

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



DLN: 93493320090286

OMB No 1545-0047

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/foim990</u>

Open to Public Inspection

A F	or the 2015 ca	lendar year, or tax year beginning 01	-01-2015 , and ending 12-31-20	15			
_	eck if applicable	C Name of organization EDISON ELECTRIC INSTITUTE INC			D Emplo	yer iden	tification number
Address change Name change Initial return					13-06	59550	
_	-	Doing business as					
Fi return	ınal /termınated	Number and street (or P O box if mail is	not delivered to street address) Room/su	ııte	E Telepho	ne numb	per
	nended return	701 PENNSYLVANIA AVENUE NW			(202)	508-5	000
Ap	plication pending	City or town, state or province, country, a WASHINGTON, DC 200042696	nd ZIP or foreign postal code		G Gross r	eceints \$	173,055,814
		F Name and address of principal of	ficer	H(2) T			
		THOMASRKUHN			s this a group ubordinates?	return	TOF Yes √
		701 PENNSYLVANIA AVENUE NV WASHINGTON, DC 200042696	V		No re all subordı	natos	
I Ta	x-exempt status	501(c)(3) √ 501(c)(6) √ (inser	tno) 4947(a)(1) or 527		re an Suborui icluded?	liates	□Yes □ No
J W	ebsite: ► WV	/W EEI ORG			•		(see instructions)
K For	m of organization	✓ Corporation Trust Association	Other •		Group exempt of formation 19		nber > State of legal domicile VA
		♥ Corporation Hust Association	Outer P				
Pa		mary					
		scribe the organization's mission or n IDE A FORUM FOR THE ELECTRIC					
Ce							
nan							
Activities & Governance	2 Check th	nis box 🕨 🥅 if the organization discon	tinued its operations or disposed	of more th	an 25% of its	net as	sets
5	3 Number	of voting members of the governing b	ndy (Part VI June 1a)			з	67
× 0 √ 0		of independent voting members of the	, , , , , , , , , , , , , , , , , , , ,		F	4	67
ΜĚ		mber of individuals employed in calen			F	5	229
Acti	6 Total nu	mber of volunteers (estimate if neces	sary)		[6	100
•		related business revenue from Part V				7a	551,543
	b Net unrela	ated business taxable income from Fo	orm 990-T, line 34			7b	0
					Prior Year		Current Year
Ō.		ibutions and grants (Part VIII, line 1			83,495,8	0	99 725 057
Ravenue	1	am service revenue (Part VIII, line 2 tment income (Part VIII, column (A),	-,		1,785,6		88,725,957 1,352,068
č		revenue (Part VIII, column (A), lines	• • •		1,703,	0	1,532,666
		revenue—add lines 8 through 11 (mu		e	85,281,	510	90,078,025
	12)						· ·
		s and similar amounts paid (Part IX, o its paid to or for members (Part IX, co	, ,,		2,340,	0	3,044,707
		es, other compensation, employee be	,	•			
Ses	5-10		ments (Fare 177) column (177) mies		36,231,6	522	40,002,177
Expenses	16a Profe	ssional fundraising fees (Part IX, colu	ımn (A), line 11e)			0	0
ă		undraising expenses (Part IX, column (D), line					
		expenses (Part IX, column (A), lines	·	•	43,822,8		47,331,265
		expenses Add lines 13–17 (must eq nue less expenses Subtract line 18 fr			82,394,6 2,886,8		90,378,149
<u>გ</u> ფ			<u> </u>	Beginni	ng of Current		End of Year
Net Assets or Fund Balances		. (5		beginni			
Ass d Ba		assets (Part X, line 16)			95,894,6		138,441,558
Net Fundament		liabilities (Part X, line 26)		-	25,130,9		26,409,735
		ature Block			, ,		, ,
my k	•	perjury, I declare that I have examing belief, it is true, correct, and complet nowledge		, -			,
	***				2016-11-15		
Sigr Her	ן וי	ature of officer			Date		
пег	3011	N S SCHLENKER TREASURER/CFO e or print name and title					
		Print/Type preparer's name Pre		Date	Chack T .f	PTIN	
Pai	d L	DAVID TRIMNER DA	VID TRIMNER 2	2016-11-15	Check If self-employed	P00444	822
	parer 📙	Firm's name CLIFTONLARSONALLEN LLP	T 1020		Firm's EIN ► 4:		
	Only	Firm's address ► 4250 N FAIRFAX DRIVE SUIT	E 1020		Phone no (571) 227-95	00
		ARLINGTON, VA 22203					
мау	tne IRS discu:	ss this return with the preparer shown	above? (see instructions)				√Yes No

Total program service expenses ▶

	990 (2015)			Page 3
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		Νo
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🙎	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	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	11 c		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 2	11 d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 2	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or 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? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		N o
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		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
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20 a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form	990 (2015)			Page 4
Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 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

25b

26

27

28a

28b

28c

29

30

31

32

33

34

352

35b

36

37

38

Yes

Yes

Yes

Yes

Form 990 (2015)

Νo

Nο

Nο

Νo

Νo

Nο

Nο

Nο

Νo

Νo

Nο

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L. Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . .

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

31

instructions for applicable filing thresholds, conditions, and exceptions)

Par		Itements Regarding Other IRS Filings and Tax Compliano eck if Schedule O contains a response or note to any line in this		V			_
	CHE	eck if Scriedule O contains a response of note to any line in this	Part	<u>v</u>		Yes	No
1a	Enter the n	number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	153			
b	Enter the n	number of Forms W-2G included in line 1a Enter -0 - if not applicable	1b	0			
С	_	ganization comply with backup withholding rules for reportable payments t ambling) winnings to prize winners?	o ven	dors and reportable	1 c		
2a	Enter the r Tax Stater	number of employees reported on Form W-3, Transmittal of Wage and ments, filed for the calendar year ending with or within the year covered	2a	229			
b	If at least	urn	oloym.	ent tax returns?	2b	Yes	
3a	Did the org	ganization have unrelated business gross income of \$1,000 or more durin	g the	year?	3a	Yes	
b	If "Yes," ha	as it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanati</i>	on in S	Schedule O	3b	Yes	
4a		e during the calendar year, did the organization have an interest in, or a si ancial account in a foreign country (such as a bank account, securities ac • • •			4a		No
b	If "Yes," en See instruc (FBAR)	nter the name of the foreign country ►_ ctions for filing requirements for FinCEN Form 114, Report of Foreign Bani	k and	Financial Accounts			
5a	Was the or	ganization a party to a prohibited tax shelter transaction at any time durii	ng the	tax year?	5a		No
b	Did any tax	xable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		No
С	If "Yes," to	o line 5a or 5b, did the organization file Form 8886-T?					
6a		organization have annual gross receipts that are normally greater than \$1		•	5c 6a		No
b	If "Yes," d	on solicit any contributions that were not tax deductible as charitable contribution include with every solicitation an express statement the day deductible?	nat su	ch contributions or gifts	6b		
7		ons that may receive deductible contributions under section 170(c).					
	Did the org	ganization receive a payment in excess of \$75 made partly as a contribution rovided to the payor?		d partly for goods and	7a		
b	If"Yes," d	id the organization notify the donor of the value of the goods or services p	rovide	ed?	7b		
	file Form 8	ganization sell, exchange, or otherwise dispose of tangible personal proper			7 c		
d	If "Yes," in	ndicate the number of Forms 8282 filed during the year	7d				
е	Did the org	ganization receive any funds, directly or indirectly, to pay premiums on a p	persor	nal benefit contract?	7e		
f	Did the org	ganization, during the year, pay premiums, directly or indirectly, on a perso	onal b	enefit contract?	7f		
g	If the organ	nization received a contribution of qualified intellectual property, did the c	rganı	zation file Form 8899 as	7 g		
h	If the organ Form 1098	nization received a contribution of cars, boats, airplanes, or other vehicle: 3-C?	s, dıd •	the organization file a	7h		
8		g organizations maintaining donor advised funds. Ir advised fund maintained by the sponsoring organization have excess bu year?	sınes:	s holdings at any time	8		
9a	Did the spo	onsoring organization make any taxable distributions under section 4966	?.		9a		
b	Did the spo	onsoring organization make a distribution to a donor, donor advisor, or rela	ated p	erson?	9b		
10	Section 50	1(c)(7) organizations. Enter	ı				
		ees and capital contributions included on Part VIII, line 12	10a				
b	Gross rece facilities	eipts, included on Form 990, Part VIII, line 12, for public use of club	10b				
11		1(c)(12) organizations. Enter	ı	ı			
		ome from members or shareholders	11a				
b		ome from other sources (Do not net amounts due or paid to other sources nounts due or received from them)	11b				
		47(a)(1) non-exempt charitable trusts. Is the organization filing Form 990) in lie	eu of Form 1041?	12 a		
	year	nter the amount of tax-exempt interest received or accrued during the	12b				
13	Section 50	1(c)(29) qualified nonprofit health insurance issuers.					
а	_	anization licensed to issue qualified health plans in more than one state? N information the organization must report on Schedule O	lote. S	See the instructions for	13 a		
b		amount of reserves the organization is required to maintain by the states e organization is licensed to issue qualified health plans	13b				
c	Enter the a	amount of reserves on hand	13 c				
14a	Did the org	anization receive any payments for indoor tanning services during the ta	x year	?	14a		No
b	If "Yes," h	as it filed a Form 720 to report these payments? If "No," provide an explana	ation ii	n Schedule O	14b		

Form 990 (2015) Page 6 Governance, Management, and Disclosure Part VI For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax 1a 67 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 Enter the number of voting members included in line 1a, above, who are 1b ındependent 67 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any 2 Νo Did the organization delegate control over management duties customarily performed by or under the direct 3 Νo supervision of officers, directors or trustees, or key employees to a management company or other person? . Did the organization make any significant changes to its governing documents since the prior Form 990 was 4 Νo 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Νo 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 7a Yes Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, Yes Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Yes **b** Each committee with authority to act on behalf of the governing body? Yes 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 Nο Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.

ıua	Did the organization have local chapters, branches, or affiliates /	10a		NO
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?	10 b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12 c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed▶

organization's exempt status with respect to such arrangements?

