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Form **990** 

Treasury

DLN: 93493316045346

# **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>

Incom		venue Servi	I					
A F	or th	ne <b>2015</b> ca	lendar year, or tax year beginn	ing 01-01-2015 , and ending 12-31-201	.5			-
<b>B</b> Ch	eck ıf	applicable	C Name of organization Nuclear Energy Institute Inc			D Emplo	oyer id	dentification number
$\Gamma$	ddress	s change	Wadear Energy Histoace Inc			52-1	2091	24
<u> </u>		change	Doing business as					
	nitial re	return						
	ınal /termı	nnated		mail is not delivered to street address) Room/su	ite	E Teleph	none nu	ımber
_		ed return	1201 F Street NW Room 1100			(202)	739 (	-8000
M <sub>A</sub>	plicati	ion pending		untry, and ZIP or foreign postal code				
			Washington, DC 200041218			<b>G</b> Gross	receipt	s \$ 109,614,731
			<b>F</b> Name and address of princ	ıpal officer	<b>H(a)</b> I	s this a group	p retu	rn for
			Marvin S Fertel 1201 F St NW Suite 1100		s	ubordinates?	)	┌ Yes 🗸
			Washington, DC 200041218	3		No .re all subord	linate	c
I Tā	ıx-exe	empt status	501(c)(3) <b>√</b> 501(c)(6)	<b>【</b> (insert no )		ncluded?	illiate	Yes No
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	EDSI	ite. P www	w her org		H(c) (	Group exemp	tion n	umber 🟲
<b>K</b> For	m of c	organization	▼ Corporation	ciation Other ►	<b>L</b> Year	of formation 19	994	<b>M</b> State of legal domicile DO
Pa		Sum						
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			national and global policy-makir		y and tec	illiologies illu	ius ti y	and participates in
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<u> </u>	-							
le.								
Governance	-	Check th	is box $\triangleright$   if the organization of	discontinued its operations or disposed	of more th	ian 25% of its	s net	assets
	٦,	Number	of voting members of the govern	ning body (Part VI, line 1a)			з	50
eş			-	of the governing body (Part VI, line 1b)			4	49
₹			·	calendar year 2015 (Part V, line 2a) .			5	136
Activities &				necessary)			6	130
•			,	Part VIII, column (C), line 12			7a	15,267
				rom Form 990-T, line 34			7a 7b	15,207
	י טו	Wet unite	ated business taxable medile ii	0111 01111 990 1, 1111c 94		Prior Year	1 /5	
						Piloi feai		Current Year
			but and another (Deat MITT	l				0
<u>Qı</u>	8		= '	line 1h)		F2.000	C 1 1	52.064.515
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Ravenue	9 10 11	Progra Inves Other	am service revenue (Part VIII, tment income (Part VIII, colum revenue (Part VIII, column (A	Inne 2g)		2,357,		163,215
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	9 10 11 12	Progra Inves Other Total 12)	am service revenue (Part VIII, tment income (Part VIII, colum revenue (Part VIII, column (A revenue—add lines 8 through 1	line 2g)		2,357, 16, 55,183,	,922 ,990 ,523	163,215 16,435 53,044,165
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<u>~</u>	9 10 11 12 13 14 15	Progra Inves Other Total 12) Grants Benefi Salari 5-10	am service revenue (Part VIII, tment income (Part VIII, colum revenue (Part VIII, column (A revenue—add lines 8 through 1 and similar amounts paid (Part paid to or for members (Part es, other compensation, employ)	Inne 2g)	e	2,357, 16, 55,183, 620,	,922 ,990 ,523 ,500	163,215 16,435 53,044,165 615,966 0 31,087,000
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Dayton, MD 21036

. ✓Yes No

Par	t IV Checklist of Required Schedules			
			Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		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	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
	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	<b>11</b> c		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 2	<b>11</b> d	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
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
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
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 $11e^{\gamma}$ If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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35b

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Yes

Form 990 (2015)

	(2020)	
IV	Checklist of Required	Schedules (continued)

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

instructions for applicable filing thresholds, conditions, and exceptions)

