

### 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: 93493131027976

Department of the Treasury Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter social security numbers on this form as it may be made public

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

OMB No 1545-0047

Open to Public

			lendar year, or tax year beginnin  C Name of organization	g 01-01-2015 , and ending 12-31	-2015	D Francis		
		pplicable	North American Electric Reliability Co	rp		D Employ	yer identiii	cation number
┌ Add		_	% MANAGEMENT			20-48	21888	
│ Nar —		_	Doing business as					
Initi		ırn	Number and street (or B.O. boy if m	all is not delivered to street address) Roc	m/suito	E Telepho	ne number	
Fina		mınated	3353 Peachtree Road NE Suite STE		iii/ suite	(404)	446-2560	0
Ame	ended	return	City or town, state or province, coun	try, and ZIP or foreign postal code				-
_		n pending	Atlanta, GA 30326	try, and 21 of foreign postar code		<b>G</b> Gross re	eceıpts \$ 63,	688,649
i Vbb	ileatioi	ir pending		- cc	1			
			<b>F</b> Name and address of prin MICHAELA WALKER	cipal officer	H(a)	Is this a group subordinates?	return for	ΓYes <b>Γ</b> Νο
			3353 Peachtree Road NEST	<b>∃</b> 600	Н(b)	Are all subordir	nates	TYes TNo
			Atlanta, GA 30326			ıncluded?		
 <b>T</b> Tax	exen	npt status	□ 501(c)(3)	Insert no )		If "No," attach		
			v nerc com		H(C)	Group exempti	on numbe	r►
			Corporation Trust Association	Other 🕨	<b>L</b> Ye	ar of formation 200	06 <b>M</b> Stat	e of legal domicile NJ
Pa			mary					
		· ·	scribe the organization's mission te the reliability and security of t					
e e	_	o cimano	te the remarking and security of the	ne bank power in worth America				
Governance	_							
EII	<b>3</b>	Chack th	is how - if the organization dis	continued its operations or dispos	ad of more t	han 25% of its	not accets	<u> </u>
γοκ	`	CHECK th	is box F in the organization dis	continued its operations of dispos	ed of more t		net assets	•
	1 E	Number	of voting members of the governi	ng body (Part VI, line 1a)			3	10
es	4 1	Number	of independent voting members o	f the governing body (Part VI, line	1b)	[	4	9
国	5 7	Total nur	nber of individuals employed in c	alendar year 2015 (Part V, line 2	a)	[	5	230
Activities &	6	Total nur	nber of volunteers (estimate if ne		[	6	2,300	
•	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12					[	7a	0
	b N	et unrela	ted business taxable income fro	m Form 990-T, line 34			7b	
						D: W		
						Prior Year		Current Year
a.	8	Contri	butions and grants (Part VIII, lii	ne 1h)			0	0
enne	9	Progra	ım service revenue (Part VIII, li	ne 2g)		58,766,4	0	0 63,486,737
łavenue	9 10	Progra Invest	ım service revenue (Part VIII, li ment income (Part VIII, column	ne 2g)		58,766,4 -6,3	0 85 812	0 63,486,737 6,792
Revenue	9 10 11	Progra Invest Other	nm service revenue (Part VIII, li ment income (Part VIII, column revenue (Part VIII, column (A),	ne 2g)		58,766,4	0 85 812	63,486,737 6,792 -159,707
Revenue	9 10	Progra Invest Other Total	nm service revenue (Part VIII, li ment income (Part VIII, column revenue (Part VIII, column (A),	ne 2g)		58,766,4 -6,3	0 885 812 572	0 63,486,737 6,792 -159,707
Revenue	9 10 11	Progra Invest Other Total 12)	nm service revenue (Part VIII, li ment income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11	ne 2g)	), line	58,766,4 -6,3 -57,5 58,702,6	0 885 312 572	0 63,486,737 6,792 -159,707 63,333,822
Revenue	9 10 11 12	Progra Invest Other Total (12) Grants	im service revenue (Part VIII, li ment income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11 s and similar amounts paid (Part	ne 2g)	), line	58,766,4 -6,3 -57,5	0 885 312 572	0 63,486,737 6,792 -159,707 63,333,822 2,500
	9 10 11 12	Progra Invest Other Total (12) Grants Benefi	im service revenue (Part VIII, li ment income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11 s and similar amounts paid (Part ts paid to or for members (Part I es, other compensation, employe	ne 2g)	), line	58,766,4 -6,3 -57,5 58,702,6 2,5	0 885 812 872 801 800	0 63,486,737 6,792 -159,707 63,333,822 2,500
	9 10 11 12 13 14	Progra Invest Other Total (12) Grants Benefi Salario 5-10)	im service revenue (Part VIII, li ment income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11 s and similar amounts paid (Part ts paid to or for members (Part I es, other compensation, employe	(A), lines 3, 4, and 7d)	), line	58,766,4 -6,3 -57,5 58,702,6	0 885 812 872 801 800 0	0 63,486,737 6,792 -159,707 63,333,822 2,500
	9 10 11 12 13 14 15	Progra Invest Other Total (12) Grants Benefi Salario 5-10) Profes	im service revenue (Part VIII, li ment income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11 s and similar amounts paid (Part ts paid to or for members (Part I es, other compensation, employe	ne 2g)	), line	58,766,4 -6,3 -57,5 58,702,6 2,5	0 885 812 872 801 800	0 63,486,737 6,792 -159,707 63,333,822 2,500
Explenses Revenue	9 10 11 12 13 14 15 16a b	Progra Invest Other Total (12) Grants Benefi Salari 5-10) Profes	im service revenue (Part VIII, li ment income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11 s and similar amounts paid (Part ts paid to or for members (Part I es, other compensation, employe ssional fundraising fees (Part IX, ndraising expenses (Part IX, column (D)	ne 2g)	), line	58,766,4 -6,3 -57,5 58,702,6 2,5 33,220,0	0 885 812 872 801 800 0	0 63,486,737 6,792 -159,707 63,333,822 2,500 0 36,702,990
	9 10 11 12 13 14 15 16a b	Progra Invest Other Total (12) Grants Benefi Salario 5-10) Profes Total fu	im service revenue (Part VIII, li ment income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11 s and similar amounts paid (Part its paid to or for members (Part I es, other compensation, employe ssional fundraising fees (Part IX, ndraising expenses (Part IX, column (D) expenses (Part IX, column (A), I	ne 2g)	), line	58,766,4 -6,3 -57,5 58,702,6 2,5 33,220,0	0 885 812 672 601 600 0 930	0 63,486,737 6,792 -159,707 63,333,822 2,500 0 36,702,990
	9 10 11 12 13 14 15 16a b 17	Progra Invest Other Total (12) Grants Benefi Salario 5-10) Profes Total fu Other	im service revenue (Part VIII, li iment income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11 s and similar amounts paid (Part its paid to or for members (Part I es, other compensation, employe ssional fundraising fees (Part IX, indraising expenses (Part IX, column (D) expenses (Part IX, column (A), lexpenses Add lines 13–17 (musex	(A), lines 3, 4, and 7d)	), line	58,766,4 -6,3 -57,5 58,702,6 2,5 33,220,0 21,388,7 54,611,2	0 885 812 601 600 0 930 0	0 63,486,737 6,792 -159,707 63,333,822 2,500 0 36,702,990 0 25,633,415 62,338,905
Expenses	9 10 11 12 13 14 15 16a b	Progra Invest Other Total (12) Grants Benefi Salario 5-10) Profes Total fu Other	im service revenue (Part VIII, li iment income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11 s and similar amounts paid (Part its paid to or for members (Part I es, other compensation, employe ssional fundraising fees (Part IX, indraising expenses (Part IX, column (D) expenses (Part IX, column (A), lexpenses Add lines 13–17 (musex	ne 2g)	), line	58,766,4 -6,3 -57,5 58,702,6 2,5 33,220,0 21,388,7 54,611,2 4,091,3	0 885 812 672 601 600 0 930 0	0 63,486,737 6,792 -159,707 63,333,822 2,500 0 36,702,990 0 25,633,415 62,338,905 994,917
Expenses	9 10 11 12 13 14 15 16a b 17	Progra Invest Other Total (12) Grants Benefi Salario 5-10) Profes Total fu Other	im service revenue (Part VIII, li iment income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11 s and similar amounts paid (Part its paid to or for members (Part I es, other compensation, employe ssional fundraising fees (Part IX, indraising expenses (Part IX, column (D) expenses (Part IX, column (A), lexpenses Add lines 13–17 (musex	(A), lines 3, 4, and 7d)	), line	58,766,4 -6,3 -57,5 58,702,6 2,5 33,220,0 21,388,7 54,611,2	0 885 812 672 601 600 0 930 0	0 63,486,737 6,792 -159,707 63,333,822 2,500 0 36,702,990 0 25,633,415 62,338,905 994,917 End of Year
Expenses	9 10 11 12 13 14 15 16a b 17	Progra Invest Other Total (12) Grants Benefi Salario 5-10) Profes Total fu Other Total (1) Reven	im service revenue (Part VIII, liment income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11 and sand similar amounts paid (Part its paid to or for members (Part I es, other compensation, employed sisional fundraising fees (Part IX, indraising expenses (Part IX, column (D) expenses (Part IX, column (A), lexpenses Add lines 13–17 (musue less expenses Subtract line assets (Part X, line 16)	ne 2g)	), line	58,766,4 -6,3 -57,5 58,702,6 2,5 33,220,0 21,388,7 54,611,2 4,091,3	0	0 63,486,737 6,792 -159,707 63,333,822 2,500 0 36,702,990 0 25,633,415 62,338,905 994,917 End of Year
Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Progra Invest Other Total (12) Grants Benefi Salari 5-10) Profes Total fu Other Total (1) Reven	im service revenue (Part VIII, liment income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11 and sand similar amounts paid (Part its paid to or for members (Part I es, other compensation, employed sisonal fundraising fees (Part IX, ndraising expenses (Part IX, column (D), lexpenses (Part IX, column (A), lexpenses Add lines 13–17 (musue less expenses Subtract line assets (Part X, line 16)	ne 2g)	), line	58,766,4 -6,3 -57,5 58,702,6 2,5 33,220,0 21,388,7 54,611,2 4,091,3 Ining of Current Y 51,177,7 38,726,8	0	0 63,486,737 6,792 -159,707 63,333,822 2,500 0 36,702,990 0 25,633,415 62,338,905 994,917 End of Year 55,029,893 41,584,036
Not Assets or Expenses Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Progra Invest Other Total (12) Grants Benefi Salario 5-10) Profes Total fu Other Total (1) Reven	im service revenue (Part VIII, liment income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11 and sand similar amounts paid (Part its paid to or for members (Part I es, other compensation, employed sistential fundraising fees (Part IX, normalising expenses (Part IX, column (D) expenses (Part IX, column (A), lexpenses Add lines 13–17 (musue less expenses Subtract line essets (Part X, line 16)	ne 2g)	), line	58,766,4 -6,3 -57,5 58,702,6 2,5 33,220,0 21,388,7 54,611,2 4,091,3 Ining of Current Y	0	0 63,486,737 6,792 -159,707 63,333,822 2,500 0 36,702,990 0 25,633,415 62,338,905 994,917 End of Year 55,029,893 41,584,036
Not Assets or Expenses Fund Balances	9 10 11 12 13 14 15 16a b 17 18 19	Progra Invest Other Total (12) Grants Benefi Salario 5-10) Profes Total fu Other Total (1) Reven  Total (2)  Total (3)  Net as	im service revenue (Part VIII, liment income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11 and sand similar amounts paid (Part its paid to or for members (Part I es, other compensation, employed sisional fundraising fees (Part IX, nodraising expenses (Part IX, column (D) expenses (Part IX, column (A), lexpenses Add lines 13–17 (musue less expenses Subtract line assets (Part X, line 16)	ne 2g)	), line	58,766,4 -6,3 -57,5 58,702,6 2,5 33,220,0 21,388,7 54,611,2 4,091,3 uning of Current Y 51,177,7 38,726,8 12,450,9	0	0 63,486,737 6,792 -159,707 63,333,822 2,500 0 36,702,990 0 25,633,415 62,338,905 994,917 End of Year 55,029,893 41,584,036 13,445,857
Mot Assets or Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Progra Invest Other Total (12) Grants Benefi Salario 5-10) Profes Total fu Other Total (1) Reven  Total (2)  Net as  Sign alties of dge and	im service revenue (Part VIII, liment income (Part VIII, column revenue (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11 and sand similar amounts paid (Part its paid to or for members (Part I es, other compensation, employed assional fundraising fees (Part IX, ndraising expenses (Part IX, column (D) expenses (Part IX, column (A), lexpenses Add lines 13–17 (musue less expenses Subtract line assets (Part X, line 16)	ne 2g)	), line	58,766,4 -6,3 -57,5 58,702,6 2,5 33,220,0 21,388,7 54,611,2 4,091,3 Ining of Current Y 51,177,7 38,726,8 12,450,9 hedules and state	0	0 63,486,737 6,792 -159,707 63,333,822 2,500 0 36,702,990 0 25,633,415 62,338,905 994,917 End of Year 55,029,893 41,584,036 13,445,857
Not Assets or Expenses  Fund Balances	9 10 11 12 13 14 15 16a b 17 18 19	Progra Invest Other Total (12) Grants Benefi Salario 5-10) Profes Total fu Other Total (1) Reven  Total (2) Sign alties of dge and las any kr	im service revenue (Part VIII, Internation in Service revenue (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11 and sand similar amounts paid (Part its paid to or for members (Part I es, other compensation, employed sisional fundraising fees (Part IX, ndraising expenses (Part IX, column (D) expenses (Part IX, column (A), lexpenses Add lines 13–17 (musue less expenses Subtract line assets (Part X, line 16)	ne 2g)	), line	58,766,4 -6,3 -57,5 58,702,6 2,5 33,220,0 21,388,7 54,611,2 4,091,3 ining of Current Y 51,177,7 38,726,8 12,450,9 hedules and state er) is based on a	0	0 63,486,737 6,792 -159,707 63,333,822 2,500 0 36,702,990 0 25,633,415 62,338,905 994,917 End of Year 55,029,893 41,584,036 13,445,857
S Net Assets of Expenses of Lapenses of La	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 t III	Progra Invest Other Total (12) Grants Benefi Salario 5-10) Profes Total fu Other Total (1) Reven  Total (2) Sign alties of dge and las any kr	im service revenue (Part VIII, liment income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11 and sand similar amounts paid (Part its paid to or for members (Part I es, other compensation, employed sisional fundraising fees (Part IX, ndraising expenses (Part IX, column (D) expenses (Part IX, column (A), lexpenses Add lines 13–17 (musue less expenses Subtract line assets (Part X, line 16)	ne 2g)	), line	58,766,4 -6,3 -57,5 58,702,6 2,5 33,220,0 21,388,7 54,611,2 4,091,3 Ining of Current Y 51,177,7 38,726,8 12,450,9 hedules and stater or a	0	0 63,486,737 6,792 -159,707 63,333,822 2,500 0 36,702,990 0 25,633,415 62,338,905 994,917 End of Year 55,029,893 41,584,036 13,445,857
S Net Assets of Expenses of Lapenses of La	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 t III	Progra Invest Other Total 1 12) Grants Benefi Salario 5-10) Profes Total fu Other Total a Reven  Total a Sign alties of dge and das any kr	im service revenue (Part VIII, Internal Income (Part VIII, Column revenue (Part VIII, column (A), revenue—add lines 8 through 11 and similar amounts paid (Part its paid to or for members (Part I its paid to or for its paid	(A), lines 3, 4, and 7d)	), line	58,766,4 -6,3 -57,5 58,702,6 2,5 33,220,0 21,388,7 54,611,2 4,091,3 ining of Current Y 51,177,7 38,726,8 12,450,9 hedules and state er) is based on a	0	0 63,486,737 6,792 -159,707 63,333,822 2,500 0 36,702,990 0 25,633,415 62,338,905 994,917 End of Year 55,029,893 41,584,036 13,445,857
S Net Assets or Expenses	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 t III	Progra Invest Other Total (12) Grants Benefi Salario 5-10) Profes Total fu Other Total (1) Reven  Total (2) Sign alties of de and las any kr	im service revenue (Part VIII, Internation in come (Part VIII, Column revenue (Part VIII, column (A), revenue—add lines 8 through 11 is and similar amounts paid (Part its paid to or for members (Part I its paid to or for its paid to or for members (Part I its paid to or for its paid to or for members (Part I its paid to or for its paid to or	(A), lines 3, 4, and 7d)	hes Begin	58,766,4 -6,3 -57,5 58,702,6 2,5 33,220,0 21,388,7 54,611,2 4,091,3 Ining of Current Y 51,177,7 38,726,8 12,450,9 hedules and state er) is based on a	0	0 63,486,737 6,792 -159,707 63,333,822 2,500 0 36,702,990 0 25,633,415 62,338,905 994,917 End of Year 55,029,893 41,584,036 13,445,857
H Share Shar	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 t III penalowled rer ha	Progra Invest Other Total (12) Grants Benefi Salario 5-10) Profes Total fu Other Total (1) Reven  Total (2) Sign alties of dge and las any kr	im service revenue (Part VIII, Internal Income (Part VIII, Column revenue (Part VIII, column (A), revenue—add lines 8 through 11 and similar amounts paid (Part its paid to or for members (Part I its paid to or for its paid	(A), lines 3, 4, and 7d)	), line	58,766,4 -6,3 -57,5 58,702,6 2,5 33,220,0 21,388,7 54,611,2 4,091,3 sining of Current Y 51,177,7 38,726,8 12,450,9 hedules and state er) is based on a	0	0 63,486,737 6,792 -159,707 63,333,822 2,500 0 36,702,990 0 25,633,415 62,338,905 994,917 End of Year 55,029,893 41,584,036 13,445,857 and to the best of ation of which
S C Not Assets or Expenses	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 t III penalowied rer har	Progra Invest Other Total (12) Grants Benefi Salario 5-10) Profes Total fu Other Total (1) Reven  Total (2) Sign alties of dge and las any kr	im service revenue (Part VIII, Internation in come (Part VIII, Column revenue (Part VIII, column (A), revenue—add lines 8 through 11 is and similar amounts paid (Part its paid to or for members (Part I its paid to or for its paid to or for members (Part I its paid to or for its paid to or for members (Part I its paid to or for its paid to	(A), lines 3, 4, and 7d)	b, line  ines  ine	58,766,4 -6,3 -57,5 58,702,6 2,5 33,220,0 21,388,7 54,611,2 4,091,3 Ining of Current Y 51,177,7 38,726,8 12,450,9 hedules and state er) is based on a	0	0 63,486,737 6,792 -159,707 63,333,822 2,500 0 36,702,990 0 25,633,415 62,338,905 994,917 End of Year 55,029,893 41,584,036 13,445,857 and to the best of ation of which