Own website | Another's website | Upon request | Other (explain in Schedule O)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

State the name, address, and telephone number of the person who possesses the organization's books and records

▶JOHN S SCHLENKER 701 PENNSYLVANIA AVE NW WASHINGTON, DC 200042696 (202) 508-5540

16b

Part VII

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

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (B) (C) (D) (F) (A) (E) Name and Title Average Position (do not check Reportable Reportable Estimated hours per more than one box, unless compensation compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization (Worganizations from the (W-2/1099for related 2/1099-MISC) organization and Former Highest compensat employee Individual trustee É organizations MISC) related ũ stitutional below organizations employee 勇含 dotted line) Trustee See Additional Data Table

(A) Name and Title	(B) Average hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					5		(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
See Additional Data Table										
1b Sub-Total	eets to Part VII, S	ection /	١.			>		11,037,681	0	3,564,394

3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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 I for such individual	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		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of

compensation from the organization. Report compensation for the calend	dar year ending with or within the organizatio	n's tax year
(A) Name and business address	(B) Description of services	(C) Compensation
HUNTON & WILLIAMS	CONSULTING	7,827,521
1900 K STREET WASHINGTON, DC 20006		
VENABLE LLP	CONSULTING	3,376,547
575 SEVENTH STREET WASHINGTON, DC 20004		
NET COMMUNICATIONS	CONSULTING	750,599
5169 LATROBE DRIVE WINDERMERE, FL 34786		
DIPLOMAT HOTEL LESSEE LLC	CONSULTING/MEETING	516,521
3555 S OCEAN DRIVE HOLLYWOOD, FL 33019		
SLOANE & COMPANY LLC	CONSULTING	391,995
7 TIMES SQ 1700 NEW YORK, NY 10036		
2 Total number of independent contractors (including but not limited to thos	se listed above) who received more than	

Yes

No

Form 99		15)						Page 9
Part V	Ш	Statement o						
		Check If Sched	ule O contains a respon	se or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s z	1a	Federated cam	paigns 1a					
Grants smounts	ь	Membership du	es 1b					
Contributions, Giffs, Grants and Other Similar Amounts	С	Fundraising eve	ents 1c					
Contributions, Gifts, and Other Similar A	d	Related organiz	ations 1d					
s, G imi	е	Government grants	s (contributions) 1e					
tion ir S	f	All other contribution	ons, gifts, grants, and 1f					
iba Af	g		ons included in lines					
on tr		1a-1f \$	- 1 - 1 f					
<u>ة ت</u>	h	Total. Add lines	5 1a-11					
E E	2a	MEMBERSHIP DUE	5	Business Code 900099	77,093,094	77,093,094		
e Ve	ь	MEETINGS		900099	8,558,164	8,558,164		
Program Service Revenue	С	PROGRAMS		900099	2,387,534	2,387,534		
er <u>vi</u>	d	ADVERTISING	_	541800	551,543		551,543	
S	е	PUBLICATIONS		511190	135,622	135,622		
ogra	f	All other progra	am service revenue					
ĕ	g	Total. Add lines	۱ s 2a-2f	•	88,725,957			
	3		ome (including dividend		2,249,235			2,249,235
	4		ar amounts) tment of tax-exempt bond p	H				
	5	Royalties		🔸				
	_	_	(ı) Real	(11) Personal				
	6a	Gross rents						
	b	Less rental expenses						
	С	Rental income or (loss)						
	d	Net rental inco	me or (loss)					
	7a	Gross amount	(ı) Securities	(II) Other				
	,,	from sales of assets other than inventory	82,080,622					
	b	Less cost or other basis and	82,977,789					
	_	sales expenses Gain or (loss)	-897,167					
	c d		s)		-897,167			-897,167
enne		Gross income f events (not inc	rom fundraising					
Other Revenue		of contributions See Part IV, lin	reported on line 1c) le 18 a					
o t			penses b [
			(loss) from fundraising e rom gaming activities	events >				
	34	See Part IV, lin						
	Ь		penses b [Toss) from gaming activ	uties				
				\(\text{\text{tics}}\)				
	10a	Gross sales of returns and allo						
	b	_	oods sold b					
	С		(loss) from sales of inve					
	11a	Miscellaneous	s kevenue	Business Code				
	ь							
	С							
	d		ue					
	е	Total. Add lines	s 11a-11d	•				
	12	Total revenue.	See Instructions	· · · •	90,078,025	88,174,414	551,543	1,352,068

orm '	990 (2015)				Page 10
Part	Statement of Functional Expenses				
ectio	on 501(c)(3) and 501(c)(4) organizations must complete all columns	All other organiza	tions must com	plete column (A)	
	Check if Schedule O contains a response or note to any line in t	this Part IX			
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	3,044,707			
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	12,439,431			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	21,805,614			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,813,470			
9	Other employee benefits	2,382,297			
10	Payroll taxes	4 564 365			
		1,561,365			
11	Fees for services (non-employees)				
а	Management				
Ь	Legal	13,688,422			
С	Accounting	97,638			
d	Lobbying	1,916,270			
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	367,722			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	9,896,607			
12	Advertising and promotion	122,441			
13	Office expenses	3,067,635			
14	Information technology	1,246,486			
15	Royalties				
16	Occupancy	5,995,281			
17	Travel	2,440,435			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	42,554			
19	Conferences, conventions, and meetings	6,426,921			
20	Interest	2,954			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	943,124			
23	Insurance	128,367			
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	SUBSCRIPTIONS	584,109			
b	PERSONAL PROPERTY TAX	26,136			
c					
d					
е	All other expenses	338,163			
25	Total functional expenses. Add lines 1 through 24e	90,378,149			
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)				

34

Total liabilities and net assets/fund balances

Part X	Balance	Sheet
--------	---------	-------

orm 9	90 (2	2015)					Page 11
Part	X	Balance Sheet					
		Check if Schedule O contains a response or note to any	line in t	hıs Part X			
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			-983,851	1	-515,177
	2	Savings and temporary cash investments		5,978,423	2	14,559,751	
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net			1,491,331	4	2,447,096
	5	Loans and other receivables from current and former of trustees, key employees, and highest compensated em II of Schedule L	,	,			
					447,700	5	0
Assets	6	Loans and other receivables from other disqualified per section 4958(f)(1)), persons described in section 495 contributing employers and sponsoring organizations o voluntary employees' beneficiary organizations (see in II of Schedule L	8 (c)(3)(f sectio	(B), and n 501(c)(9)			
š	-	Notes and leans resourable not			6 7		
`	7	Notes and loans receivable, net					
	8	Inventories for sale or use			4.055.700	8	4 400 440
	9	Prepaid expenses and deferred charges			1,055,799	9	1,188,148
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	14,833,160			
	b	Less accumulated depreciation	10 b	1,660,176	2,692,558	10 c	13,172,984
	11	Investments—publicly traded securities		109,763,921	11	107,021,915	
	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	579,796	15	566,841		
	16	Total assets.Add lines 1 through 15 (must equal line 3	121,025,677	16	138,441,558		
	17	Accounts payable and accrued expenses			8,122,897	17	10,557,826
	18	Grants payable				18	
	19	Deferred revenue					
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV	of Sch	edule D		21	
lities	22	Loans and other payables to current and former officers key employees, highest compensated employees, and					
Liabili		persons Complete Part II of Schedule L				22	
<u>E</u> :	23	Secured mortgages and notes payable to unrelated thir	d partie			23	
	24	Unsecured notes and loans payable to unrelated third p	parties			24	
	25	Other liabilities (including federal income tax, payables and other liabilities not included on lines 17-24) Complete Part X of Schedule D			00 540 000		75.000.000
					62,510,908		75,292,338
	26	Total liabilities. Add lines 17 through 25			95,894,683	26	112,031,823
Fund Balances		Organizations that follow SFAS 117 (ASC 958), check I lines 27 through 29, and lines 33 and 34.	nere ▶	√ and complete			
<u>=</u>	27	Unrestricted net assets			25,130,994	27	26,409,735
<u>~</u>	28	Temporarily restricted net assets				28	
[[29	Permanently restricted net assets				29	
		Organizations that do not follow SFAS 117 (ASC 958),	check h	ere 🕨 🦵 and			
ō		complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
Net Assets or	31	Paid-in or capital surplus, or land, building or equipmer				31	
;	32	Retained earnings, endowment, accumulated income, o				32	
žΙ	33	Total net assets or fund balances			25,130,994	33	26,409,735

138,441,558

121,025,677

Investment expenses . 7

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

If the organization changed its method of accounting from a prior year or checked "Other," explain in

Prior period adjustments . Other changes in net assets or fund balances (explain in Schedule O) .

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))

Part XIII Financial Statements and Reporting

1 Accounting method used to prepare the Form 990

Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Consolidated basis

Separate basis **b** Were the organization's financial statements audited by an independent accountant?

basis, consolidated basis, or both

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate Separate basis

Schedule O

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight

of the audit, review, or compilation of its financial statements and selection of an independent accountant?

Single Audit Act and OMB Circular A-133?