	checking of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000			

as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d

**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

**d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

**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?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

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

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

Pai		Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this I		V			_
	<u> </u>	check if Schedule O contains a response of note to any line in this r	ait	<u>v</u>	• •	Yes	No
1a	Enter tl	he number reported in Box 3 of Form 1096 Enter -0 - if not applicable	1a	54			
b	Enter tl	he number of Forms W-2G included in line 1a Enter -0 - if not applicable	1b	0			
c		organization comply with backup withholding rules for reportable payments to (gambling) winnings to prize winners?	vend	dors and reportable	<b>1</b> c	Yes	
2a	Enter th	he number of employees reported on Form W-3, Transmittal of Wage and attements, filed for the calendar year ending with or within the year covered return	2a	136			
b	If at lea	ast one is reported on line 2a, did the organization file all required federal emp the sum of lines 1a and 2a is greater than 250, you may be required to e-file			2b	Yes	
3a	Did the	organization have unrelated business gross income of \$1,000 or more during	the	year?	3a	Yes	
		"has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation		ŀ	3b	Yes	
4a	over, a	time during the calendar year, did the organization have an interest in, or a significancial account in a foreign country (such as a bank account, securities acc t)?			4a		No
b		," enter the name of the foreign country ►_ tructions for filing requirements for FinCEN Form 114, Report of Foreign Bank	and	Financial Accounts			
5a	Was the	e organization a party to a prohibited tax shelter transaction at any time durin	g the	tax year?	5a		No
b	Did any	taxable party notify the organization that it was or is a party to a prohibited t	ax sh	elter transaction?	5b		No
c	If"Yes	," to line 5a or 5b, did the organization file Form 8886-T?					
6a		ne organization have annual gross receipts that are normally greater than \$10		•	5c 6a		No
b	If "Yes	ation solicit any contributions that were not tax deductible as charitable conti ," did the organization include with every solicitation an express statement th of tax deductible?	at su	ch contributions or gifts	6b		
7		zations that may receive deductible contributions under section 170(c).					
а		organization receive a payment in excess of \$75 made partly as a contributions provided to the payor?		d partly for goods and	7a		
b	If"Yes	," did the organization notify the donor of the value of the goods or services pr	ovide	ed?	<b>7</b> b		
	file For	organization sell, exchange, or otherwise dispose of tangible personal propert m 8282?			<b>7</b> c		
d	If "Yes	," indicate the number of Forms 8282 filed during the year	7d				
e	Dıd the	organization receive any funds, directly or indirectly, to pay premiums on a po	erson	al benefit contract?	7e		No
f	Did the	organization, during the year, pay premiums, directly or indirectly, on a perso	nal b	enefit contract?	<b>7</b> f		
g	If the o	rganization received a contribution of qualified intellectual property, did the or	ganız	zation file Form 8899 as	<b>7</b> g		
h		rganization received a contribution of cars, boats, airplanes, or other vehicles	, dıd •	the organization file a	7h		
8	Did a d	ring organizations maintaining donor advised funds. onor advised fund maintained by the sponsoring organization have excess bus the year?	ines:	s holdings at any time	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 rela	ted p	erson <sup>7</sup>	<b>9</b> b		
10	Section	501(c)(7) organizations. Enter					
			10a 10b				
	facılıtıe				, I		
11		501(c)(12) organizations. Enter					
		ncome from members or shareholders	11a				
	agaınst	amounts due or received from them)......... _	11b				
		14947(a)(1) non-exempt charitable trusts.Is the organization filing Form 990	ın lıe	u of Form 1041?	12a		
	year	L	12b				
13	Section	501(c)(29) qualified nonprofit health insurance issuers.					
а		organization licensed to issue qualified health plans in more than one state? <b>N</b> o nal information the organization must report on Schedule O	ote. S	See the instructions for	13a		
b		he amount of reserves the organization is required to maintain by the states hitheorganization is licensed to issue qualified health plans	13b				
c	Enter tl	he amount of reserves on hand	13c				
14a	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? <i>If "No," provide an explana</i> t	tion ir	Schedule O	14b		

Form 990 (2015) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI . . . . . . Section A. Governing Body and Management No