**Use Only** 

Firm's address  $\blacktriangleright$  1100 PEACHTREE STREET SUITE 1200

ATLANTA, GA 30309 May the IRS discuss this return with the preparer shown above? (see instructions) Phone no (404) 446-2500

. ✓ Yes ☐ No

4d Other program services (Describe in Schedule O ) (Expenses \$

Total program service expenses ►

including grants of \$

) (Revenue \$

Form 990 (2015)

Form 990 (2015)							
Part IV	Checklist of Required Schedules						

	Checking of Regalion 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		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part $I$ $\square$	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? <i>If "Yes," complete Schedule D, Part V</i> 🚨	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
	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	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?  If "Yes," complete Schedule D, Part X	11f	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	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? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? 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	20a		Νo
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		N o
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			
		28a		No_
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		Νο
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part $I$ .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm <b>990</b>	(2015)

orm Par	t V Statements Regarding Other IRS Filings and Tax Compliance			Page <b>5</b>
Par	Check if Schedule O contains a response or note to any line in this Part V			
	·		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 57			
b	Enter the number of Forms W-2G included in line 1a Enter-0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u> </u>
		F	orm <b>99</b> 0	(2015)

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 10			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent  1b  9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		N o
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
	Each committee with authority to act on behalf of the governing body?	8b	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	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ie Cod	e.)
			Yes	No
L0a	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?	10b		
l1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
L2a	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	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
<b>L</b> 4	Did the organization have a written document retention and destruction policy?	14	Yes	
<b>L</b> 5	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)			
L6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			
<u> </u>		16b		
	List the States with which a copy of this Form 990 is required to be filed.			
17	List the States with which a copy of this Form 990 is required to be filed ► DE , GA , NC			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website. Another's website. Upon request. Other (explain in Schedule O)			
<b>L9</b>	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 MANAGEMENT 3353 PEACHTREE ROAD NE STE 600 Atlanta, GA 30326 (404) 446-2560

## 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

(A) Name and Title	(B) A verage hours per week (list any hours	more t perso	tion ( han d in is l	one b both	ox, an c	heck unless officer stee)	i	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)		organization and related organizations
See Additional Data Table										
										Form <b>990</b> (2015)

	(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						( <b>D)</b> Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	Estima amount of compen from	ated of other sation the
		for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organizati relat organiza	ed
ee	Addıtıonal Data Table											
_												
Lb C	Sub-Total					•	•					
d	Total (add lines 1b and 1c)				٠.	٠.	-		6,000,299	0		729,358
2	Total number of individuals ( \$100,000 of reportable com	ıncludıng but not	limited t	to the	sel	ıste		e) wl	ho received more ti	nan		
											Yes	No
3	Did the organization list any on line 1a? If "Yes," complete					key	emplo	yee,	, or highest comper			
	For any individual listed on li					•		•			3	No

			l res
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee		
	on line 1a? If "Yes," complete Schedule J for such individual	3	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such		
	ındıvıdual	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for		
	services rendered to the organization? If "Yes," complete Schedule I for such person	5	

	Yes	No
3		No
4	Yes	
5		No

#### **Section B. Independent Contractors**

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

(A) Name and business address	( <b>B</b> ) Description of services	<b>(C)</b> Compensation
Battlle Pacific Northwest Division, POBox 84262 SEATTLE, WA 981245562	CRISP data sharing	5,212,290
Atlanta Financial Center LLC, 3353 Peachtree Road NE Suite 100 ATLANTA, GA 30326	Land loard-ATL	1,654,551
Computer Technology Solutions Inc, 300 Riverchase Parkway East BIRMINGHAM, AL 35244	Consulting Firm	1,302,230
Behringer Harvard 1325 G Street LLC, 1325 G St Nw WASHINGTON, DC 200053104	Land loard-DC	942,696
PricewaterhouseCoopers LLP, 3109 W Dr MLK Jr Blvd TAMPA, FL 33607	Project consulting	667,917

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization > 27

	ľ	
	)	