✓ Consolidated basis

If the organization changed either its oversight process or selection process during the tax year, explain in

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

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

Both consolidated and separate basis

Cash ✓ Accrual COther

Both consolidated and separate basis

8

9

10

2,301,437

26,409,735

No

Νo

Nο

Form 990 (2015)

Yes

Yes

Yes

2a

2b

2c

3a

3b

Software ID: Software Version:

EIN: 13-0659550

Name: EDISON ELECTRIC INSTITUTE INC

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (A) (B) (C) (D) (E) (F) Name and Title Average Position (do not check Reportable Reportable Estimated hours per more than one box, unless compensation compensation amount of other person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the for related (W-2/1099-(W-2/1099-Highest employe organization Individual or director organizations Institutional MISC) MISC) and related r director below organizations employee dotted line) t compensi trustee Trustee **日** 4 00 MR THEODORE F CRAVER JR |...... Х 0 CHAIR/MEMBER 1 00 4 00 MR NICHOLAS K AKINS Х Х 0 0 VICE CHAIR/CHAIR 1 00 4 00 MR THOMAS A FANNING Х Χ 0 0 VICE CHAIR 1 00 4 00 MR CHRISTOPHER M CRANE Х 0 0 VICE CHAIR 1 00 4 00 MR GREGORY E ABEL Χ 0 0 VICE CHAIR 1 00 4 00 MS PATRICIA K VINCENT-COLLAWN 0 VICE CHAIR 1 00 1 00 MR ANDRES R GLUSKI Х 0 0 MEMBER 1 00 MR ALAN R HODNIK 0 MEMBER 1.00 MS PATRICIA LEONARD KAMPLING 0 Х 0 MEMBER 1 00 MR WARNER L BAXTER 0 MEMBER

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

(A) Name and Title	(B) Average hours per week (list any hours for related	unles	ore tl ss pe	than ersoi icer	not one on is and		,	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee		key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
MR MICHAEL ROWE MEMBER	1 00	x						0	0	O
MR SCOTT L MORRIS MEMBER	1 00	x						0	0	0
MR DAVID R EMERY MEMBER	1 00	x						0	0	0
MR SCOTT M PROCHAZKA MEMBER	1 00	x						0	0	0
MR JAMES P LAURITO MEMBER	1 00	x						0	0	0
MR BRUCE A WILLIAMSON MEMBER	1 00	x						0	0	0

1 00

1 00

1 00

1 00

1 00

Х

Χ

MR JOHN G RUSSELL

MR JOHN J MCAVOY

MR THOMAS F FARRELL II

MR PAUL SEGAL

MEMBER

MEMBER

MEMBER

MEMBER

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

(A) Name and Title	(B) A verage hours per week (list any hours for related	m unles	ore t ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
MR GERARD M ANDERSON MEMBER	1 00	×						0	0	0
MS LYNN J GOOD MEMBER	1 00	×						0	0	0
MR RICHARD RIAZZI MEMBER	1 00	×						0	0	0
MR BRADLEY P BEECHER MEMBER	1 00	×						0	0	0
MR ALAN RICHARDSON MEMBER	1 00	×						0	0	0
MR JOHN F YOUNG MEMBER	1 00	×						0	0	0
MR LEO P DENAULT MEMBER	1 00	×						0	0	0

1 00

1 00

1 00

Χ

MR CHARLES E JONES

MR JEFF M HOUSEHOLDER

MR TERRY D BASSHAM

MEMBER

MEMBER

MEMBER

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

Compensated Employees, and Inde	pendent Co	ntrac	tor	5					1	
(A) Name and Title	(B) Average hours per week (list any hours for related organizations	unles d	ore the second of the second o	han erso icer tor/t	o not one n is and trust	tee)	an	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization
	below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former			and related organizations
MS MARY G POWELL MEMBER	1 00	х						0	0	0
MRS CONSTANCE H LAU MEMBER	1 00	x						0	0	0
MR ROBERT D KUMP MEMBER	1 00	×						0	0	C
MR DARREL T ANDERSON MEMBER	1 00	×						0	0	C
MR DAVID A CAMPBELL MEMBER	1 00	×						0	0	C
MR JOSEPH L WELCH MEMBER	1 00	x						0	0	0
MR IAN ROBERTSON	1 00	v						0	0	

1 00

1 00

1 00

Х

Χ

MEMBER

MEMBER

MEMBER

MEMBER

MS NICOLE A KIVISTO

MR GARY J WOLTER

MS MARGARET E FELTS

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

Compensated Employees, and Inde	pendent co	ntrac	tor	5				1	1	
(A) Name and Title	(B) A verage hours per week (list any hours for related	unles	ore tl	than ersoi icer	not one on is and		,	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
MR JOHN J DONLEAVY	1 00	x						0	0	C
MEMBER	1 00	<u></u> '	L'	<u> </u>	L'	'				1
MR JAMES L ROBO MEMBER	1 00	x						0	0	0
MS VIOLET G SISTOVARIS MEMBER	1 00	x						0	0	0
MR THOMAS J MAY MEMBER	1 00	x						0	0	C
MR ROBERT C ROWE MEMBER	1 00	×						0	0	C
MR R SEAN TRAUSCHKE MEMBER	1 00	x						0	0	С
MR CHARLES S MACFARLANE	1 00	x			Г			0	0	
MEMBER		^	1 '	'	'	'			0	1

1 00

1 00

Х

Χ

MS GEISHA J WILLIAMS

MR JOSEPH M RIGBY

MR DONALD E BRANDT

MEMBER

MEMBER

MEMBER

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

(A) Name and Title	(B) A verage hours per week (list any hours for related	m unles	ore t ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
MR JAMES J PIRO	1 00	х						0	0	0
MEMBER										
MR WILLIAM H SPENCE	1 00	×						0	0	0
MEMBER		^								3
MR RALPH IZZO	1 00	,								
MEMBER	1 00	Х						0	0	U
MS KIMBERLY J HARRIS MEMBER	1 00	×						0	0	0
MR KEVIN B MARSH MEMBER	1 00	×						0	0	0
MR PAUL A FARR MEMBER	1 00	Х						0	0	0
MR JOHN B RAMIL	1 00							_	_	_

1 00

1 00

1 00

Х

Χ

MEMBER

MEMBER

MEMBER

MEMBER

MR ROBERT F BEARD

MR JAMES P TORGERSON

MR ROBERT G SCHOENBERGER

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

(A) Name and Title	(B) A verage hours per week (list any hours for related	unles	ore t ss pe	than erso icer	not one n is and		,	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
MR DAVID G HUTCHENS MEMBER	1 00	x						0	0	0
MRS BARBARA SIEHR MEMBER	1 00	x						0	0	C
MR CARL L CHAPMAN MEMBER	1 00	×						0	0	C
MR THOMAS DUNN MEMBER	1 00	×						0	0	C
MR MARK A RUELLE MEMBER	1 00	×						0	0	C
MR GALE E KLAPPA MEMBER	1 00	x						0	0	C
MR BENJAMIN GS FOWKE III	1 00	х						0	0	(

1 00

1 00

1 00

Х

Χ

MEMBER

MEMBER

MEMBER

MEMBER

MR THOMAS V SHOCKLEY III

MR CHRISTOPHER P JOHNS

MR DAVID L GOODIN

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

compensated Employees, and Inde	pendent co	illiac	.tors	3				1	r ·	
(A) Name and Title	(B) Average hours per week (list any hours for related	unles	ore t ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
MR JIM L STANLEY MEMBER	1 00	х						0	0	0
MR FRANCESCO VENTURINI MEMBER	1 00	x						0	0	C
MR CHARLES A SCHROCK MEMBER	1 00	×						0	0	C
MR PHILIP BARNHARD IV MEMBER	1 00	×						0	0	C
MR PETER B DELANEY MEMBER	1 00	x						0	0	С
MR ANTHONY J ALEXANDER MEMBER	1 00	х						0	0	С
MR GERRY CHASSE	1 00									

1 00

1 00

1 00

Х

Χ

MEMBER

MEMBER

MEMBER

MEMBER

MR JOHN C PROCARIO

MR EDWARD J MCINTYRE

MR THOMAS B KING

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

(A) (B) (C) (D) (E)

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations	m unle:	ore t ss pe	han erso cer tor/t	not one n is and trust	tee)	an	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization
	below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former			and related organizations
MR THOMAS KUHN	42 00									
PRESIDENT	2 00			X				4,035,668	0	144,910
MR DAVID OWENS	45 00									
EXECUTIVE VP, BUSINESS OPERATIONS GROUP & REGULATO				×				982,254	0	611,562
MR BRIAN WOLFF	44 00									
EXECUTIVE VP, PUBLIC POLICY & EXTERNAL AFFAIRS	1 00			×				952,727	0	213,797
MR EDWARD COMER	45 00									
VP, GENERAL COUNSEL & CORPORATE SECRETARY				X				473,145	0	332,163
MS MARY MILLER CHIEF ADMINSTRATIVE OFFICER	41 00 3 00			×				465,214	0	218,729
MR QUINLAN SHEA III VP, ENVIRONMENT	45 00			×				401,829	0	172,958
MR RICHARD MCMAHON	45 00									
VP, ENERGY SUPPLY & FINANCE				×				445,474	0	287,346
MR JAMES FAMA	45 00			l						
VP, ENERGY DELIVERY				×				396,832	0	211,946
	45.00			1	1					

Х

382,248

387,051

204,070

52,966

0

45 00

45 00

MS KATHY STECKELBERG

MR BRIAN MCCORMACK

VP, GOVERNMENT RELATIONS

VP, POLITICAL & EXTERNAL AFFAIRS

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

190,863

153,524

45,695

128,697

311,188

277,948

259,997

302,646

Х

Χ

Compensated Employees, and Inde	pendent Co	ntrac	ctor	S					
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	unles	ore t ss pe	than erso cer tor/t	o not one on is and trus	tee)	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
MR JOHN EASTON JR VP, INTERNATIONAL PROGRAMS	45 00			×			247,604	0	213,764
DR LAWRENCE JONES VP, INTERNATIONAL PROGRAMS	45 00			х			70,901	0	2,300
MR JOHN SCHLENKER CHIEF FINANCIAL OFFICER & TREASURER	1 00			×			339,193	0	192,780
MR RICHARD TEMPCHIN EXECUTIVE DIRECTOR, RETAIL ENERGY SERVICES	45 00					х	305,762	0	186,324
MR JAMES OWEN	45 00								

45 00

45 00

43 00

2 00

EXECUTIVE DIRECTOR, MEMBER RELATIONS & MEMBER

..... SENIOR DIRECTOR, NATIONAL SECURITY POLICY

MANAGING DIRECTOR, COMMUNICATIONS

SERV

MS STEPHANIE VOYDA

MR SCOTT AARONSON

MR J BRUCE BROWN

DEPUTY GENERAL COUNSEL

DLN: 93493320090286

Employer identification number

13-0659550

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue

Name of the organization

EDISON ELECTRIC INSTITUTE INC

Political expenditures

Volunteer hours

Service

1

2

3

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

<u>www.irs.gov/form990</u>.