1a	Enter the number of voting members of the governing body at the end of the tax year	1a		50			
	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		49			
2	Did any officer, director, trustee, or key employee have a family relationship or a bu other officer, director, trustee, or key employee?				2		No
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co		3		No		
4	Did the organization make any significant changes to its governing documents since filed?	was	4		No		
5	Did the organization become aware during the year of a significant diversion of the o	7.	5		No		
6	Did the organization have members or stockholders?			[	6		No
7a	Did the organization have members, stockholders, or other persons who had the powmore members of the governing body?	nt one or	7a		No		
b	Are any governance decisions of the organization reserved to (or subject to approve or persons other than the governing body?			kholders,	7b		No
8	Did the organization contemporaneously document the meetings held or written active year by the following ${\sf var}$	ions ui	ndertaken durn	ng the			
	The governing body?				8a	Yes	
b	Each committee with authority to act on behalf of the governing body?				<b>8</b> b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule</i>				9		No
Se	ection B. Policies (This Section B requests information about policies not	requ	ired by the Ii	nternal Re	evenu	ue Cod	e.)
				Г		Yes	No
	Did the organization have local chapters, branches, or affiliates?			. [	10a	Yes	No No
	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the ac affiliates, and branches to ensure their operations are consistent with the organization	tıvıtıe	s of such chap		10a 10b	Yes	
b	If "Yes," did the organization have written policies and procedures governing the ac	tıvıtıe ıon's e ts gov	s of such chap exempt purpose erning body be	es?		Yes	
ь 1а	If "Yes," did the organization have written policies and procedures governing the ac affiliates, and branches to ensure their operations are consistent with the organization than the organization provided a complete copy of this Form 990 to all members of its consistent.	tivitie ion's e ts gov	s of such chap exempt purpose erning body be	es? efore filing • •	10b		
b 1a b	If "Yes," did the organization have written policies and procedures governing the ac affiliates, and branches to ensure their operations are consistent with the organization that the organization provided a complete copy of this Form 990 to all members of the form?	tivitie ion's e ts gov · · · Form 9	s of such chap exempt purpose erning body be  990	es? efore filing	10b		
b 1a b 2a	If "Yes," did the organization have written policies and procedures governing the ac affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this leading to the process.	tivitie ion's e ts gov · · Form 9 · ·	s of such chap exempt purpose erning body be	es? efore filing 	10b 11a	Yes	
b 1a b 2a b	If "Yes," did the organization have written policies and procedures governing the ac affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this load the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annual	tivitie ion's e ts gov  Form 9 	s of such chap exempt purpose erning body be	es? efore filing 	10b 11a 12a	Yes	
b 1a b 2a b	If "Yes," did the organization have written policies and procedures governing the ac affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this ID of the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with	tivitie ion's e ts gov  Form 9  illy inte	s of such chap exempt purpose erning body be	es? efore filing 	10b 11a 12a 12b	Yes Yes Yes	
b 1a b 2a b	If "Yes," did the organization have written policies and procedures governing the ac affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this limited by the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with an Schedule O how this was done.	tivitie ion's e ts gov  Form 9  Illy inte	s of such chapes exempt purpose erning body be	es? efore filing      	10b 11a 12a 12b 12c	Yes Yes Yes	
b 1a b 2a c 3	If "Yes," did the organization have written policies and procedures governing the ac affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this is Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done.  Did the organization have a written whistleblower policy?	tivitie ion's e ts gov  Form 9  illy inte  in the p	s of such chapes exempt purpose erning body be	es? efore filing  ild give  " des cribe	10b 11a 12a 12b 12c 13	Yes Yes Yes Yes	
b 1a b 2a c 3 4 5	If "Yes," did the organization have written policies and procedures governing the ac affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a rev	tivitie ion's e ts gov . Form 9 . Illy inte n the p	s of such chapes exempt purpose erning body be enough to be exempt that countries are some confidence of the exempt of the exemp	es? efore filing  ild give  " des cribe	10b 11a 12a 12b 12c 13	Yes Yes Yes Yes	
b 1a b 2a c 3 4 5	If "Yes," did the organization have written policies and procedures governing the ac affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the	tivitie tion's e ts gov  Form   illy inte  in the p  riew ar ne deli	s of such chapes erning body be erning body be erests that counting of the cou	es? efore filing  ild give  " des cribe	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	
b 1a b 2a c 3 4 5	If "Yes," did the organization have written policies and procedures governing the ac affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of rithe form?  Describe in Schedule O the process, if any, used by the organization to review this ID of the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the organization's CEO, Executive Director, or top management official	tivitie tion's e ts gov  Form   illy inte  in the p  riew ar ne deli	s of such chapes erning body be erning body be erests that counting of the cou	es? efore filing  ild give  " des cribe	10b  11a  12a  12b  12c  13  14	Yes Yes Yes Yes Yes Yes	
b 1a b 2a b c 3 4 5	If "Yes," did the organization have written policies and procedures governing the ac affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official.  Other officers or key employees of the organization.	tivitie ion's e ts gov Form 9 Illy inte riew ar ne deli or sim	s of such chap exempt purpose erning body be erning body be erests that countries of the co	es?  Infore filing  Infore filing  Infore filing  Information  Informa	10b  11a  12a  12b  12c  13  14	Yes Yes Yes Yes Yes Yes	
b 1a b 2a c 3 4 5 a b	If "Yes," did the organization have written policies and procedures governing the ac affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this limited by the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture	tivitie tion's e ts gov Form 9 Ily inte riew ar ne deli or sim nization e step	s of such chap exempt purpose erning body be erning body be erests that council of "Yes," and approval by beration and decided by the exempt of the evaluate it is to safeguard	es?  efore filing  ind give  indescribe  ecision?  ent with a  ts I the	10b  11a  12a  12b  12c  13  14  15a  15b	Yes Yes Yes Yes Yes Yes	No

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

interest policy, and financial statements available to the public during the tax year

State the name, address, and telephone number of the person who possesses the organization's books and records ▶NEI 1201 F Street NW Suite 1100 Washington, DC 200041218 (202) 739-8000

Part VII

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

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

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

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

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

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

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

	<b>(A)</b> Name and Title	(B) Average hours per week (list any hours	(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-	(F) Estimated amount of other compensation from the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
See Addition	nal Data Table										
							<b>&gt;</b>				
	al from continuation sheet	•			•	•			0.816.132		729,896
	al (add lines 1b and 1c) .					•	•		9,816,123		/29,090
	l number of individuals (in 0,000 of reportable comp						i abov	e) wl	no received more th	an	

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

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

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

(A) Name and business address	(B) Description of services	(C) Compensation		
Kıvvıt	Project Management	7,231,176		
750 N Franklın Street Chıcago, IL 60654				
G4S Secure Solutions	Project Management	2,648,561		
2800 Crystal Dr Arlington, VA 22202				
Hill & Knowlton Inc	Project Management	1,997,011		
PO Box 8500-4445 Philadelphia, PA 19178				
Canberra Industries Inc	Project Management	1,797,773		
800 Research Parkway Menden, CT 06450				
Smith & Harroff Inc	Project Management	931,512		
99 Canal Center Plaza Alexandna, VA 22314				

