL FORM AS A GUIDE, THE NARUC'S BOARD PRESIDENT AND FIRST VICE PRESIDENT CONDUCT THE PERFORMANCE APPRAISAL THE CFO PERFORMS PERIODIC ANALYSIS TO ENSURE THAT EXECUTIVE DIRECTOR'S SALARY IS COMPARABLE TO MARKET FIGURES AND SHARES THAT INFORMATION WITH THE BOARD PRESIDENT AND FIRST VICE PRESIDENT THIS PROCESS WAS MOST RECENTLY IMPLEMENTED IN FISCAL YEAR 2014 NARUC STAFF COMPENSATION THE ASSOCIATION USES VARIOUS COMPENSATION SURVEYS TO DETERMINE STAFF SALARIES THAT ARE APPROVED BY THE EXECUTIVE DIRECTOR THE ASSOCIATION ENLISTED THE SERVICES OF A THIRD PARTY CONSULTANT TO PERFORM THE COMPENSATION ANALYSIS IN 2014 SALARY RANGES FOR EACH POSITION WERE PROVIDED IN THE REPORT PREPARED BY THE CONSULTANT THIS REPORT WAS REVIEWED BY THE CFO WHO DOCUMENTED A SUMMARY OF THE ANALYSIS AND A STRATEGY FOR IMPLEMENTATION THE ED REVIEWED AND APPROVED THE STRATEGY STAFF WERE PROVIDED A MEMO WHICH NOTED THE UPDATED SALARY

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ASSOCIATION MAKES ITS FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST ELECTRONICALLY OR BY MAIL THE ASSOCIATION DOES NOT MAKE ITS CONFLICT OF INTEREST POLICY OR GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC

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

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2014

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**SCHEDULE R** (Form 990)

**Related Organizations and Unrelated Partnerships** 

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

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

Department of the Treasury Internal Revenue Service

Name of the organization
NATIONAL ASSOCIATION OF REGULATORY
UTILITY COMMISSIONERS

**Employer identification number** 

53-0204609

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	Section (13) cor enti	512(b) ntrolled
						Yes	No
(1) NATIONAL REGULATORY RESEARCH INSTITUTE 8611 SECOND AVE SUITE 2C SILVER SPRING, MD 20910 26-1439365	RESEARCH	DE	501(C)(3)		NATIONAL ASSOCIATION OF REGULATORY UTILITY COMMISSIONERS	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 treated as a partnership 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

Part V	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				
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a			

- **b** Gift, grant, or capital contribution to related organization(s)
- **c** Gift, grant, or capital contribution from related organization(s)
- Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)
- **f** Dividends from related organization(s)
- Sale of assets to related organization(s)
- h Purchase of assets from related organization(s)
- i Exchange of assets with related organization(s)
- j Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- I Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s)
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- Sharing of paid employees with related organization(s)
- Reimbursement paid to related organization(s) for expenses
- Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- **s** Other transfer of cash or property from related organization(s)
- 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>(b)</b> Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) NATIONAL REGULATORY RESEARCH INSTITUTE	В	224,781	GRANT AWARDS

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

(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	e Code V-UBI	General or	Percentage
1	1	domicile	ıncome	section	total	end-of-year	allocations?	amount in	managing	ownership
1	1	(state or	(related,	501(c)(3)	ıncome	assets	1	box 20	partner?	, , , , , , , , , , , , , , , , , , ,
1	1	foreign	unrelated,	organizations?		1	1	of Schedule	1	, , , , , , , , , , , , , , , , , , ,
1	1	country)	excluded from	1		1	1	K-1	1	·
1	1	1 "	tax under	1		1	1	(Form 1065)	1	1
1	1	1	sections 512-	1		1	1	' ' '	1	
1	1	1	514)	$\overline{}$	$\neg$	,		<b>⊣</b> '		+
	1	1	1 ' '	Yes No		'	Yes N	No	Yes No	7
1	<u> </u>		1	$\overline{}$	+	<del>                                     </del>				_
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**