2015
Open to Public Inspection

If the organization answered "Yes" on 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

Provide a description of the organization's direct and indirect political campaign activities in Part IV

Section 527 organizations Complete Part I-A only

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

If the organization answered "Yes" on 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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

	A.T. D. Commisso if the ou		section FO1/s	- \(2\)	
		ganization is exempt under			
1	,	e tax incurred by the organization un			\$
2	•	e tax incurred by organization manag		1 4 9 5 5	\$
3	<u> </u>	ection 4955 tax, did it file Form 472	20 for this year?		Yes No
4a	Was a correction made?				☐ Yes ☐ No
b	If "Yes," describe in Part IV				
Par	· · · · · · · · · · · · · · · · · · ·	ganization is exempt under	-		1(c)(3).
1	Enter the amount directly expe	ended by the filing organization for se	ection 527 exemp	t function activities 🕨	\$
2	Enter the amount of the filing of exempt function activities	organization's funds contributed to of	ther organizations	for section 527	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here	and on Form 112	0-POL, line 17b ►	\$
4	Did the filing organization file F	orm 1120-POL for this year?			☐ Yes ☐ No
5	organization made payments if amount of political contribution	nd employer identification number (E For each organization listed, enter th ns received that were promptly and o political action committee (PAC) If	ie amount paid fro Iirectly delivered	m the filing organization's f to a separate political orga	unds Also enter the nızatıon, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2					
3					
4					
5					
6					
For P	aperwork Reduction Act Notice, se	ee the instructions for Form 990 or 990	D-EZ.	at No 50084S Schedule C (I	Form 990 or 990-EZ) 2015

Subtract line 1g from line 1a $\,$ If zero or less, enter -0-Subtract line 1f from line 1c If zero or less, enter -0-

10	nedule (, (F	orm 990 or 990-E2) 2015			Page 2
P	art II-	Α	Complete if the organization is exempt under section $501(c)(3)$ and under section $501(h)$.	file	ed Form 5768	(election
١.	Check	>	If the filing organization belongs to an affiliated group (and list in Part IV each affiliated expenses, and share of excess lobbying expenditures)	l gro	up member's nar	ne, address, EIN
3	Check	•	If the filing organization checked box A and "limited control" provisions apply			
			Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	lobby	ng)	oying expenditures to influence public opinion (grass roots			

		oying Expenditures means amounts paid or incurred.)	organization's totals	group totals
a	Total lobbying expenditures to influence public lobbying)	opinion (grass roots		•
b	Total lobbying expenditures to influence a legi	slative body (direct lobbying)		
c	Total lobbying expenditures (add lines $1a$ and	1b)		
d	Other exempt purpose expenditures			
e	Total exempt purpose expenditures (add lines	1c and 1d)		
f	Lobbying nontaxable amount Enter the amoun	t from the following table in both columns		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		

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 Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)									
Lobbying Expe	nditures During	4-Year Avera	ging Period						
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total				
Lobbying nontaxable amount									
Lobbying ceiling amount (150% of line 2a, column(e))									
Total lobbying expenditures									
Grassroots nontaxable amount									
Grassroots ceiling amount (150% of line 2d, column (e))									
Grassroots lobbying expenditures									
	Calendar year (or fiscal year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e))	Calendar year (or fiscal year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e))	Calendar year (or fiscal year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e))	Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount (150% of line 2d, column (e)) Grassroots lobbying expenditures	Calendar year (or fiscal year beginning in) (a)2012 (b)2013 (c)2014 (d)2015 Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount (150% of line 2d, column (e))				

Return Reference

	filed Form 5768 (election under section 501(h)).	(;	a)	(b)	
or e ctiv	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying ity		No	A mour	nt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers?	Yes			
a b c	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
d e f	Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes?				
g h	Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i j 2a	Other activities? Total Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b c	If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501 (c)(5), o	r sectio	n
d Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6).	5 01 (c)(5), o	Yes	No
d Par 1	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members?	5 01 (c)(5), o	Yes	No No
d Par 1 2	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?	5 01 (c)(5), o	Yes 1 2	No
d Par 1 2 3 Par	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? **TIII-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."	501(c No" C)(5), o	Yes 1 2 3 Yes r sectio	No No No
d Par 1 2 3 Par	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? TIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "	501(c No" C)(5), o	Yes 1 2 3 Yes r sectio Part III-	No No No -A,
d Par 1 2 3 Par 1 2	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? **TIII-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year	501(c No" C)(5), o	Yes 1	No No No -A, 8,611
d Par 1 2 3 Par 1 2	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? IIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year	501(c No" C)(5), o	Yes 1	No No No No No 7,062
d Par 1 2 3 Par 1 2 a b	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? IIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year	501(c No" C)(5), o	Yes 1	No No No No -A, 8,611
d Par 1 2 3 Par 1 2 a b	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? IIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year	501(c No" C 1 2a 2b 2c)(5), o	Yes 1	No No No No No 7,062
1 2 3 Par 1 2 a b c 3	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? **TITE** Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	2a 2b 2c 3)(5), o	Yes 1	No No No No -A, 8,611 7,062 6,275 0,787 5,265

Explanation

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

Supplemental Financial Statements

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

OMB No 1545-0047

DLN: 93493320090286

Department of the Treasury Internal Revenue Service

SCHEDULE D

(Form 990)

Information about Schedule D (Form 990) and its instructions is at $\underline{www.irs.gov/form990}$. Name of the organization

Open to Public ► Attach to Form 990. Inspection **Employer identification number**

							659550		
Pa	rt I Organizations Maintaining Donor Complete if the organization answere					unds o	r Accoun	ts.	
	Complete if the organization answere	(a) Donor advised			v, iiile o.	(b)	Funds and o	ther account	ts.
1	Total number at end of year	(a) Bollot davised	a ranas			(6)	unus unu o	ther decount	
2	Aggregate value of contributions to (during year)								
3	Aggregate value of grants from (during year)								
4	Aggregate value at end of year								
5	Did the organization inform all donors and donor a funds are the organization's property, subject to	-				nor advis	ed	☐ Yes	□ No
6	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?			_	_		purpose	· _	_
Pai	rt II Conservation Easements. Comple	te if the organiza	ation a	nswe	red "Yes" (nn Form	1 990 Part	Yes IV line 7	No
1	Purpose(s) of conservation easements held by th					<u> </u>	, 550, Tare	. 147 11110 71	
	Preservation of land for public use (e.g., recreducation)					ın hıstorı	cally import	tant land are	a
	Protection of natural habitat			Prese	ervation of a	certifie	d historic st	ructure	
	Preservation of open space								
2	Complete lines 2a through 2d if the organization easement on the last day of the tax year	held a qualified con	servatı	on con	tribution in	the form	of a conser	vation	
							Held at t	he End of th	ne Year
а	Total number of conservation easements					2a			
b	Total acreage restricted by conservation easeme		2b						
c	Number of conservation easements on a certified	historic structure i	ınclude	d in (a)	2c			
d	1 Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register								
3	Number of conservation easements modified, tra	nsferred, released, e	extıngu	ııshed,	or terminate	ed by the	e organizatio	on during the	:
	tax year ▶								
4	Number of states where property subject to cons	ervation easement	ıs locat	ted ▶_					
5	Does the organization have a written policy regar violations, and enforcement of the conservation e	•		ng, inst	pection, han	dling of	Г	Yes 🗀	No
6	Staff and volunteer hours devoted to monitoring, year	ınspecting, handling	g of viol	lations	, and enforc	ing cons	ervation eas	sements dur	ing the
	-								
7	A mount of expenses incurred in monitoring, insperior \$	ecting, handling of v	riolatioi	ns, and	enforcing c	onserva	tion easeme	ents during t	he year
В	Does each conservation easement reported on Ii (B)(i) and section $170(h)(4)(B)(ii)$?	ne 2(d) above satist	fy the r	equire	ments of sec	ction 17		Yes 🗀	No
9	In Part XIII, describe how the organization repor balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to t						•	
Par	t III Organizations Maintaining Collec	tions of Art, Hi				or Oth	er Simila	r Assets.	
1 a	Complete if the organization answere If the organization elected, as permitted under SI	AS 116 (ASC 958), not t	o repor	t in its reve				
	works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the foot							erance or pur	DIIC
b	If the organization elected, as permitted under SI works of art, historical treasures, or other similar service, provide the following amounts relating to	assets held for pub							blic
(i) Revenue included on Form 990, Part VIII, line :	1				> \$			
	i) Assets included in Form 990, Part X								
2	If the organization received or held works of art, I following amounts required to be reported under S				lar assets f	or financ			
а	Revenue included on Form 990, Part VIII, line 1			-			▶ \$		
b	Assets included in Form 990, Part X						▶ \$		