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 ► 26 Yes

No

Form 99	0 (20	15)						Page <b>9</b>
Part V	1111	Statement o	f Revenue					
		Check If Schedu	ule O contains a respoi	nse or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1a	Federated cam	paigns 1a					312 314
iributions, Gifts, Grants Other Similar Amounts	ь	Membership du	es <b>1b</b>					
Gra	c	Fundraising eve	ents 1c					
ffs. r A	d	_	zations 1d					
	e	Government grants						
ns, Sin		_						
utic Ter	f	similar amounts no	ons, gifts, grants, and <b>1f</b> ot included above					
E E	g	Noncash contribution	ons included in lines					
Contributions, and Other Sim	h	Total. Add lines	s 1a-1f					
				Business Code				
Program Service Revenue	2a	Membership		900099	49,309,406	49,309,406		
<u>چ</u>	ь	Conferences		900099	3,541,660	3,541,660		
3	С	Publications		900099	13,449	13,449		
ž.	d							
Ē	е							
ogra	f	All other progra	am service revenue					
<u>~</u>	g	Total. Add lines	s 2a-2f		52,864,515			
	3		ome (including dividen ar amounts)		1,285,124			1,285,124
	4		stment of tax-exempt bond	-				
	5	Royalties	<u> </u>	▶				
			(ı) Real	(II) Personal				
	6a	Gross rents						
	ь	Less rental expenses						
	С	Rental income or (loss)						
	d	Net rental inco	me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	55,441,657	7,000				
	ь	Less cost or other basis and	56,570,566					
	c	sales expenses Gain or (loss)	-1,128,909	7,000				
	d	Net gain or (los			-1,121,909			-1,121,909
enne/	8a	Gross income f events (not inc	luding 					
Other Revenue		See Part IV, lin	reported on line 1c) le 18 a penses b					
Ö	c		(loss) from fundraising	events ▶				
	9a	Gross income f See Part IV, lin	rom gaming activities ne 19 <b>a</b>					
	b c		penses <b>b</b> (loss) from gamıng actı	vities				
	10a	Gross sales of returns and allo						
	ь	Less costofa	oods sold b					
			(loss) from sales of inv	entory ►				
		Miscellaneous	s Revenue	Business Code				
	11a	O ther		900099	1,168	1,168		
	b	Advertising		541800	15,267		15,267	
	C	A II a+b						
	d e	All other revenue Total. Add lines		▶				
	12				16,435			
	12	rotar revenue.	See Instructions .	•	53,044,165	52,865,683	15,267	163,215

# Part IX Statement of Functional Expenses

Section $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns. All other organizations must complete column	Section 501(c)	1(3) and 501(c)(4	) organizations must com-	plete all columns All other	er organizations must com	plete column (
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 	2	 	 		 	 • /		
Check if Schedule O contains a response or note to any line in this Part IX								

	l l				
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and				
	domestic governments See Part IV, line 21	615,966			
2	Grants and other assistance to domestic				
	ındıvıduals See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign				
	governments, and foreign individuals See Part IV, lines 15	0			
4	and 16	0			
5	Compensation of current officers, directors, trustees, and	0			
•	key employees	9,212,260			
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	13,556,981			
8	Pension plan accruals and contributions (include section 401(k)	, ,			
	and 403(b) employer contributions)	6,201,765			
9	Other employee benefits	961,221			
10	Payroll taxes	1 154 772			
11	Fees for services (non-employees)	1,154,773			
	Management	0			
a b		940,117			
c	Accounting	111,935			
d	Lobbying	76,596			
e	Professional fundraising services See Part IV, line 17	70,390			
f	Investment management fees	393,539			
q	Other (If line 11g amount exceeds 10% of line 25, column (A)	333,333			
9	amount, list line 11g expenses on Schedule O)	0			
12	Advertising and promotion	0			
13	Office expenses	509,362			
14	Information technology	551,960			
15	Royalties	0			
16	Occupancy	3,941,587			
17	Travel	1,154,741			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	3,382,360			
20	Interest	3,382,388			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	536,191			
23	Insurance	234,497			
24	Other expenses Itemize expenses not covered above (List	201,101			
	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	Program Issues	8,165,486			
b	Equipment Rental Maintenance	825,585			
c	Printing Publications	592,496			
d	Professional Development	268,706			
e	All other expenses	424,541			
25	Total functional expenses. Add lines 1 through 24e	53,812,665			
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)				
	1				