Part V	/##	Statement o						
		Check If Sched	ule O contains a respoi	nse or note to any lir				
					<b>(A)</b> Total revenue	<b>(B)</b> Related or	<b>(C)</b> Unrelated	(D) Revenue
						exempt function	business revenue	excluded from tax under
						revenue	revenue	sections
	1a	Federated cam	paigns 1a					512-514
ats at								
Grants mounts	Ь	Membership du	ies <b>1b</b>					
A A H	С	Fundraising ev	ents <b>1c</b>					
Gifts, illar A	d	Related organiz	zations 1d					
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grant	s (contributions) <b>1e</b>					
Contributions, and Other Sim	f	All other contribution	ons, gifts, grants, and <b>1f</b>					
outi He		sımılar amounts no						
重豆	g	Noncash contributi 1a-1f \$	ons included in lines					
Sor	h	Total. Add lines	s 1 a - 1 f	<u>.</u> [	0			
				Business Code				
Ĭ	2a	ASSESSMENTS		900099	55,308,376	55,308,376		
es Se	ь	PENALTY SANCTIO	NS	900099	900,000	900,000		
e H	c	TESTING FEES		900099	1,683,977	1,683,977		
ž	d	THIRD-PARTY FUN	IDING	900099	5,273,658	5,273,658		
Program Serwce Revenue	e	WORKSHOPS		900099	249,726	249,726		<del>                                     </del>
gran	f	All other progra	am service revenue		71,000	71,000		
Š ည					·	·		
	g 3		s 2a-2f come (including dividen		63,486,737			
			ar amounts)		10,761			10,761
	4	Income from inves	stment of tax-exempt bond	proceeds 🕨	0			
	5	Royalties .		►	0			
		C	(ı) Real 188,684	(II) Personal				
	6a	Gross rents	100,004					
	ь	Less rental expenses	348,547					
	С	Rental income	-159,863	0				
	d	or (loss) Net rental inco	me or (loss)		-159,863			-159,863
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of		2,311				
		assets other than inventory		_,				
		·						
	Ь	Less cost or other basıs and		6,280				
	c	sales expenses Gaın or (loss)		-3,969				
	ď	, ,	ss)	·	-3,969			-3,969
4.	8a	Gross income f						
Other Revenue		events (not inc	luding					
Φ ≳		\$ of contributions	 s reported on line 1c)					
æ		See Part IV, lır	ne 18					
je je			a					
5	b		penses <b>b</b> (loss) from fundraising	events <b>L</b>	0			
			from gaming activities	events : : p	-			
			ne 19					
			а					
	b		penses <b>b</b>	vities :	0			
	10a	Gross sales of	(loss) from gaming acti	viries	<u> </u>			
	-54	returns and allo						
			a					
	b		oods sold <b>b</b>					
	С		(loss) from sales of inv	_	0			
	11a	Miscellaneous		Business Code 900099	156			156
	114	MISCELLANE ( POINTS	JUS- AMEX	330039				
	b							
	С							
	d	All other reven	ue					
	е	Total. Add lines	s 11a-11d	►	156			
	12	Total revenue.	See Instructions .	🛌	63.333.822	63.486.737		-152.915

	990 (2015)				Page <b>10</b>
	IX Statement of Functional Expenses				
Section	n 501(c)(3) and 501(c)(4) organizations must complete all columns	All other organiza	ations must com	iplete column (A)	
	Check if Schedule O contains a response or note to any line in t	hıs Part IX T			· · · · · · · · · · · · · · · · · · ·
	t include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B</b> ) Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0			
2	Grants and other assistance to domestic individuals See Part IV, line 22	2,500			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	5,200,330			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	24,231,243			
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	2,312,886			
9	Other employee benefits	3,230,581			
10	Payroll taxes	1,727,950			
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	372,328			
c	Accounting	111,453			
d	Lobbying	63,200			
е	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	11,657,640			
12	Advertising and promotion	0			
13	Office expenses	1,599,889			
14	Information technology	3,187,552			
15	Royalties	0			
16	Occupancy	2,819,156			
17	Travel	2,068,938			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	1,272,962			
20	Interest	54,407			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	2,116,797			
23	Insurance	279,532			
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	OTHER EXPENSES	29,561			
b					
c					
d					<u> </u>
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	62,338,905	0	0	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Form 990 (2015)

Part X Balance Sheet

					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing			30,768,653	1	32,260,259
	2	Savings and temporary cash investments			8,042,143	2	8,048,696
	з	Pledges and grants receivable, net			0	3	0
	4	Accounts receivable, net			5,059,002	4	3,986,346
	5	Loans and other receivables from current and former of key employees, and highest compensated employees (Schedule L	ficers, d Complet	rectors, trustees, e Part II of	0		0
Assets	6	Loans and other receivables from other disqualified per section 4958(f)(1)), persons described in section 4958 contributing employers and sponsoring organizations of voluntary employees' beneficiary organizations (see ins	3(c)(3)( fsection	B), and n 501(c)(9)			
Š					0	6	0
4	7	Notes and loans receivable, net			0	7	0
	8	Inventories for sale or use			0	8	0
	9	Prepaid expenses and deferred charges			756,727	9	1,291,805
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	15,711,410			
	Ь	Less accumulated depreciation	10b	7,409,678	5,929,366	10c	8,301,732
	11	Investments—publicly traded securities			0	11	0
	12	Investments—other securities See Part IV, line 11 $$ .			0	12	0
	13	Investments—program-related See Part IV, line 11 .			0	13	0
	14	Intangible assets			0	14	0
	15	Other assets See Part IV, line 11			621,892	15	1,141,055
	16	Total assets. Add lines 1 through 15 (must equal line 34	1).		51,177,783	16	55,029,893
	17	Accounts payable and accrued expenses			8,930,613	17	10,048,001
	18	Grants payable			0	18	0
	19	Deferred revenue			21,620,792	19	22,743,496
	20	Tax-exempt bond liabilities			0	20	0
	21	Escrow or custodial account liability Complete Part IV	of Sche	edule D	0	21	0
"iabilities	22	Loans and other payables to current and former officers key employees, highest compensated employees, and o					
逗		persons Complete Part II of Schedule L			0	22	0
ä	23	Secured mortgages and notes payable to unrelated thir	d partie	S	1,151,411	23	1,641,044
	24	Unsecured notes and loans payable to unrelated third p	arties		0	24	0
	25	Other liabilities (including federal income tax, payables and other liabilities not included on lines 17-24) Complete Part X of Schedule D	to rela	ted third parties,	7.004.007		7.454.405
					7,024,027	25	7,151,495
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check h			38,726,843	26	41,584,036
Fund Balance	27	lines 27 through 29, and lines 33 and 34.  Unrestricted net assets			8,485,940	27	9,735,857
<u> </u>	28	Temporarily restricted net assets			3,965,000	28	3,710,000
<u></u>	29	Permanently restricted net assets			0	29	0
<u>n</u>		Organizations that do not follow SFAS 117 (ASC 958),	check h	ere ► □ and			
o.		complete lines 30 through 34.		•			
8	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipmen	t fund			31	
	32	Retained earnings, endowment, accumulated income, o	r other f	unds		32	
Net	33	Total net assets or fund balances			12,450,940	33	13,445,857
_	34	Total liabilities and net assets/fund balances			51,177,783	34	55,029,893

Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		63,3	333,822
2	Total expenses (must equal Part IX, column (A), line 25)	2		62.:	338,905
3	Revenue less expenses Subtract line 2 from line 1	3			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			
5	Net unrealized gains (losses) on investments	5		12,*	150,940
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		13,4	145,857
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>. ୮</u>
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
ь	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	n			
3 <b>a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Software ID: **Software Version:** 

**EIN:** 20-4821888

Name: North American Electric Reliability Corp

Form 990, Part VII - Compensation Compensated Employees, and Inde	of Officers, pendent Cor	Direct ntracto	ors, ors	Tru	ste	es, k	(ey	Employees, Higl	nest	
(A) Name and Title	(B) A verage hours per week (list any hours for related	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				inless ficer 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
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former			related organizations
Fred Gorbet Chairman	13 0	х		х				132,500	0	0
Paul F Barber Trustee	9 0	х						117,500	0	0
Bob Clarke Vice-Chair (As of 8/15/2015)	9 0	х		х				99,375	0	0
Janice Case Trustee	13 0	х						107,500	0	0
David Goulding Trustee	11 0	х						107,500	0	0
Douglas Jaeger Vice-Chair (Through 8/15/2015)	10 0	Х		х				64,063	0	0
Kenneth Peterson Trustee	11 0	х						107,500	0	0
Bruce A Scherr Trustee (Through 2/15/2015)	9 0	х						13,438	0	0
Jan Schori Trustee	9 0	х						107,500	0	0
Roy Thilly Trustee	11 0	х						107,500	0	0
Gerry W Cauley President & CEO	55 0	х		х				757,481	0	80,985
George Hawkins Trustee (As of 2/12/2015)	7 0	х						85,313	0	0
Charles A Berardesco SR VP/GEN COUNS /SEC	49 0			х				443,307	0	50,757
Mark G Lauby Sr VP & Chief Reliability off	58 0  0 0			х				373,418	0	73,623
Michael A Walker Sr VP/CFO/TREASURER	47 0			х				421,854	0	78,092
Janet L Sena Sr VP & Dir of Policy	46 0  0 0			х				333,201	0	38,256
Thomas Burgess VP Reliabilty (Thru 7/1/2015)	46 0  0 0			х				219,155	0	32,557
Stan Hoptroff VP & CTO	46 0			х				259,249	0	13,792
Sonia C Mendonca  Deputy Gen Counsi&VP Compl	46 0			х				308,895	0	59,645
Marcus Sachs Sr VP and Chief Security Off	47 0			х				257,105	0	28,022
Timothy E Roxey  VP & E-ISAC operations off	41 0			х				268,374	0	52,874
Rebecca J Michael Sr Dir Reliability	50 0  0 0					х		292,494	0	69,595
Jonathan S Jones Senior Director of Finance	46 0					х		265,043	0	39,967
Holly A Hawkins Associate General Counsel	45 0					х		262,887	0	23,430
Robert W Cummings Sr Dir Eng & Reliability	51 0					х		243,465	0	57,021