Part		(Form 990) 2015 Organizations Maintair	ning	Collections of	Art, His	torica	l Tre	asures,	or O	ther Sim	ilar A	sset	ts	Page 2
3	Usina	(continued) the organization's acquisition	acce	ession and other re	cords ch	ieck anv	of the	e following t	that a	re a signifi	cant us	e of i	ts	
•		tion items (check all that appl		solon, and other re		icen an,	, or em	e following (criac a	i e a sigiiii	cane as	011		
а	☐ P	Public exhibition			d	Γι	_oan o	rexchange	progr	ams				
b		Scholarly research			e		Other							
c	┌ p	Preservation for future generat	tions											
4	Provid Part X	de a description of the organiza	atıon's	collections and ex	kplain hov	v they fo	urther	the organız	ation'	s exempt _l	ourpose	ın		
5		g the year, did the organizatior s to be sold to raise funds rath									┌ Ye:	s	┌ No	,
Par	t IV	Escrow and Custodial A Complete if the organizat Part X, line 21.		_	n Form	990, Pa	art IV	, line 9, o	r rep	orted an			Forn	n 990,
1a		organization an agent, trusted ed on Form 990, Part X?	e, cust	todian or other inte	rmediary	for con	trıbutı	ons or othe	rasse	ets not	Ye	s	∏ No	ı
b	If"	Yes," explain the arrangement	t ın Pa	rt XIII and comple	te the fol	lowing t	able				Am	ount		
c	Beg	Jinning balance							1 c					
d	Ado	ditions during the year							1d					
e	Dist	tributions during the year							1e					
f	End	ling balance							1 f					
2a	Dıd th	e organization include an amo	unt on	n Form 990, Part X,	line 21,	for escr	ow or	custodial a	ccoun	it liability?	┌ Ye	s	┌ No)
b	If"Ye: 't V	s," explain the arrangement in Endowment Funds. Col												
rai	L V	Lildowillelit i ulids. Col	Implet	(a)Current year		or year		c)Two years I					our ye	ars back
1a	Begin	ning of year balance		,										
b		ibutions												
С	Net in losse:	nvestment earnings, gains, and s	đ											
d	Grant	s or scholarships												
e		expenditures for facilities rograms												
f	A dmii	nistrative expenses	:				-							
g		f year balance												
2	Provid	le the estimated percentage o	f the c	urrent year end ba	lance (lın	e 1g, co	olumn	(a)) held as	;					
а	Board	designated or quasi-endowme	ent 🕨											
b	Perma	nnent endowment ►												
c		orarily restricted endowment becomes on lines 2a, 2b, an		should equal 100%										
3а		ere endowment funds not in th	ne pos	session of the orga	inization	that are	held a	and adminis	tered	for the		_	., '	
	_	zation by related organizations									3-	n(i)	Yes	No
		lated organizations	•									(ii)		
ь 4	If"Ye	s" on 3a(II), are the related or Tibe in Part XIII the intended i	ganıza	ations listed as req				·				ВЬ		
Par	t VI	Land, Buildings, and E	quipr	ment.							_			
		Complete if the organizat Description of property	tion a	nswered 'Yes' to		90, Par (a) st or othe		(b)		Accu	mulated			k value
						(ınvestm		(othe		1		+		
1a	_and . Building		•		• •			1				+		
	- uuldun/	ys												
b 1														
		old improvements			.			8,5	598,913	3	218,05	2	8	3,380,861
c l	 _easeh	old improvements						<u> </u>	598,913 216,426		218,05 994,44			
c l	 _easeh	•			· _			4,2		5		0	3	8,380,861 3,221,986 1,570,137

(1)Financial de	ee Form 990, Part X, line 12. (a) Description of security or catego (including name of security)	ry	(b) Book value	(c)Method of valuation Cost or end-of-year market value
	rivatives			Cost or end-or-year market value
(2)Closely-held (3)Other	d equity interests			
Total (Column (h) must equal Form 990, Part X, col(B) line 12)	•		
Part VIII Ir	nvestments—Program Related.	ad Wast on Form 000	Part IV line 11c	
	omplete if the organization answer (a) Description of investment	ed Yes on Form 990	(b) Book value	(c) Method of valuation
				Cost or end-of-year market value
) must equal Form 990, Part X, col (B) line 13)	•		
Part IX Ot	ther Assets. Complete if the organization (a) De	tion answered 'Yes' on F scription	orm 990, Part IV, line	11d See Form 990, Part X, line 15 (b) Book value
Total (Column	(b) must equal Form 990, Part X, col (B) lin	0.15		
Part X Ot	her Liabilities. Complete if the o		'Yes' on Form 990,	
Se	ee Form 990, Part X, line 25. (a) Description of liability	(b) Book value	2	
	taxes			
Federal income				
Federal Income	IENT BENEFIT OBLIGATION	11 751	447	
POSTRETIREM	MENCATION	11,751,		
POSTRETIREM	MPENSATION	51,465,	398	
POSTRETIREM DEFERRED CO	MPENSATION NT	51,465, 10,652,	398 885	
POSTRETIREM DEFERRED CO DEFERRED REI BENEFITS LIA	MPENSATION NT BILITIES	51,465, 10,652, 1,099,	398 885 271	
POSTRETIREM DEFERRED CO DEFERRED REI BENEFITS LIA	MPENSATION NT	51,465, 10,652,	398 885 271	
POSTRETIREM DEFERRED CO DEFERRED REI BENEFITS LIA	MPENSATION NT BILITIES NT LIABILITIES	51,465, 10,652, 1,099,	398 885 271	
POSTRETIREM DEFERRED CO DEFERRED REI BENEFITS LIA OTHER CURRE	MPENSATION NT BILITIES NT LIABILITIES CE LIABILITY	51,465, 10,652, 1,099, 226,	398 885 271 698	
POSTRETIREM DEFERRED CO DEFERRED REI BENEFITS LIA OTHER CURRE LIFE INSURAN MEDICARE TA	MPENSATION NT BILITIES NT LIABILITIES CE LIABILITY	51,465, 10,652, 1,099, 226, 75,	398 885 271 698	
POSTRETIREM DEFERRED CO DEFERRED REI BENEFITS LIA OTHER CURRE LIFE INSURAN MEDICARE TA OTHER LONG-	MPENSATION NT BILITIES NT LIABILITIES CE LIABILITY X LIABILITY	51,465, 10,652, 1,099, 226, 75,	398 885 271 698 000 132	

Schedule D (Form 990) 2015

Part XI		evenue per Audited Financial Statements With Revenue ization answered 'Yes' on Form 990, Part IV, line 12a.	per F	leturn
1 To		r support per audited financial statements	1	
2 A	mounts included on line 1 bu	t not on Form 990, Part VIII, line 12		
a N	et unrealized gains (losses) o	on investments 2a		
b D	onated services and use of fa	acilities 2b		
c Re	ecoveries of prior year grants	2c		
d 0	ther (Describe in Part XIII)			
e A	dd lines 2a through 2d		2e	
3 St	ubtract line 2e from line 1 .		3	
4 A	mounts included on Form 99	0, Part VIII, line 12, but not on line 1		
a In	nvestment expenses not inclu	uded on Form 990, Part VIII, line 7b . 4a		
b 0	ther (Describe in Part XIII)	4b		
c A	dd lines 4a and 4b		4c	
5 To	otal revenue Add lines 3 and	4c. (This must equal Form 990, Part I, line 12)	5	
Part XII		rpenses per Audited Financial Statements With Expens ization answered 'Yes' on Form 990, Part IV, line 12a.	es per	· Return.
1 To	otal expenses and losses per	audited financial statements	1	
2 A	mounts included on line 1 bu	t not on Form 990, Part IX, line 25		
a D	onated services and use of fa	ocilities		
d d	rıor year adjustments	2b		
c 0	ther losses	2c		
d 0	ther (Describe in Part XIII)			
e A	dd lines 2a through 2d		2e	
3 St	ubtract line 2e from line 1 .		3	
1 A	mounts included on Form 99	O, Part IX, line 25, but not on line 1:		
a In	nvestment expenses not inclu	uded on Form 990, Part VIII, line 7b 4a		
b 0	ther (Describe in Part XIII)	4b		
c A	dd lines 4a and 4b		4c	
5 To	otal expenses Add lines 3 ar	nd 4c. (This must equal Form 990, Part I, line 18)	5	
Part XI	III Supplemental Info	ormation		
	ıne 4, Part X, lıne 2, Part XI,	Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part		de any additional
	Return Reference	Explanation		
PART X, L	INE 2	EEI AND THE FOUNDATION HAVE EVALUATED THEIR TAX POSIT	IONSA	AND DETERMINED

THAT THEIR POSITIONS ARE MORE-LIKELY-THAN-NOT TO BE SUSTAINED ON

AUTHORITIES

EXAMINATION EEI AND THE FOUNDATION'S TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL AND STATE AUTHORITIES THE TAX RETURNS FOR THE FISCAL

Schedule D (Form 990) 2015		Page 5						
Part XIII Supplemental Information (continued)								
Return Reference	Explanation							
		_						

Additional Data

Software Version:

Software ID:

EIN: 13-0659550

Name: EDISON ELECTRIC INSTITUTE INC

·	(a) Description of Liability						
POSTRETIREMENT BENEFIT	OBLIGATION	11,751,447					
DEFERRED COMPENSATION	I	51,465,398					
DEFERRED RENT		10,652,885					
BENEFITS LIABILITIES		1,099,271					
OTHER CURRENT LIABILITI	ES	226,698					
LIFE INSURANCE LIABILITY	,	75,000					
MEDICARE TAX LIABILITY		19,132					
OTHER LONG-TERM LIABILI	ITY	2,507					

Form 990, Schedule D. Part X. - Other Liabilities

efile GRAPHIC print - DO NO	T PROCESS	As Filed Da	ta -	DLN:	93493320090286
SCHEDULE F Sta	tement of	Activities (Outside the Unit	ed States	OMB No 1545-0047
Department of the Treasury Internal Revenue Service	2015 Open to Public Inspection				
Name of the organization EDISON ELECTRIC INSTITUTE INC	ification number				
Part I General Information Complete if the organic				14b.	
 For grantmakers. Does the and other assistance, the grused to award the grants or For grantmakers. Describe assistance outside the Unite 	rantees' eligibi assistance? in Part V the o	lity for the grar	nts or assistance, and	the selection criteria	√ Yes No ts and other
3 Activites per Region (The follo	wing Part I, line	3 table can be d	uplicated if additional sp	ace is needed)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) EUROPE	0		PROGRAM SERVICES	MEETINGS WITHIN THE REGION	102,083
(2) SOUTH AMERICA	0	0	PROGRAM SERVICES	MEETINGS WITHIN THE REGION	5,606
(3) EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA	, 0	0	PROGRAM SERVICES	MEETINGS WITHIN THE REGION	123,735
(4) NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	0	0	PROGRAM SERVICES	MEETINGS WITHIN THE REGION	4,316
(5)					
3a Sub-total b Total from continuation sheets to Part I	0				235,740
c Totals (add lines 3a and 3b) For Paperwork Reduction Act Notice, se	e the Instructions	·		No 50082W Sched	235,740 ule F (Form 990) 2015

Schedule F (Form 990) 2015

	and EIN (if applicable)	5	dıs burs ement	assistance	assistance	(book, FMV, appraisal, other)
(1)						
(2)						
(3)						
(4)						

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Page 2

	ther Assistance duplicated if addit			ed States. Complete	if the organization a	nswered "Yes" to Form	990, Part IV, line 16.
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							

(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
(12)				
(42)				

(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
(17)									
(18)									
Schedule F (Form 990) 2015									

(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)							,		
(17)									
(18)									
Schedule F (Form 990) 2015									

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)

Yes ▼ No

Old 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)

Yes **▼** No

Additional Data

Software ID: Software Version:

EIN: 13-0659550

Name: EDISON ELECTRIC INSTITUTE INC

Schedule F (Form 990) 2015

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).