Dar	t X	Balance Sheet					rage xx
Fai	L A	Check if Schedule O contains a response or note to any li	ne ın th	ıs Part X			
					<b>(A)</b> Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			250	1	250
	2	Savings and temporary cash investments			2,754,785	2	3,875,928
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			245,900	4	506.658
	5	Loans and other receivables from current and former offi			·		· · · · · · · · · · · · · · · · · · ·
		key employees, and highest compensated employees C Schedule L	omplet	e Part II of		5	
ste	6	Loans and other receivables from other disqualified pers section 4958(f)(1)), persons described in section 4958 contributing employers and sponsoring organizations of voluntary employees' beneficiary organizations (see ins II of Schedule L	(c)(3)(E section	3), and 501(c)(9)			
Assets						6	
Ä	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			1,255,725	9	1,270,507
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	4,415,212			
	ь	Less accumulated depreciation	10b	2,323,549	2,513,919	10c	2,091,663
	11	Investments—publicly traded securities			27,528,930	11	28,845,501
	12	Investments—other securities See Part IV, line 11.				12	
	13	Investments—program-related See Part IV, line 11 .				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			8,025,250	15	9,591,679
	16	Total assets. Add lines 1 through 15 (must equal line 34			42,324,759	16	46,182,186
	17	Accounts payable and accrued expenses			42,338,228	17	45,543,628
	18	Grants payable			12,000,220	18	10,010,020
	19	Deferred revenue			1,519,302	19	3,325,224
	20	Tax-exempt bond liabilities			1,010,002	20	0,020,221
	21	Escrow or custodial account liability Complete Part IV			1,887,123	21	342,815
S	22	Loans and other payables to current and former officers,			1,007,120	21	042,010
bilities	22	key employees, highest compensated employees, and d	ısqualıf	ed			
		persons Complete Part II of Schedule L				22	
Lia	23	Secured mortgages and notes payable to unrelated third				23	
	24	Unsecured notes and loans payable to unrelated third pa				24	
	25	Other liabilities (including federal income tax, payables and other liabilities not included on lines 17-24) Complete Part X of Schedule D	to relat	ed third parties,			
	2.	Tabel Pal Pal Pal Add In a d 7 dhaarah 25	• •		45 744 652	25	40.244.667
	26	Total liabilities. Add lines 17 through 25			45,744,653	26	49,211,667
Net Assets or Fund Balances		Organizations that follow SFAS 117 (ASC 958), check he lines 27 through 29, and lines 33 and 34.	ere ►	✓ and complete			
<u>a</u>	27	Unrestricted net assets			-3,419,894	27	-3,029,481
မ္မ	28	Temporarily restricted net assets				28	
2	29	Permanently restricted net assets				29	
E.		Organizations that do not follow SFAS 117 (ASC 958), o	heck he	ere ▶ □ and			
ō		complete lines 30 through 34.		1			
ets	30	Capital stock or trust principal, or current funds				30	
S S (	31	Paid-in or capital surplus, or land, building or equipment	fund			31	
t A	32	Retained earnings, endowment, accumulated income, or	other fu	ınds		32	
Š	33	Total net assets or fund balances			-3,419,894	33	-3,029,481
	34	Total liabilities and net assets/fund balances			42,324,759	34	46,182,186

**b** Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Consolidated basis

Net unrealized gains (losses) on investments . . .

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

Donated services and use of facilities .

Part XIII Financial Statements and Reporting

1 Accounting method used to prepare the Form 990

a separate basis, consolidated basis, or both

Investment expenses .

column (B))

Schedule O

Schedule O

Prior period adjustments .

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?

Single Audit Act and OMB Circular A-133?

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

Consolidated basis

Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . .

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

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

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

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

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

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

Both consolidated and separate basis

Cash ✓ Accrual COther

Both consolidated and separate basis

1

2

3

4

5

6

7

8

9

10

Nο

Page 12

53,044,165

53,812,665

-768,500

-3,419,894

-195,009

1,353,922

-3,029,481

No

Νo

Yes

Yes

Yes

2a

2b

2c

3a

3b

**Software ID:** 15000290

**Software Version:** 15.3.0.0

**EIN:** 52-1209124

Name: Nuclear Energy Institute Inc

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

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more pers	person is both an officer and a director/trustee)			ess er :)	( <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		
Marvin S Fertel President CEO	40 00	x		x				3,377,654	0	5,644	
Nicholas K Akins Director	1 00	×						0	0	(	
Gerard M Anderson Director	1 00	х						0	0	(	
Gregory R Ashley Director	1 00	×						0	0	C	
Donald E Brandt Director	1 00	х						0	0	(	
Timothy J Burke Director	1 00	x						0	0	(	
David A Christian Director	1 00	×						0	0	C	
Jeffrey Connor DIrector	1 00	×						0	0	(	
Christopher M Crane Director	1 00	x						0	0	(	
Malcolm Critchley Director	1 00	×						0	0	(	

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

Compensated Employees, and Inde	pendent Co	ntrac	tor	s <sup>′</sup>		•			_
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	m unle:	ore t ss pe	than erso cer tor/t	not one n is and trus		( <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
Anthony F Early Jr Director	1 00	x					0	0	0
Jadk Edlow Director	1 00	x					0	0	0
Paul A Farr Director	1 00	x					0	0	0
Benjamin G S Fowke III Director	1 00	×					0	0	0
William A Fox III PE Director	1 00	x					0	0	0
Gerald Garfield Esq Director	1 00	×					0	0	0
Timothy Gitzel	1 00	,,							

1 00

1 00

1 00

Х

Χ

Director

Director

Director

Director

Lynn J Good

Adam C Heflin

Greg J Hempfling

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

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) A verage hours per week (list any hours for related	m unles	ore t ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former			organization and related organizations
Wesley Hines PhD Director	1 00	×						0	0	0
William P Hite Director	1 00	×						0	0	0
John L Hopkins Director	1 00	×						0	0	0
William D Johnson Director	1 00	×						0	0	0
Sue Kelly Director	1 00	×						0	0	0
Dennis L Koehl Director	1 00	x						0	0	0
Stephen E Kuczynski	1 00							_	_	_

1 00

1 00

1 00

Х

Χ

Director

Director

Director

Director

Art Lembo

William Levis

James H Lash

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

Compensated Employees, and Inde	ependent Co	ntrac	ctor	S				1	
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	m unles	ore t ss pe	han erso cer tor/t	not one n is and trus		( <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
		ű.	Stee			ाड द्या स्त्रे			
Sean McGarvey Director	1 00	x					0	0	0
Mıchael P McMahon Dırector	1 00	×					0	0	0
Gary M Mignogna Director	1 00	×					0	0	0
Michael L Moehn Director	1 00	×					0	0	0
William Mohl Director	1 00	×					0	0	0
Wayne A Norton Director	1 00	×					0	0	0
	4.00								