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

0 0

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	Pore so a Individual trustae or director	ion (d nan o n is b	ne booth a ctor/	ox, u an of trust (trust (trust	nless ficer :ee)	Forme	( <b>D)</b> Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
James Merlo 	57 0					x		244,682	0	30,742

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

DLN: 93493131027976

**Political Campaign and Lobbying Activities** OMB No 1545-0047 2015

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

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

www.irs.gov/form990.

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

**SCHEDULE C** 

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

√olu	inteer hours		
Par	t I-B Complete if the organization is exempt under section 501(c)(3).		
1	Enter the amount of any excise tax incurred by the organization under section 4955	\$	
2	Enter the amount of any excise tax incurred by organization managers under section 4955 <b>▶</b>	\$	
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	☐ Yes ☐	No
4a			
Was	a correction made?		

Þ			
		\$_	
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b		
3	I otal exempt function expenditures. And fines I and 2. Enter here and on Form 1120-FOE, fine 170	\$ _	
4	F .		

(a) Name	( <b>b)</b> Address	<b>(c)</b> 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				

Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ.	Cat No 50084S	Schedule C (Form 990 or 990-EZ) 2015
--	---------------	--------------------------------------

, , ,	, ,,	3)) organizations Complete	Parts I-A and C bel	ow Do not complete Part	:I-B
<ul> <li>Section 527 organization</li> </ul>	•	5	. Farm 000 F7 Da	rt\/  line 47 (  ehbyine	· Activitica ) than
		orm 990, Part IV, Line 4, or filed Form 5768 (election und			
` ,` ,		NOT filed Form 5768 (election	` ,,	•	•
_		orm 990, Part IV, Line 5 (P	roxy Tax) (see se	parate instructions) o	r Form 990-EZ, Part V,
line 35c (Proxy Tax) (see	-	•			
◆ Section 501(c)(4), (5), on the Name of the organization	or (6) organizations	S Complete Part III		Employor ide	entification number
North American Electric Reliabil	ity Corp			Employer lu	entili ication number
				20-482188	
Part I-A Complete i	f the organiza	tion is exempt under	section 501(c	) or is a section 52	27 organization.
1 Provide a description	of the organization	on's direct and indirect polit	ıcal campaıgn actı	vities in Part IV	
2					
Political expenditures					
•					\$
3					¥
V olunteer hours					
Part T-R Complete i	f the organiza	tion is exempt under	section 501(c	1(3)	
				,,(3).	
1 Enter the amount of a	iny excise tax inc	urred by the organization ur	ider section 4955		\$
2 Enter the amount of a	any excise tax inc	urred by organization mana	gers under section	4955	\$
		▶			
3 If the organization in	curred a section 4	955 tax, did it file Form 47	20 for this year?		☐ Yes ☐ No
4a					
Was a correction made?					
┌ Yes					
<b>b</b> If "Yes," describe in					
Part I-C Complete i	f the organiza	tion is exempt under	section 501(c	), except section 5	601(c)(3).
1 Enter the amount dire	ectly expended by	the filing organization for s	ection 527 exemp	t function activities	\$
2					
	na oraznization's f	unds contributed to other o	raanizations for sa	ction 527	
exempt function activities	ig organization 3 i	ands contributed to other o	rgamzations for se	Ction 327	
<b>.</b>					
•					¢
2 Tabal account 6 makes		441443		D DOL 1 17h	Ψ
3 Total exempt functio	n expenditures Ad	dd lines 1 and 2 Enter here	and on Form 1120	J-POL, line 1/b	\$
4					
Did the filing organization f	le <b>Form 1120-POL</b>	for this year?			
		,			
┌ Yes					
		yer identification number (E organization listed, enter th			
amount of political co	ntributions receiv	ed that were promptly and	directly delivered t	o a separate political or	ganızatıon, such as a
separate segregated	fund or a political	action committee (PAC) If	fadditional space i	s needed, provide inform	nation in Part IV
(a) Name		(b) Address	(c) EIN	(d) A mount paid from	(e) A mount of politic
. ,		, ,		filing organization's	contributions receive
				funds If none, enter -0	) - and promptly and directly delivered to
					separate political
					organization If none enter - 0 -
	+		+	†	
2					
			+		
3					
1					
4			1		
5					

Schedule C (F	Pag	je ∡
Part II-A	Complete if the organization is exempt under section $501(c)(3)$ and filed Form 5768 (election under section $501(h)$ ).	ī

A Check ▶ 🗔 if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ► If the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures	(a) Filing	(b) Affiliated
(The term "expenditures" means amounts paid or incurred.)	organization's totals	group totals

Total lobbying expenditures to influence public opinion (grass roots

1a lobbying)

- $oldsymbol{b}$  Total lobbying expenditures to influence a legislative body (direct lobbying)
- Total lobbying expenditures (add lines 1a and 1b)
- $oldsymbol{d}$  O ther exempt purpose expenditures
- Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount Enter the amount 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

Grassroots nontaxable amount (enter 25% of line 1f)

Subtract line 1g from line 1a If zero or less, enter -0-

Subtract line 1f from line 1c If zero or less, enter -0-

If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 i reporting section 4911 tax for this year?

Yes 🗆

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 Expenditures During 4-Year Averaging Period						
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2012	<b>(b)</b> 2013	<b>(c)</b> 2014	<b>(d)</b> 2015	<b>(e)</b> Total	
2a	Lobbying nontaxable amount						
b	Lobbying ceiling amount (150% of line 2a, column(e))						
С	Total lobbying expenditures						
d	Grassroots nontaxable amount						
e	Grassroots ceiling amount (150% of line 2d, column (e))						
f	Grassroots lobbying expenditures						

	filed Form 5768 (election under section 501(h)).	(a)	(b)
For each "Yes" i ectivity.	response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	No	Amount
	ne year, did the filing organization attempt to influence foreign, national, state or local on, including any attempt to influence public opinion on a legislative matter or referendum,	Yes	]
through	the use of		
<b>a</b> olunteers?			
	]		_
<b>b</b> Paid star	ff or management (include compensation in expenses reported on lines 1c through 1i)?		
<b>c</b> Iedia advertis	ements?		
I	I		
d	mbore legislators or the public?		
anings to me	mbers, legislators, or the public?		
<b>e</b> Publicat	Ions, or published or broadcast statements?		
			<u>'</u>
<b>f</b> Grants t	o other organizations for lobbying purposes?		
			'
<b>g</b> Direct co	ontact with legislators, their staffs, government officials, or a legislative body?		
<b>h</b> Rallies,	demonstrations, seminars, conventions, speeches, lectures, or any similar means?		
<b>i</b> ther activitie	s?		
I	- 		
j			
otal Addilne	s 1c through 1:		
 <b>2a</b> Didthea	Lactivities in line 1 cause the organization to be not described in section 501(c)(3)?		
<b>b</b> If "Yes,"	enter the amount of any tax incurred under section 4912		
c If "Yes,"	enter the amount of any tax incurred by organization managers under section 4912		
<b>d</b> If the fili	ng organization incurred a section 4912 tax, did it file Form 4720 for this year?		
Part III-A	Complete if the organization is exempt under section $501(c)(4)$ , section $501(c)(6)$ .	501(c)(5),	or section
1 Were sul	ostantially all (90% or more) dues received nondeductible by members?	ſ	Yes         No           1         No
	organization make only in-house lobbying expenditures of \$2,000 or less?		2   No
	organization agree to carry over lobbying and political expenditures from the prior year?		<b>3</b>   Yes
Part III-B	Complete if the organization is exempt under section 501(c)(4), section	 .501(c)(5),	or section
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered line 3, is answered "Yes."		
1	nents and similar amounts from members		
	55,308,376  162(e) nondeductible lobbying and political expenditures (do not include amounts of political		
a	s for which the section 527(f) tax was paid).		
urrent year			
2a   b	79,779		
arryover from	n last year		
2b	-24,949		
<b>c</b> otal			
2c	54,830		
3 Aggrega 4	te amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	17,670
notices were oes the orgar	esent and the amount on line 2c exceeds the amount on line 3, what portion of the excess dization agree to carryover to the reasonable estimate of nondeductible lobbying and diture next year?		
4	37,160	, ,	
	amount of lobbying and political expenditures (see instructions)	5	
Part IV	Supplemental Information		
	lescriptions required for Part l-A, line 1 , Part l-B, line 4 , Part l-C , line 5 , Part II-A (affiliated gr ctions), and Part Il-B, line 1  Also, complete this part for any additional information	oup list), Part I	1-A, lines 1 and
Z (See IIIStru			