Schedule I
(Form 990)

Governments

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

Department of the

Internal Revenue Service

Name of the organization

Treasury

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

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

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

OMB No 1545-0047

2015

DLN: 93493320090286

Open to Public Inspection

Schedule I (Form 990) 2015

Employer identification number

EDISON ELECTRIC INSTITUTE INC	13-0659550	13-0659550					
Part I General Information	n on Grants an	d Assistance				•	
 Does the organization maintain in the selection criteria used to aw Describe in Part IV the organiza Part II Grants and Other Assista that received more than \$ 	ard the grants or a tion's procedures f nce to Domestic Oi	ssistance? or monitoring the use	of grant funds in the Un	ited States			✓ Yes No
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
See Additional Data Table							
2 Enter total number of section 50	1(c)(3) and goverr	nment organizations lis	sted in the line 1 table .			.	36
3 Enter total number of other organ	nızatıons lısted ın t	he line 1 table				. ▶	20

Cat No 50055P

Additional Data

or government

BALTIMORE, MD 21279

1625 K ST NW STE 405 WASHINGTON, DC 20006

AMERICAN ASSOCIATION OF BLACKS IN ENERGY

84-0782569

Software ID: Software Version:

EIN: 13-0659550

Name: EDISON ELECTRIC INSTITUTE INC

(h) Purpose of grant

or assistance

CONFERENCE

SPONSORSHIP

(a) Name and address of organization (b) EIN (c) IRC section (d) Amount of cash organization (f) Method of valuation one organization (d) Amount of cash (e) Amount of non- (f) Method of valuation (g) Description of non-cash assistance

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

501(C)(3)

					_
A WIDER CIRCLE 4808 MOORLAND LANE NO 802 BETHESDA,MD 20814	52-2345144	501(C)(3)	10,000		EVENT SPONSORSHIP
ALLIANCE TO SAVE ENERGY PO BOX 791399	52-1082991	501(C)(3)	27,500		EVENT SPONSORSHIP

25,000

assistance

other)

(b) EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) **AMERICAN LEGISLATIVE** 52-0140979 501(C)(3) 15,000 CONFERENCE EXCHANGE COUNCIL SPONSORSHIP 1101 VERMONT AVENUE

NW WASHINGTON,DC 20005					
AMERICANS FOR PROSPERITY 1310 N COURTHOUSE RD SUITE 700	75-3148958	501(C)(4)	7,500		CONFERENCE SPONSORSHIP

ARLINGTON, VA 22201 501(C)(3) ASPEN INSTITUTE 84-0399006 12,000 ONE DUPONT CIRCLE NW

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

(a) Name and address of

WASHINGTON, DC 20036

PROGRAM SUPPORT/EVENT SUITE 700 SPONSORSHIP

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) BOARD HISPANIC CAUCUS 20-2075553 501(C)(3) 10.000 CONFERENCE CHAIRS SPONSORSHIP 1001 CONGRESS AVE SUITE 100 ERENCE

_AUSTIN,TX 78701					
CAMPAIGN FOR HOME ENERGY ASSISTANCE 1615 L STREET NW SUITE 529 WASHINGTON DC 20036	52-1243510	501(C)(3)	15,000		CONFE SPONS

WASHINGTON, DC 20009

SORSHIP

529 WASHINGTON, DC 20036					
CAPITAL AREA REACH PROGRAM 1816 12TH STREET NW	26-4088542	501(C)(3)	10,000		CONTRIBUTION EDUCATION

(a) Name and address of **(b)** EIN (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant (c) IRC section organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) CENTER FOR ASSOCIATION 52-1300485 501(C)(3) 15,000 EVENT SPONSORSHIP LEADERSHIP 1575 I ST NW WASHINGTON MACHINICTON DC 2000E NOITU ON

WASHINGTON, DC 20005					
CENTER FOR ENERGY WORKFORCE DEVELOPMENT 701 PENNSYLVANIA AVE 3RD FLOOR	20-4504014	501(C)(3)	50,000		CONTRIBU EDUCATIO

WASHINGTON, DC 20003

WASHINGTON, DC 20004

CONGRESSIONAL BLACK 52-2270607 501(C)(3) 20,000 CAUCUS FOUNDATION

EVENT SPONSORSHIP 413 NEW JERSEY NAVE SE

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) CONGRESSIONAL 52-1114225 501(C)(3) 20,000 CONFERENCE HISPANIC CAUCUS SPONSORSHIP INSTITUTE

501(C)(3)

300 M STREET SE NO 510 WASHINGTON, DC 20003					
COUNCIL OF STATE GOVERNMENTS 2760 RESEARCH PARK DRIVE	36-6000818	501(C)(3)	70,000		PROGRAM SUPPORT

7,500

CONTRIBUTION

EDUCATION

LEXINGTON, KY 40511 DC PUBLIC EDUCATION

3407 14TH ST NW WASHINGTON, DC 20010

FUND

26-1607955

(a) Name and address of **(b)** EIN (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant (c) IRC section organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) DEMOCRATIC GOVERNORS' 52-1304889 SECTION 527 25,000 EVENT SPONSORSHIP ASSOCIATION 1401 K STREET NW SUITE SPONSORSHIP

200 WASHINGTON, DC 20005					
DEMOCRATIC LEGISLATIVE CAMPAIGN COMMITTEE 1401 K STREET NW SUITE 200	52-1870839	SECTION 527	10,000		EVENT SF

14,000

EVENT SPONSORSHIP

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

501(C)(3)

WASHINGTON, DC 20005 EDWIN D HILL CHARITABLE

401 SECOND STREET BEAVER, PA 15009

TRUST

47-3427588

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) **ENVIRONMENTAL COUNCIL** 36-3962169 501(C)(6) 13,000 CONFERENCE OF THE STATES SPONSORSHIP PO BOX 758616 BALTIMORE, MD 21275 SPONSORSHIP

HORTON'S KIDS INC 110 MARYLAND AVENUE NE SUITE 207 WASHINGTON,DC 20002	52-1755403	501(C)(3)	15,000		EVENT SPONSOF
INTERNATIONAL EMISSIONS TRADING ASSOCIATION	98-0546950	501(C)(6)	15,000		CONFERENCE SPONSORSHIP

WASHINGTON, DC 20004

1001 PENNSYLVANIA AVE NW

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) JOINT CENTER FOR 52-1069070 501(C)(3) 25,000 CONFERENCE POLITICAL AND SPONSORSHIP **ECONOMIC STUDIES** 1090 VERMONT AVENUE

RIGHTS

FLOOR

1629 K STREET NW 10TH

WASHINGTON, DC 20006

NW SUITE 1100 WASHINGTON, DC 20005					
KEYSTONE CENTER 1628 STS JOHN ROAD KEYSTONE,CO 80435	84-0688506	501(C)(3)	10,000		EVENT SPONSORSHIP
LEADERSHIP CONFERENCE ON CIVIL AND HUMAN	23-7026895	501(C)(4)	10,000		EVENT SPONSORSHIP

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (h) Purpose of grant (g) Description of organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) MACRUC 52-2027917 501(C)(3) 15,000 CONFERENCE SPONSORSHIP 801 PENNSYLVANIA AVE NW SPONSORSHIP

WASHINGTON, DC 20004					
N STREET VILLAGE INC 1333 N STREET	52-1007373	CORPORATION	10,000		EVENT SF
NODTHWEST					

20.000

EVENT SPONSORSHIP

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

501(C)(3)

NORTHWEST WASHINGTON, DC 20005

2107 WILSON BLVD 850 ARLINGTON, VA 22201

52-1474553

NASEO

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) NATIONAL BLACK CAUCUS 52-1218832 501(C)(3) 10,000 PROGRAM SUPPORT OF STATE LEGISLATORS 444 N CAPITAL ST NW

501(C)(3)

NATIONAL BUILDING

MUSEUM 401 F STREET NW WASHINGTON, DC 20001 52-1050999

WASHINGTON, DC 20001					
NATIONAL BLACK CAUCUS OF STATE LEGISLATORS 444 N CAPITAL ST NW WASHINGTON, DC 20001	52-1218832	501(C)(3)	8,334		EVENT SPONSORSHIP

CONTRIBUTION EDUCATION

30,250

(a) Name and address of **(b)** EIN (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant (c) IRC section organization ıf applicable grant cash (book, FMV, appraisal, l non-cash assistance or assistance or government assistance other) NATIONAL CAPITAL AREA 53-0204610 501(C)(3) 10.000 EVENT SPONSORSHIP COUNCIL 9190 ROCKVILLE PIKE BETHESDA, MD 20814 NATIONAL CAPITAL 53-0237585 501(C)(3) 11,250 EVENT SPONSORSHIP

CHAPTER MULTIPLE SCLEROSIS SOCIETY 1800 M STREET NW SUITE 750 SOUTH WASHINGTON, DC 20036					
NATIONAL CONFERENCE OF STATE LEGISLATORS	84-0772595	170(C)(1)	20,125		CONFERENCE SPONSORSHIP

OF STATE LEGISLATORS 444 NORTH CAPITOL

WASHINGTON, DC 20001

STREET

(a) Name and address of **(b)** EIN (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant (c) IRC section organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) NATIONAL ENERGY AND 52-1559709 501(C)(3) 10,000 CONFERENCE UTILITY AFFORDABILITY SPONSORSHIP COALITION 1010 VERMONT AVE NNW AM SUPPORT

WASHINGTON, DC 20005					
NATIONAL LAMPAC 701 PENNSYLVANIA AVE 3RD FLOOR WASHINGTON,DC 20004	26-2620296	501(C)(3)	35,000		P R O G R A N
NATIONAL ODGANIZATION	05 4546056	E01/C)(2)	15.000		CONFEDE