1 00

1 00

1 00

Daniel B Poneman

Mark E Reddemann

Director

Director

James L Robo Director

Patrick L Pope Director

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

Compensated Employees, and Inde	penaent co	ntrac	tor	S				i	ı
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	m unles	ore t ss pe	han erso cer	not one n is and trus	an Forme	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Daniel L Roderick Director	1 00	×					0	0	0
K Keith Roe Director	1 00	×					0	0	0
Bruce A Sassi Director	1 00	×					0	0	0
Yoshinobu Shibata Director	1 00	×					0	0	0
Kns P Singh Director	1 00	×					0	0	0
George D Turner	1 00	×					0	0	0

1 00

1 00

1 00

1 00

Х

Χ

Director

Chris Tye Director

Director

Director

Michael Wadley

Thomas R White

John F Young Director

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

19,925

148,444

141,154

-40,413

48,869

Compensated Employees, and Inde					rus	stee	5, r	tey Employee	25, nignest	
(A) Name and Title	(B) A verage hours per week (list any hours for related	Pos m unles	sition nore thess	(C) than ersoi	not one on is and			(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former		MISC)	organization and related organizations
Alexander W Flint Senior Vice President	40 00			×				592,421	. 0	170,294
Ellen C Ginsberg Vice President Secretary	40 00			×				639,128	0	45,181
Dan Lipman Vice President	40 00			x				308,159	0	20,511
Richard J Myers Vice President	40 00			×				619,740	0	10,021
Scott J Peterson Vice President	40 00			×				628,611	. 0	-21,489

40 00

40 00

40 00

40 00

40 00

Х

Х

Х

Х

867,839

504,740

514,414

499,111

234,720

Anthony R Pietrangelo

Vice President Treasurer

Douglas J Walters

Susan Perkings-Grew

Vice President

Senior Director

Vice President

Joseph Pollock

Vice President

Phyllis M Rich

		Stee	าแสะร		ensated			
Alexander W Flint	40 00			ļ		592,421	0	
Senior Vice President				^		392,421	0	
Ellen C Ginsberg	40 00			Ţ		620 120	0	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (C)
Position (do not check (A)

Name and Title

Senior Director

nume and title	hours per week (list any hours for related organizations below dotted line)	m unle:	ore t ss pe	han erso cer tor/t	one n is and rust	tee)	compensation from the organization (W- 2/1099- MISC)	compensation from related organizations (W- 2/1099- MISC)	amount of other compensation from the organization and related organizations
Anne W Cottingham Senior Director	40 00					х	275,925	0	75,617
John D McIntire Senior Director	40 00					х	275,152	0	38,891
Robert Powers Senior Director	40 00					х	237,699	0	40,251

240,810

26,996

40 00

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

#### DLN: 93493316045346

Employer identification number

52-1209124

### SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue

Name of the organization

Nuclear Energy Institute Inc

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

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

2015
Open to Public Inspection

Internal Revenue
Service

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

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

• Section 527 organizations Complete Part I-A only If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-B

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

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

1	Provide a description of the or	ganization's direct and indirect polit	ıcal campaıgn ac	tivities in Part IV	
2	Political expenditures			<b>&gt;</b>	\$
3	Volunteer hours				
Par	t I-B Complete if the or	ganization is exempt under	section 501(	c)(3).	
1	Enter the amount of any excise	e tax incurred by the organization ur	ider section 495!	5	\$
2	Enter the amount of any excise	e tax incurred by organization mana	gers under sectio	n 4955 <b>&gt;</b>	\$
3	If the organization incurred a s	section 4955 tax, did it file Form 47	20 for this year?		☐ Yes ☐ No
4a	Was a correction made?				☐ Yes ☐ No
b	If "Yes," describe in Part IV				•
Par	t I-C Complete if the or	ganization is exempt under	section 501(	c), except section 50	1(c)(3).
1	Enter the amount directly expe	ended by the filing organization for s	ection 527 exem	pt function activities 🕨	\$
2	Enter the amount of the filing of exempt function activities	organization's funds contributed to o	ther organization	s for section 527	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here	and on Form 112	20-POL, line 17b ►	\$
4	Did the filing organization file <b>F</b>	orm 1120-POL for this year?			Yes No
	amount of political contribution	For each organization listed, enter the seceived that were promptly and political action committee (PAC). In the seceive (PAC) is a seceive to the seceive that	dırectly delivered	to a separate political orga	nızatıon, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2					
3					
4					
5					
6					
For F	aperwork Reduction Act Notice, se	ee the instructions for Form 990 or 99	0-EZ.	Cat No 50084S Schedule C (I	Form 990 or 990-EZ) 2015

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

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

g

ch	nedule C	(Fo	rm 990 or 990-E2) 2015			Page <b>2</b>
P	art II-/	4	Complete if the organization is exempt under section 501(c)(3) and	file	ed Form 5768	(election
			under section 501(h)).			
١.	Check	•	If the filing organization belongs to an affiliated group (and list in Part IV each affiliated expenses, and share of excess lobbying expenditures)	gro	up member's nam	e, address, EIN
3	Check	$\blacktriangleright$	If the filing organization checked box A and "limited control" provisions apply			
			Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lo	obb	ring expenditures to influence public opinion (grass roots			
La	lobbyır	ıg)				
	Total lo	obb	ying expenditures to influence a legislative body (direct lobbying)			

Total lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures Total exempt purpose expenditures (add lines 1c and 1d) 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

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 reporting section 4911 tax for this year?