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

DLN: 93493131027976

OMB No 1545-0047

#### **SCHEDULE D**

(Form 990)

Department of the Treasury

# **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. Attach to Form 990.

By Attach to Form 990.

Open to Public

Ime of the organization rth American Electric Reliability Corp	D (POINT 990) and its instructions is at <u>www.n</u>		er identification number
тит мненсан весик кенавину согр		20-482	1888
	or Advised Funds or Other Similar F ered "Yes" on Form 990, Part IV, line 6.		
	(a) Donor advised funds	<b>(b)</b> Fur	nds and other accounts
Total number at end of year			
Aggregate value of contributions to (during year)			
Aggregate value of grants from (during year)			
Aggregate value at end of year			
Did the organization inform all donors and dono funds are the organization's property, subject to		nor advised	┌ Yes
Did the organization inform all grantees, donors used only for charitable purposes and not for th conferring impermissible private benefit?			rpose Yes No
t III Conservation Easements. Comp	plete if the organization answered "Yes"	on Form 9	90, Part IV, line 7.
Purpose(s) of conservation easements held by Preservation of land for public use (e g , rec Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organizatio easement on the last day of the tax year	reation or education)  Preservation of a Preservation of a	certified hi	
easement on the last day of the tax year			Held at the End of the Year
Total number of conservation easements		2a	
Total acreage restricted by conservation easer	nents	2b	
Number of conservation easements on a certific	ed historic structure included in (a)	2c	
Number of conservation easements included in historic structure listed in the National Registe		2d	
Number of conservation easements modified, to tax year ▶	ransferred, released, extinguished, or terminat	ed by the o	rganization during the
Number of states where property subject to cor	nservation easement is located 🛌		
Does the organization have a written policy reg violations, and enforcement of the conservation		ndling of	┌ Yes ┌ No
Staff and volunteer hours devoted to monitoring year	g, inspecting, handling of violations, and enforc	cing conserv	ation easements during the
<u> </u>	nashun bandun 6 da da		
A mount of expenses incurred in monitoring, ins	pecting, nandling of violations, and enforcing (	conservatio	n easements during the year
Does each conservation easement reported on (B)(i) and section 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requirements of se	ection 170(h	1)(4)
In Part XIII, describe how the organization republishment sheet, and include, if applicable, the te the organization's accounting for conservation of	xt of the footnote to the organization's financia		statement, and
Organizations Maintaining Colle	ections of Art, Historical Treasures, ared "Yes" on Form 990, Part IV, line 8.	or Other	Similar Assets.
If the organization elected, as permitted under works of art, historical treasures, or other simil service, provide, in Part XIII, the text of the foo	SFAS 116 (ASC 958), not to report in its reve ar assets held for public exhibition, education	, or researc	h in furtherance of public
If the organization elected, as permitted under works of art, historical treasures, or other simil service, provide the following amounts relating	ar assets held for public exhibition, education		
Revenue included on Form 990, Part VIII, line	e 1	<b>►</b> \$	
) Assets included in Form 990, Part X		<u></u>	
If the organization received or held works of art following amounts required to be reported unde			gain, provide the
Revenue included on Form 990. Part VIII. line	1		<b>b</b>

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

Part	31111	Organizations Maintaining (continued)	Collections of Ar	t, His	stori	cal Tre	asures,	or Oth	ner Similar	Asset	ts	
3		the organization's acquisition, acce tion items (check all that apply)	ssion, and other reco	rds, cl	heck a					ıse of ı	ts	
а	┌ P	ublic exhibition		d	Г	Loan or	exchange	progran	ns			
b	Γs	cholarly research		e	Γ	Other						
С	┌ P	reservation for future generations										
4	Provid Part X	de a description of the organization's 'III	collections and expla	ain ho	w they	/ further t	he organi:	zatıon's	exempt purpos	se in		
5		g the year, did the organization solic s to be sold to raise funds rather tha							imilar <b>r</b>	es 「	- No	
Par	t IV	Escrow and Custodial Arrai Complete if the organization a Part X, line 21.		orm	990,	Part IV,	line 9, c	r repo	rted an amou	ınt on	Forn	า 990,
1a		organization an agent, trustee, cust led on Form 990, Part X?	todian or other interm	ediary	/ for c	ontributio	ns or othe	erasset	s not	es 「	- No	
ь	If"	Yes," explain the arrangement in Pa	rt XIII and complete	the fo	llowin	g table		ſ	Α	mount		
c	Beg	jinning balance						1c				
d	Ado	ditions during the year						1d				
е	Dıs	tributions during the year						1e				
f	End	ling balance						1f				
2a	Did th	ie organization include an amount on	Form 990, Part X, Iır	ne 21,	fores	scrow or c	ustodial	ccount	liability? <b>┌ Y</b> €	es 「	No	
												_
ь	If"Ye	s," explain the arrangement in Part 2	XIII Check here If th	e expl	anatıc	on has be	en provide	ed in Pa	rt XIII			<u> </u>
Pa	rt V	Endowment Funds. Complet	e if the organization	n ans	swere							
			(a)Current year	<b>(b)</b> Pi	nor yea	nr <b>b (c</b>	Two years	back (d	I)Three years back	( <b>e)</b> F	our ye	ars back
1a		ining of year balance										
Ь	Conti	ributions										
c	Net II losse	nvestment earnings, gains, and s										
d	Grant	s or scholarships [										
e		r expenditures for facilities rograms										
f	- A dmı	nistrative expenses										
g	End o	fyearbalance										
2	Provid	ء de the estimated percentage of the c	urrent year end balan	ice (lir	ne 1g,	column (	a)) held a	s				
а	Board	designated or quasi-endowment	·									
ь		anent endowment ►										
С	Temp	orarily restricted endowment 🕨										
	•	ercentages on lines 2a, 2b, and 2c s	should equal 100%									
3a		nere endowment funds not in the pos	session of the organiz	zatıon	that a	re held a	nd admını	stered f	or the	_		
	_	ization by							Г.		Yes	No
		related organizations					•		_	Ba(i) Ba(ii)		
ь		lated organizations s s" on 3a(ii), are the related organiza								3b		
4		ribe in Part XIII the intended uses o									I	
Par	t VI	Land, Buildings, and Equipr										
		Complete if the organization a  Description of property	nswered 'Yes' to Fo	orm 9		Part IV, I a)	ine 11a.		rm 990, Part Accumulate			k value
		Description of property		C	ost or c	other basis stment)	Cost or ot (oth	her basıs	(c) depreciation		( <b>u</b> )boo	
1a	Land			$\cdot \vdash$								
		gs		·			-			-		
		old improvements		$\vdash$		0	_	,380,676				772,810
		nent		$\vdash$		0	-	,196,545			6	5,839,601
			t equal Form 990 Part	•  X colu	ımn (P	() line 107		,134,189		868		689,321