20 F STREET NW SUITE 743 WASHINGTON, DC 20001

CONFERENCE NATIONAL ORGANIZATION I 95-4546956 501(C)(3) 15,000 OF BLACK ELECTED SPONSORSHIP LEGISLATIVE WOMEN

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) NATIONAL PARK 52-1086761 501(C)(3) 7,500 CORPORATE FOUNDATION RESPONSIBILITY 1110 VERMONT AVENUE

NERO 91-1850125 501(C)(3) 13,320 EVENT SPONSORSHI ALEXANDRIA, VA 22314	NW SUITE 200 WASHINGTON, DC 20005					
	1707 PRINCE STREET	91-1850125	501(C)(3)	13,320		EVENT SPONSORSHIP

10,000

EVENT SPONSORSHIP

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

501(C)(3)

36-2167817

NORTHWESTERN

UNIVERSITY KELLOGG SCHOOL OF MANAGEMENT 2001 SHERIDAN ROAD EVANSTON,IL 60208

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) **NUCLEAR ENERGY** 52-1209124 501(C)(6) 13.935 EVENT SPONSORSHIP INSTITUTE 1201 F ST NW SUITE 1100 WASHINGTON.DC 20004 PONSORSHIP

PENTON MEDIA INC AND SUBSIDIARIES	36-2875386	CORPORATION	10,000		EVENT SP
1166 AVENUE OF THE					
AMERICAS/10TH FL					
NEW YORK, NY 10036					

10,000

EVENT SPONSORSHIP

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

501(C)(3)

PREVENT CANCER

1600 DUKE STREET 500 ALEXANDRIA, VA 22314

FOUNDATION

52-1429544

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) REV THE VOTE 47-1995977 501(C)(4) 25,000 PROGRAM SUPPORT 1101 PENNSYLVANIA AVE NW 6TH FLOOR WASHINGTON, DC 20004 **SPONSORSHIP**

ROOSEVELT INSTITUTE 570 LEXINGTON AVENUE SUITE 500 NEW YORK,NY 10022	23-7213592	501(C)(3)	10,000		EVENT SPONSORS
SENATE PRESIDENT'S FORUM	22-3284046	CORPORATION	10,000		CONTRIBUTION EDUCATION

26 MAIN ST

10706

HASTINGS HDSN, NY

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (h) Purpose of grant (g) Description of organization if applicable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) 501(C)(3) 12.000 SO OTHERS MIGHT FAT 23-7098123 EVENT SPONSORSHIP 71 0 STREET NW WASHINGTON.DC 20001 STATE LEGISLATIVE 10.000 CONFERENCE 23-7148478 CORPORATION

LEADERS FOUNDATION SPONSORSHIP 1645 FALMOUTH RD CENTERVILLE, MA 02632

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

WASHINGTON, DC 20004

STEM4US 90-0999200 CORPORATION 7,500 CONFERENCE 1629 K STREET NW SUITE SPONSORSHIP 300

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) TULANE UNIVERSITY -72-0423889 CORPORATION 10.000 CONFERENCE GULF COAST FLECTRICITY SPONSORSHIP DIALOGUE AM SUPPORT

6823 ST CHARLES AVE NEW ORLEANS, LA 70118					
UTILITY VARIABLE GENERATION INTEGRATION GROUP PO BOX 2787	54-1733337	CORPORATION	10,000		PROGRA

10,000

EVENT SPONSORSHIP

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

CORPORATION

RESTON, VA 20195 VOLTA LIVE INC

5500 FRIENDSHIP **BOULEVARD 2322N** CHEVY CHASE, MD 20815 20-5291054

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) WASHINGTON POST MEDIA 80-0298139 LLC 25,000 EVENT SPONSORSHIP LIVE 1301 K STREET NW WASHINGTON, DC 20071 NSORSHIP

WASHINGTON TENNIS & EDUCATION FOUNDATION 16TH AND KENNEDY STREETS NW WASHINGTON, DC 20011	52-6046504	501(C)(3)	11,000		EVENT SPONSOI
WESTERN CONFERENCE OF PUBLIC SERVICE COMMISSIONERS	45-5529620	501(C)(3)	7,500		CONFERENCE SPONSORSHIP

1101 VERMONT AVENUE

WASHINGTON, DC 20005

NW SUITE 200

(a) Name and address of (b) EIN (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant (c) IRC section organization if applicable grant cash (book, FMV, appraisal, non-cash assistance orassistance or aovernment assistance other) 20-2432543 501(C)(6) 9.000 CONFERENCE WESTERN LAMPAC 321 16TH AVENUE SOUTH SPONSORSHIP SEATTLE, WA 98144 1776 GLOBAL 46-3053453 75.000 CORPORATION EVENT SPONSORSHIP 1133 15TH ST NW 12TH FLOOR

WASHINGTON, DC 20005 IN-KIND SUPPORT CENTER FOR ENERGY 20-4504014 501(C)(3) 321,077 FMV PROGRAM SUPPORT WORKFORCE

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

WASHINGTON, DC 20004

DEVELOPMENT 701 PENNSYLVANIA AVE 3RD FLOOR

(a) Name and address of (b) EIN (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant (c) IRC section (d) A mount of cash organization ıf applicable cash (book, FMV, appraisal, non-cash assistance or assistance grant or aovernment assistance other) 26-2620296 501(C)(3) 36,391 FMV IN-KIND SUPPORT NATIONALIAMPAC PROGRAM SUPPORT 701 PENNSYLVANIA AVE 3RD FLOOR WASHINGTON, DC 20004 IN-KIND SUPPORT SO OTHERS MIGHT FAT 23-7098123 501(C)(3) 9,369 FMV CORPORATE 71 0 STREET NW RESPONSIBILITY

WASHINGTON, DC 20001 IN-KIND SUPPORT THOMAS ALVA EDISON 52-2106274 501(C)(3) 148,170 FMV IPROGRAM SUPPORT FOUNDATION

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

701 PENNSYLVANIA AVE 3RD FLOOR

WASHINGTON, DC 20004

Compensation Information

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

Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

2015 Open to Public

OMB No 1545-0047

DLN: 93493320090286

Department of the Treasury

Schedule J (Form 990)

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

terr	al Revenue Service				116.2		
	me of the organization SON ELECTRIC INSTITUTE INC			Employer identification	on nur	nber	
בטו	SON ELECTRIC INSTITUTE INC			13-0659550			
Pa	rt I Questions Regarding Compensation						
						Yes	No
La	Check the appropriate box(es) if the organization provide 990, Part VII, Section A, line 1a Complete Part III to						
	▼ First-class or charter travel	Γ	Housing allowance or residence fo	r personal use			
	Travel for companions	Γ	Payments for business use of pers	onal residence			
	Tax idemnification and gross-up payments	~	Health or social club dues or initia	tion fees			
	Discretionary spending account	Г	Personal services (e g , maid, chai	uffeur, chef)		 	
b	If any of the boxes in line 1a are checked, did the organ reimbursement or provision of all of the expenses descr				1b	Yes	
2	Did the organization require substantiation prior to reim directors, trustees, officers, including the CEO/Executive				2	Yes	
3	Indicate which, if any, of the following the filing organization's CEO/Executive Director Check all that a used by a related organization to establish compensation	apply	y Do not check any boxes for metho	ds			
	✓ Compensation committee	Г	Written employment contract			ļ	ļ
	✓ Independent compensation consultant	✓	Compensation survey or study			ļ	ļ
	Form 990 of other organizations	✓	Approval by the board or compens	ation committee		 	
1	During the year, did any person listed on Form 990, Par or a related organization	rt V I	I, Section A, line 1a with respect to	the filing organization			
а	Receive a severance payment or change-of-control pay	men	t?		4a		No
b	Participate in, or receive payment from, a supplemental	non	qualified retirement plan?		4b	Yes	
c	Participate in, or receive payment from, an equity-base	d coi	mpensation arrangement?		4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide	de th	e applicable amounts for each item i	n Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organization	ıs mı	ust complete lines 5-9.				
5	For persons listed on Form 990, Part VII, Section A, lir compensation contingent on the revenues of		-	any			
а	The organization?				5a		
b	Any related organization?				5b		
	If "Yes," on line 5a or 5b, describe in Part III						
5	For persons listed on Form 990, Part VII, Section A, lir compensation contingent on the net earnings of	ne 1a	a, did the organization pay or accrue	any			
а	The organization?				6a		
b	Any related organization?				6b		
	If "Yes," on line 6a or 6b, describe in Part III						
7	For persons listed on Form 990, Part VII, Section A, lir payments not described in lines 5 and 6? If "Yes," desc			on-fixed	7		
3	Were any amounts reported on Form 990, Part VII, paid subject to the initial contract exception described in Re in Part III		•		8		
9	If "Yes" on line 8, did the organization also follow the re section 53 4958-6(c)?	butt	able presumption procedure describ	ed in Regulations	9		

Tage 2										
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.										
For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that 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 W-2 and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in					

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(F) Compensation in
	Base	(ii)	(ıiı)	other deferred	benefits	(B)(ı)-(D)	column(B) reported
	(ı) compensation	Bonus & incentive compensation	Other reportable compensation	compensation			as deferred on prior Form 990

Schedule 1 (Form 990) 2015

See Additional Data Table

Schedule J (Form 990) 2015	Page 3
Part III Supplemental Ir	ıformation
Provide the information, explanati	on, 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	PART 1, QUESTION 1A - FIRST CLASS TRAVEL JOHN EASTON AND LAWRENCE JONES ARE ENTITLED TO FIRST CLASS OR CHARTER TRAVEL FOR INTERNATIONAL FLIGHTS RICHARD MCMAHON IS ENTITLED TO FIRST CLASS OF CHARTER TRAVEL FOR FLIGHTS OVER FOUR HOURS DUE TO MEDICAL REASONS AMOUNTS FOR FIRST-CLASS TRAVEL ARE NOT INCLUDED IN INCOME PART I, QUESTION 1A - HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES THOMAS KUHN \$1,650 INCLUDED IN INCOME RICHARD MCMAHON \$919 INCLUDED IN INCOME
PART I, LINE 4B	THE EDISON ELECTRIC INSTITUTE PROVIDES A NON-QUALIFIED PLAN FOR ELIGIBLE MANAGEMENT EMPLOYEES THOMAS R KUHN