	4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)												
	Lobbying Expe	nditures During	4-Year Avera	ging Period									
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2012	<b>(b)</b> 2013	(c)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												

Return Reference

Pa	ort II-B Complete if the organization is exempt under section 501(c)(3) and has filed Form 5768 (election under section 501(h)).	NOT				
or c	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(	a)		(b)	
	vity	Yes	No	Ar	nount	0
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	163				
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Paı	rt III-A Complete if the organization is exempt under section $501(c)(4)$ , section $501(c)(6)$ .	<b>501</b> (c	)(5), o	r sec	ction	1
			_	,	Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		L	1		Νo
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		Νo
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?				/es	
Pai	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members	1		49	309,	,406
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	,	2a			1,913	
b	Carryover from last year	2b			-434	
C	Total	2c			478, L	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3		- 2	094,094	. <b>,</b> 698
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5			-616	,373
Р	art IV Supplemental Information	1				
	rovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated gro (see instructions), and Part II-B, line 1 Also, complete this part for any additional information	oup list)	, Part II	-A, lin	es 1	and

Explanation

**SCHEDULE D** 

(Form 990)

Treasury

Department of the

# **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.

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

OMB No 1545-0047

DLN: 93493316045346

Open to Public Inspection

Na	nal Revenue Service   me of the organization		Empl	oyer identification number
Nuc	clear Energy Institute Inc		52-1	209124
Pa	Organizations Maintaining Donor Complete if the organization answere			
		(a) Donor advised funds	(b)	Funds and other accounts
L	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
ļ	Aggregate value at end of year			
;	Did the organization inform all donors and donor a funds are the organization's property, subject to t		onor advis	sed Yes No
•	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the conferring impermissible private benefit?			purpose Yes No
Pa	rt III Conservation Easements. Comple	ete if the organization answered "Yes"	on Forn	n 990, Part IV, line 7.
L	Purpose(s) of conservation easements held by th	e organızatıon (check all that apply)		
	Preservation of land for public use (e g , recreeducation)		an histor	ıcally ımportant land area
	Protection of natural habitat	Preservation of	a certifie	d historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization leasement on the last day of the tax year	held a qualified conservation contribution i	n the form	of a conservation
				Held at the End of the Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easeme		2b	
C	Number of conservation easements on a certified	, ,	2c	
d	Number of conservation easements included in (o historic structure listed in the National Register		2d	
3	Number of conservation easements modified, tran	nsferred, released, extinguished, or termina	ited by the	e organization during the
	tax year <b>▶</b>			
ŀ	Number of states where property subject to cons	ervation easement is located <b>&gt;</b>		
5	Does the organization have a written policy regar violations, and enforcement of the conservation e		ındlıng of	☐ Yes ☐ No
•	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of violations, and enfo	cing cons	servation easements during the
	<b>&gt;</b>			
,	A mount of expenses incurred in monitoring, inspe	ecting, handling of violations, and enforcing	conserva	tion easements during the year
	<b>&gt;</b> \$			
3	Does each conservation easement reported on lin (B)(I) and section $170(h)(4)(B)(II)^{2}$	ne 2(d) above satisfy the requirements of s	ection 17	0(h)(4)
)	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the organization's financ		
ar	Complete if the organization answere		, or Oth	ner Similar Assets.
.a	If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the footi	assets held for public exhibition, education	n, or resea	arch in furtherance of public