Part VII Investments—Other See Form 990, Part X	r <b>Securities.</b> Compl	lete ıf the orga	nızatıon answered '	Yes' on Form	990, Part IV, line 11b.
(a) Description of s	security or category ne of security)		(b)Book value		e)Method of valuation r end-of-year market value
(1)Financial derivatives					
(2)Closely-held equity interests (3)Other					
Total. (Column (b) must equal Form 990, Par		Þ			
Part VIII Investments—Prog Complete if the organ	ı <b>ram Related.</b> าเzatıon answered 'Ye	es' on Form 99	0, Part IV, line 11c.	See Form 99	00. Part X. line 13.
	n of investment		(b) Book value	(c)	Method of valuation end-of-year market value
				Cost of	end-oi-year market value
Total. (Column (b) must equal Form 990, Part IX Other Assets. Comple		nswered 'Yes' on	Form 990. Part IV. lir	ne 11d See Foi	m 990. Part X. line 15
	(a) Descripti		, ,		(b) Book value
Total. (Column (b) must equal Form 990					115
Part X Other Liabilities. Co See Form 990, Part X,	, line 25.			), Part IV, lir	e 11e or 11f.
1. (a) Description of	fliability	(b) Book valu	ie		
Federal income taxes			0		
DEFERRED COMPENSATION		1,038	,351		
ACCRUED RETIREMENT LIABILITIE		1,878	,830		
DEFERRED RENT		3,734			
INSURANCE RESERVE		500	,000		
Total. (Column (b) must equal Form 990, Par  2. Liability for uncertain tax positions	•	7,151			Andrew and the state of the sta

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue   Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	oer R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	63,682,369
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	63,682,369
4	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII )		
c	Add lines <b>4a</b> and <b>4b</b>	4c	-348,547
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12 )	5	63,333,822
Pari	Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	s per	Return.
1	Total expenses and losses per audited financial statements	1	62,687,453
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	348,548
3	Subtract line <b>2e</b> from line <b>1</b>	3	62,338,905
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII ) 4b		
C	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18)	5	62,338,905

#### Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
Schedule D, Part X, Line 2	The corporation has received a determination letter from the Internal Revenue Service concluding that it is exempt from federal income taxes under section 501(c)(6) of the internal revenue code. The corporation is subject to income taxes on revenues related to unrelated business activities. The corporation is subject to a proxy tax related to nondeductible lobbying and political expenses incurred. There was no proxy tax incurred in 2015 or 2014. The corporation recognizes the tax benefit from an uncertain tax position only if it is more likely than not that the tax position will be sustained on examination by the taxing authority, based on the technical merits of the position. The corporation is no longer subject to federal and state tax examinations by the respective taxing authorities for the years prior to 2012. Tax years 2012 through 2015 remain subject to examination by major tax jurisdictions.
RECONCILIATION OF REVENUE, SCHEDULE D, PART XI, LINE 2b	RECLASS OF RENTAL EXPENSES -\$348,547
RECONCILIATION OF EXPENSES, SCHEDULE D, PART XII, LINE 2D	RECLASS OF RENTAL EXPENSES \$348,548

Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2015

efile GRAPHIC print - DO NOT PROCESS

**SCHEDULE F** 

Department of the Treasury

(Form 990)

As Filed Data -

DLN: 93493131027976

Otatamant of A

**Statement of Activities Outside the United States** 

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

► Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

Internal	Revenue Service		,		5	Inspection
	e of the organization h American Electric Reliability Co	orp			Employer ident	ification number
					20-4821888	
Pa	rt I General Informatio Complete if the organ				14b.	
1	<b>For grantmakers.</b> Does the of and other assistance, the grants or a used to award the grants or a	antees' eligibil	ity for the grai	nts or assistance, and	the selection criteria	┌ Yes ┌ No
2	<b>For grantmakers.</b> Describe in assistance outside the United		ganızatıon's p	rocedures for monitor	ng the use of its gran	ts and other
3	Activites per Region (The follow	ving Part I, line 3	3 table can be d	uplicated if additional sp	ace is needed )	
	(a) Region	(b) 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)	North America	0	0	Program Services	Regulatory Obligations	5,062,604
( 2)	North America	0	0	Program Services	Regulatory Obligations	148,815
( 3)						
(4)						
( 5)						
Ŀ	Sub-total Total from continuation sheets to Part I	0				5,211,419
•	• Totals (add lines 3a and 3h)	l n	()	I .	I	5 211 410

Schedule F (Form 990) 2015

_		(b) IRS code		(d) Purpose of	t IV, line 15, for an	(f) Manner of	( <b>g</b> ) A mount	(h) Description	(i) Method of
	organization	section and EIN (if applicable)	(e) region	grant	cash grant	cash disbursement	of non-cash assistance	of non-cash assistance	valuation (book, FMV, appraisal, othe
(	1)								
(	2)								
(	3)								
(	4)								
2					recognized as charit ovided a section 501				
3	Enter total nu	mber of other or	ganızatıons or ent	ities					

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be	<u>duplicated if addit</u>	cional space is no	eded.				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	( <b>d)</b> A mount of cash grant	(e) Manner of cash disbursement	( <b>f</b> ) A mount of non-cash assistance	(g) Description of non-cash assistance	( <b>h)</b> Method of valuation (book, FMV, appraisal, other)
(1)					,		
(2)		+			1		1
(3)		1	·		'		
(4)		+			+		1
(5)		+ +			†		<del>                                     </del>
(6)		+			†		1
(7)		+			†		1
(8)		+ +			<u> </u>		
(9)		+ + +					1
(10)		+ +	·				
(11)		+ + +			1		
( 12)		+ + +					
( 13)		+ +	·		<u>'</u>		<b>'</b>
( 14)		†			1		
( 15)		+ + +			1		
( 16)		1			1		
( 17)					1		
( 18)					1		

### Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Γ	Yes	<u> ~</u>	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Γ	Yes	⊽	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Γ	Yes	<u> </u>	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Γ	Yes	ᅜ	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Γ	Yes	굣	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Г	Yes	<u>~</u>	No

Schedule F (Form 990) 2015

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).

#### 990 Schedule F, Supplemental Information

Return Reference	Explanation
Schedule F, Part I, Line 2	Expenditures are accounted for based upon the location of the activities

### 990 Schedule F, Supplemental Information

Return Reference	Explanation
Schedule F	Country - Canada

### 990 Schedule F, Supplemental Information

Return Reference	Explanation
Schedule F	Country - Mexico

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

DLN: 93493131027976

#### Schedule J (Form 990)

Department of the Treasury

### 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.

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

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

North American Electric Reliability Corp

**Employer identification number** 

20-4821888 **Questions Regarding Compensation** No Yes Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? Νo Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Yes **4**c Participate in, or receive payment from, an equity-based compensation arrangement? Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? 5a 5b Any related organization? If "Yes," on line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? 6a 6b Any related organization? If "Yes," on line 6a or 6b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

section 53 4958-6(c)?

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

For each individual whose compensation must be reported 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 o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	` '	(E) Total of columns	• •
	Base (i) compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990
See Additional Data Table							

Schedule J (Form 990) 2015

#### Part III Supplemental Information

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

Return Reference

Schedule J, Part I, Line 4b

In 2015, NERC establised a 457f Plan for executive officers. A warded contributions to the plan in 2015 totalled \$271,200. A wards vest over time. No awards vested in 2015, and no amounts were paid out of the plan.