\$1,778,814 DAVID K OWENS \$485,441 BRIAN WOLFF \$153,427 EDWARD COMER \$179,962 MARY MILLER \$98,472 QUINLAN SHEA \$51,917

Schedule J (Form 990) 2015

Software ID: Software Version:

EIN: 13-0659550

Name: EDISON ELECTRIC INSTITUTE INC

Form 990, Schedule J, Pa	rt I	I - Officers, Direc	tors, Trustees, Ke	y Employees, and	l Highest Compen	sated Employees	ì	
(A) Name and Title		(B) Breakdown or (i) Base Compensation	f W-2 and/or 1099-MIS (ii) Bonus & Incentive	(iii) O ther reportable	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(I)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1MR THOMAS KUHN PRESIDENT	(I) (II)	923,587	822,420	2,289,661	118,349	26,561	4,180,578	0
1MR DAVID OWENS	(1)	620,778	321,000	40,476	602.156	0 9,406	1 502 816	
EXECUTIVE VP, BUSINESS OPERATIONS GR	(11)	0	321,000	40,476	602,156	9,406	1,593,816	0
2MR BRIAN WOLFF EXECUTIVE VP, PUBLIC POLICY & EXTERN	(1)	604,868	312,000	35,859	204,452	9,345	1,166,524	0
	(11)	0	0	0	0	0	0	0
3MR EDWARD COMER VP, GENERAL COUNSEL & CORPORATE SECR	(I) (II)	320,147 0	136,000	16,998 	311,830	20,333 	805,308 	0
4MS MARY MILLER CHIEF ADMINSTRATIVE	(1)	320,894	139,000	5,320	209,338	0 9,391	0 683,943	0
OFFICER	(11)	0	0	0	0			0
5MR QUINLAN SHEA III VP, ENVIRONMENT	(1)	252,515	121,000	28,314	156,107	16,851	574,787	0
	(11)	0	0	0	0	- 0	- 0	0
6 MR RICHARD MCMAHON VP, ENERGY SUPPLY & FINANCE	(I)	295,066 	132,000	18,408	264,823 	22,523	732,820	0
7 MR JAMES FAMA	(1)	250,831	110,000	37.001	106 265	15.691	608,778	0
VP, ENERGY DELIVERY	(11)	0	119,000	27,001 0	196,265 0	15,681		0
8MS KATHY STECKELBERG VP, GOVERNMENT RELATIONS	(1)	268,278	110,000	3,970	195,931	8,139	586,318	0
W, COVERNILLIN NEBRISONS	(11)	0	0	0	0			0
9MR BRIAN MCCORMACK VP, POLITICAL & EXTERNAL AFFAIRS	(I) (II)	268,650 		2,401	44,570 	8,396	440,017	0
10MR JOHN EASTON JR			0	0		0	0	0
VP, INTERNATIONAL PROGRAMS	(1)	18,759 0	102,000	126,845 0	211,178 	2,586 	461,368	0
11MR JOHN SCHLENKER CHIEF FINANCIAL OFFICER &	(1)	212,201	99,000	27,992	174,096	18,684	531,973	0
TREASURER	(11)	o	0	0	0	-	-	0
12MR RICHARD TEMPCHIN EXECUTIVE DIRECTOR, RETAIL ENERGY SE	(1)	199,311	86,000	20,451	164,642	21,682	492,086	0
	(11)	0	0	0	0	0	0	0
13MR JAMES OWEN EXECUTIVE DIRECTOR, MEMBER RELATIONS	(I)	195,329 0	92,000	23,859	171,020	19,843	502,051	0
14MS STEPHANIE VOYDA	(1)	177,686	02.000	40.252	120.404	0	0	
MANAGING DIRECTOR, COMMUNICATIONS	(11)	0	82,000	18,262 0	138,404 0	15,120	431,472	0
15MR SCOTT AARONSON SENIOR DIRECTOR,	(1)	200,367	41,200	18,430	43,776	0 1,919	305,692	0
NATIONAL SECURITY P	(11)	0	0	0	0			0
16MR J BRUCE BROWN DEPUTY GENERAL COUNSEL	(I)	174,064	102,000	26,582	125,962	2,735	431,343	0
					0	0	0	

efile GRAPHIC pr	int - DO NOT PROCESS	As Filed Data -				
SCHEDULE O	Supplemental Information					
(Form 990 or 990-EZ)	Complete to prov	ide information for re				
JJU-LL;	F 000	000 F7				

formation 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.

2015 Open to Public Inspection

OMB No 1545-0047

DLN: 93493320090286

Name of the organization EDISON ELECTRIC INSTITUTE INC.

Department of the

Internal Revenue

Treasury

Service

Employer identification number

13-0659550

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

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

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

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

Return Reference	Explanation	
FORM 990, PART	THE FORM 990 FOR THE EDISON ELECTRIC INSTITUTE IS REVIEWED BY THE ORGANIZATION'S OUTSIDE CPA FIRM AND	l
VI, SECTION B,	REPORTED BY THE ENGAGEMENT PARTNER TO THE INSTITUTE'S EXECUTIVE COMMITTEE IN ADVANCE OF FILING	l
LINE 11	COPIES OF THE FORM 990 ARE MADE AVAILABLE TO THE EEI BOARD PRIOR TO FILING THE RETURN IS REVIEWED AND	l
	SIGNED BY THE INSTITUTE'S CHIEF FINANCIAL OFFICERS	ı

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

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

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

Return Reference	Explanation					
FORM 990, PART IX, LINE 11G	OTHER CONSULTANTS 9,896,607					

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN PROJECTED EMPLOYEE BENEFITS OBLIGATIONS 2,301,437

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93493320090286 OMB No 1545-0047

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

2015

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

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

Open to Public Inspection

Name of the organization EDISON ELECTRIC INSTITUTE INC								Employer	identifica	ntion number		
								13-0659	550			
Part I Identification of Disregarded Entities Com	plete	if the organization a	answere	d "Yes" on	For	m 990, Pa	rt IV,	line 33.				
(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary activity Leg		(c) egal domicile (state or foreign country)		(d) cal income	End-of	(e) -year assets	Dii	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Orga or more related tax-exempt organizations during			e organ	ızatıon ans	wer	ed "Yes" o	n For	m 990, P	art IV, lii	ne 34 because it h	ad one	<u> </u>
(a) Name, address, and EIN of related organization		(b) Primary activity	Lega or f	(c) Legal domicile (state or foreign country)		(d) Exempt Code secti		tion (e) Public chanty si (if section 501(d		(f) Direct controlling entity	Section (b) (conti	g) on 512 (13) rolled tity?
(1)THOMAS ALVA EDISON FOUNDATION 701 PENNSYLVANIA AVE NW	SCIENTIFIC/EDUCATION			DC	5	501(C)(3)		170(B)(1)(A)(VI)		EDISON ELECTRIC INSTITUTE INC	Yes Yes	No
WASHINGTON, DC 20004 52-2106274										INSTITUTE INC		
(2)CENTER FOR ENERGY WORKFORCE DEVELOPMENT 701 PENNSYLVANIA AVE NW	EDUCATION			DE	501(C)(3)		509(A)(3)			EDISON ELECTRIC INSTITUTE INC	Yes	
WASHINGTON, DC 20004 20-4504014												
EDISON ELECTRIC INSTITUTE RETIREE BENEFITS VOLUNTARY EMPLOYEES (3)BENEFICIARY 701 PENNSYLVANIA AVE NW	RETIREE MEDICAL AND LIFE INSURANCE BENEFITS			DC		501(C)(9)				EDISON ELECTRIC INSTITUTE INC	Yes	
WASHINGTON, DC 20004 52-1660737					_						_	
					_							
					_							

Part III	Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form	990, Pa	art IV, I	line 34
	because it had one or more related organizations treated as a partnership during the tax year.			

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	controlling in entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h Disprop alloca) rtionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	UBI General on box managing f partner? K-1		General or managing partner?		General or managing partner?		(k) Percentage ownership
] 3117			Yes	No	1	Yes	No					
											\vdash					
Part TV Identification of Polated Organizations Tayable					I.		<u> </u>									

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

Part V	Transactions With	Related Organizations	Complete if the or	ganization answered '	"Yes" on Form 9	990, Part IV, line	e 34, 35b, or 36.

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No					
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?									
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No					
b	Gift, grant, or capital contribution to related organization(s)	1 b	Yes						
c	Gıft, grant, or capıtal contribution from related organization(s)	1 c		No					
d	Loans or loan guarantees to or for related organization(s)	1 d		No					
е	Loans or loan guarantees by related organization(s)	1e		No					
f Dividends from related organization(s)									
g Sale of assets to related organization(s)									
		1g 1h		No					
i Exchange of assets with related organization(s)									
		1j		No					
-									
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No					
I F	Performance of services or membership or fundraising solicitations for related organization(s)	11		No					
•		1m	1	No					
	enormance of services of internetisting of intrinsicisting softened organization(s), i.e.,	1m	Yes	NO					
	sharing of identices, equipment, maining insta, of other assets with related organization(5).	10	Yes						
0	Sharing of paid employees with related organization(s)	10	162						
р	Reimbursement paid to related organization(s) for expenses	1 p	Yes						
q	Reimbursement paid by related organization(s) for expenses	1 q	Yes						
r		1r	Yes						
s	Other transfer of cash or property from related organization(s)	1 s		No					
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds								
	(a) (b) (c) (d) Name of related organization Amount involved Method of determining area	unt :	امميراميد						

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)THOMAS ALVA EDISON FOUNDATION	В	148,170	
(2)CENTER FOR ENERGY WORKFORCE DEVELOPMENT	В	476,077	
(3)THOMAS ALVA EDISON FOUNDATION	R	1,140,330	
(4)THOMAS ALVA EDISON FOUNDATION	Q	467,992	

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

revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships														
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	section 501(c)(3) organizations?		(c)(3) Income Izations?		total end-of-year	year allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No		
												1 I		
													<u> </u>	