Schedule J (Form 990) 2015

## Software ID: Software Version:

**EIN:** 20-4821888

Name: North American Electric Reliability Corp

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	<b>(F)</b> Compensation in
		(i) Base Compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
1 Gerry W Cauley President & CEO	(1)	479,815	237,500	40,166	45,792 	35,193	838,466	0
	(11)	- 0	-0	_ 0	- 0	- 0	- 0	0
1Charles A Berardesco SR VP/GEN COUNS/SEC	(1)	332,038	94,134	17,135	37,208	13,549	494,064	0
	(11)	- 0			-	- 0		_
2Mark G Lauby Sr VP & Chief Reliability off	(1)	265,963	102,229	5,226	38,516	35,107	447,041	0
,	(11)	-			-			
3Michael A Walker Sr VP/CFO/TREASURER	(1)	296,646	113,202	12,006	42,953	35,139	499,946	0
SI VP/CFO/TREASURER	(11)							
<b>4</b> Janet L Sena	(1)	240,834	0 87,538	0 4,829	0 35,986	0 2,270	371,457	0
Sr VP & Dir of Policy	(11)						3,1,43,	
<b>5</b> Thomas Burgess		0	0	0	0	0	0	0
VP Reliabilty (Thru 7/1/2015)	(1)		56,163 	2,286	24,846 	7,711	251,712	
	(11)	0	0	0	0	0	0	0
<b>6</b> Stan HoptroffVP & CTO	(1)		22,469	2,322	11,542	2,250	273,041	0
	(11)	0			_ 	 0	- 	_ 
<b>7</b> Sonia C Mendonca Deputy Gen Counsl&VP	(1)	240,029	66,838	2,028	29,751	29,894	368,540	0
Compl	(11)	- o	-	- 0	- 0	- 0	-	_
<b>8</b> Rebecca J Michael Sr Dir Reliability	(1)	225,397	64,811	2,286	30,550	39,045	362,089	0
·	(11)	-				-		
<b>9</b> Marcus Sachs Sr VP and Chief Security Off	(1)	205,557	50,000	1,548	25,710	2,312	285,127	0
or vi and effici security off	(11)	-			  -			
10Timothy E Roxey	(1)	206,863	54,653	6,858	0 27,642	0 25,232	321,248	0
VP & E-ISAC operations off	(11)							
11Jonathan S Jones	(1)	223,233	0 41,000	0	0	0	0	0
Senior Director of Finance	(11)		41,000	810	7,770 	32,197 	305,010	
12Holly A Hawkins		0	0	0	0	0	0	0
Associate General Counsel	(1)		54,686 	540	19,521	3,909	286,317	0
	(11)	0	0	0	- 0	0	0	0
<b>13</b> Robert W Cummings Sr Dir Eng & Reliability	(1)		51,839 	3,564	26,153 	30,868	300,486	0
	(11)	0	_ 		_ 	 	- 	_ 
14James Merlo Sr Director Reliability	(1)	193,508	50,400	774	24,433	6,309	275,424	0
	(11)	- 0	-	- 0	-	-		-
	1	ı	ا ا	ı o	ı vı	ı u	1	١

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493131027976

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

2015
Open to Public

Inspection

Name of the organization North American Electric Reliability Corp	Employer identification number
Thoras Electric Reliability cosp	20-4821888

Return Reference	Explanation
Form 990, Part VI, Line 6	Membership in the corporation is voluntary and is open to any person or entity that has an interest in the reliable operation of the North American bulk power system and that registers with the corporation as a member, maintains its registration in accordance with the bylaws, and complies with the other conditions and obligations of membership as specified in the bylaws. Membership in a regional entity shall not be a condition for membership in the corporation. The secretary of the corporation shall maintain a roster of the members of the corporation.

Return Reference	Explanation
Form 990, Part VI, Line 7a	Independent trustees are elected by the member representatives committee, which is elected by the members

Return Reference	Explanation
Form 990, Part VI, Line 7b	The member representatives committee and the Board of Trustees must each approve changes to the bylaws and the organization's rules of procedure. They are subject to review and approval by the United States Federal Energy Regulatory Commission ("FERC"). Decisions of the compliance committee of the Board of Trustees regarding enforcement matters for U.S entities are subject to review and approval by FERC.

Return Reference	Explanation
Form 990, Part VI, Line 11b	The organization must use the following process for preparation and review of its IRS Form 990 (1) each year, an outside CPA firm prepares a draft of the Form 990, working with the Chief Financial Officer. The CFO may also engage the services of outside counsel in preparing the draft Form 990 (2) Prior to filing the Form 990 each year, the Corporate Controller, Senior Director of Finance, CFO and General Counsel review the draft form 990 (3) Prior to filing the Form 990 each year, the draft Form 990 is sent to all members of the Board of Trustees for review. The Finance and Audit Committee (FAC) and the Corporate Governance and Human Resources Committee (CGHRC) include the review of the draft Form 990 on a meeting agenda, with the FAC review focused on the financial aspects and the CGHRC focused on the corporate governance aspects. (4) The minutes of the meetings of the FAC and the CGHRC record the timing and nature of that review. (5) The CFO prepares a memorandum for the file each year describing the timing, nature, and individuals involved in the preparation and review of the form 990.

Return Reference	Explanation	
	The organization's conflict of interest and business ethics policy for Trustees, officers, and employees require assu	

Part VI, Line officers, and key employees (A) Trustee compensation - consistent with its mandate, as amended from time to time, the CGHR0 shall annually review the compensation plan for independent Trustees. The CGHRC evaluates the amount of work and level of responsibility Trustees are being asked to undertake and, from time to time, examines market data from peer organizations with respect to the compensation of the independent trustees, and is authorized to engage a consultant or other third party resources.	Return Reference	Explanation
meeting, and reports its recommendations to the Board at an open meeting. Any modifications to the compensation plan for independent Trustees must be approved by the Board during an open meeting, and take effect as determined by the Board. (B) Chief Executive and other officer compensation - the annual compensation, including incentive compensation, of the CEO is determined by the Board of Trustees, after review and recommendation by the CGHRC. The Committee and Board consider market data for peer group organizations provided by an independent consultant, as well as the degree to which the organization and CEO have achieved established annual goals. The decisions of the Committee and Board are documented and kept on file in the human resources department. The annual compensation, including incentive compensation, of other officers is reviewed, determined and documented in a similar fashion, except that the final compensation determinations are, upon recommendation of the CEO, approved by the CGHRC, rather than the Board of Trustees. (C) Key employees - the annual compensation of other key employees is determined by the CEO, after consultation with the CGHRC concerning overall corporate.	Part VI, Line	responsibility Trustees are being asked to undertake and, from time to time, examines market data from peer organizations with respect to the compensation of the independent trustees, and is authorized to engage a consultant or other third party resource to assist in such review. The CGHRC discusses potential modifications to the Trustee compensation plan during an open meeting, and reports its recommendations to the Board at an open meeting. Any modifications to the compensation plan for independent Trustees must be approved by the Board during an open meeting, and take effect as determined by the Board. (B) Chief Executive and other officer compensation - the annual compensation, including incentive compensation, of the CEO is determined by the Board of Trustees, after review and recommendation by the CGHRC. The Committee and Board consider market data for peer group organizations provided by an independent consultant, as well as the degree to which the organization and CEO have achieved established annual goals. The decisions of the Committee and Board are documented and kept on file in the human resources department. The annual compensation, including incentive compensation, of other officers is reviewed, determined and documented in a similar fashion, except that the final compensation determinations are, upon recommendation of the CEO, approved by the CGHRC, rather than the Board of Trustees. (C) Key employees - the annual compensation of other key employees is determined by the CEO, after consultation with the CGHRC concerning overall corporate compensation structure, taking account of the degree to which organizational and personal goals have been achieved. The CEO also uses comparability data provided by an independent consultant in these determinations. The recommendations of the CEO

Т

Return Reference	Explanation	
Form 990, Part VI, Line 19	The organization's bylaws, governing documents, conflict of interest policy, and other corporate policies, and detailed budget are all posted and available for public inspection on its website. The organization provides copies of its audited financial statements upon request, and files such statements with FERC. The Form 990 is also available on guidestar organization request to the organization.	

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION E-ISAC TOTAL FEES 5901343

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION RELIABILITY RISK MGT TOTAL FEES 1960674

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION RELIABILITY ASSESMENT&ANALYSIS TOTAL FEES 1195074

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION ADMIN SERVICES TOTAL FEES 818314

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION COMPLIANCE SERVICES TOTAL FEES 298485

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION TRAINING EDUCATION CERTIF TOTAL FEES 640590

	Return Reference	Explanation
I	FORM 990 PART IX LINE 11G	DESCRIPTION OTHER SERVICES TOTAL FEES 773743

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION MAINTENCE SERVICES TOTAL FEES 69417