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

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public

Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

(i) Revenue included on Form 990, Part VIII, line 1

**▶** \$ \_\_

service, provide the following amounts relating to these items

Par	t III	Organizations Maintaining (continued)	Collections of Ar	t, His	stori	cal 1	rea	sures,	or O	ther Simi	lar As	sets	
3		the organization's acquisition, accontion tems (check all that apply)	ession, and other reco	rds, cl	heck a	iny of	the	following t	that a	re a sıgnıfıc	ant use	ofits	
а		Public exhibition		d		Loa	n or	exchange	prog	ams			
b	Γ:	Scholarly research		e	Г	O th	er						
c		Preservation for future generations											
4	Provi Part >	de a description of the organization? KIII	s collections and expl	ain ho	w they	furth	ner th	ie organiz	ation	's exempt pu	ırpose	ın	
5		g the year, did the organization solic s to be sold to raise funds rather th									┌ Yes	Г	No
Pa	rt IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		orm	990,	Part	IV,	line 9, o	r rep	orted an a	mount	on Fo	orm 990,
1a		e organization an agent, trustee, cus ded on Form 990, Part X?	todian or other interm	ediary	/ for co	ontrib	utior	ns or othe	rass		<b>√</b> Yes	Г	No
b	If"	'Yes," explain the arrangement in Pa	art XIII and complete	the fo	Howing	n tabl	و				Amo	unt	
c		ginning balance				,		I	1c			1	,887,123
d		ditions during the year							1d				3,141,176
е		stributions during the year							1e				,685,484
f		ding balance							1f				342,815
2a		ne organization include an amount o	n Form 990, Part X, lır	ne 21,	for es	crow	orcu	ıstodıal a	ccour	nt liability?	<b>√</b> Yes	Г	No
b	If"Ye	es," explain the arrangement in Part	XIII Check here if th	e expl	anatıo	n has	s bee	n provide	d in P	art XIII   .			. 🗸
Pa	rt V	Endowment Funds. Comple											
			(a)Current year	<b>(b)</b> Pr	nor yea	r	b (c)	Two years l	back	<b>(d)</b> Three year	s back	(e)Fou	r years back
<b>1</b> a	Begir	nning of year balance											
b	Cont	ributions											
c	Netı losse	nvestment earnings, gains, and											
d	Gran	ts or scholarships											
e		r expenditures for facilities programs											
f	A dmı	inistrative expenses											
g		of year balance											
2		de the estimated percentage of the	current year end balar	ce (lır	ne 1g,	colur	mn (a	ı)) held as	<del></del>		I		
а	Board	i designated or quasi-endowment <b>&gt;</b>			-								
b		anent endowment ▶											
С		orarily restricted endowment >											
_		percentages on lines 2a, 2b, and 2c	should equal 100%										
За	A re th	here endowment funds not in the pos	ssession of the organiz	zation	that a	re he	ld an	d adminis	tered	for the			
	_	iization by										Υ (	es No
	` '	related organizations				•		•			3a(		<del></del>
b		elated organizations es" on 3a(ii), are the related organiz				ule R	? .	٠			. 31		<del>                                     </del>
4		ribe in Part XIII the intended uses o											
Pa	rt <b>VI</b>	Land, Buildings, and Equip											
		Complete if the organization a  Description of property	answered 'Yes' to Fo	orm 9		art I  a)	۷, III	ne 11a.S (b)			Part X, nulated		10. Book value
		Description of property		C	ost or o (inves	ther b		Cost or oth (othe	er bas			(u)	DOOK VAIGE
<b>1</b> a	Land			·								1	
		igs										1	
		nold improvements		·					942,28		590,973	+	1,351,312
d	Equipn	nent		·				2,	472,92	7 1	.,732,576	-	740,351

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) )

Part VII Investments—Other Securities. C See Form 990, Part X, line 12.	Complete if the organ	ization answered 'Ye	es' on Form 990, Part IV, line 11b.
(a) Description of security or catego (including name of security)	ry	( <b>b)</b> Book value	(c)Method of valuation Cost or end-of-year market value
(1)Financial derivatives (2)Closely-held equity interests			
(3)Other (A) Financial derivatives and other financial products			
(B) Closely-held equity interests			
<u> </u>			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12 ) Part VIII Investments—Program Related.	•		
Complete if the organization answere	ed 'Yes' on Form 990		
(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )	<b>•</b>		
Part IX Other Assets. Complete if the organizat	tion answered 'Yes' on F scription	orm 990, Part IV, line	11d See Form 990, Part X, line 15 <b>(b)</b> Book value
(1) Accrued Interest (2) Cash Surrender Value of Insurance	·		106,360 9,485,319
, ,			, ,
Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities. Complete if the or		'Ves' on Form 990	• 9,591,679
See Form 990, Part X, line 25.	(b) Book value	Tes on form 550,	Fulctiv, fine the of this
1. (a) Description of Hability	(b) book value	$\dashv$	
Federal income taxes		_	
Federal Income taxes		_	
		_	
		$\dashv$	
		_	
		_	
		$\dashv$	
		$\dashv$	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )	<b>•</b>	$\dashv$	
2. Liability for uncertain tax positions. In Part XIII, provorganization's liability for uncertain tax positions under			
XIII 🔽	( ) = 2 · · · · · · · · · · · · · · · · · ·		

Other (Describe in Part XIII)

Subtract line 2e from line 1 .

Add lines 4a and 4b .

Return Reference

Part XIII

information

IV 2b

Add lines 2a through 2d . . .

Schedule D (Form 990) 2015

1

2

a b

d

е

b

52,455,617

-195,009

52,650,626

1

2e

3

4c

-195,009

393,539

C	Add lines <b>4a</b> and <b>4b</b>	4c	393,539
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	53,044,165
Part	Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	s pe	Return.
1	Total expenses and losses per audited financial statements	1	53,419,126
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	
3	Subtract line <b>2e</b> from line <b>1</b>	3	53,419,126
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 393,539		
h	Other (Describe in Part VIII.)	1	

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

Explanation

NEI administers voluntary programs for its members NEI acts as a fiscal agent for the programs and has no control over the disbursements of the funds Therefore, NEI does not recognize revenue or expenses in its statement of activities and changes in net assets for these programs. Funds received by NEI for which disbursements have not yet been paid are presented as funds held for others in the

2a

2b

**2**c

2d

4a

4b

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total revenue, gains, and other support per audited financial statements . . .

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Amounts included on Form 990, Part VIII, line 12, but not on line 1

Investment expenses not included on Form 990, Part VIII, line 7b.

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) .

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

audited statements of financial position

Net unrealized gains (losses) on investments . . .

Donated services and use of facilities . .

Recoveries of prior year grants . . . . .

Other (Describe in Part XIII ) . . . . . .

**Supplemental Information** 

393,539

53,812,665

Schedule D (Form 990) 2015		Page <b>5</b>
Part XIII Supplemental Information	on (continued)	
Return Reference	Explanation	
		_

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493316045346 OMB No 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) 2015 Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization Employer identification number Nuclear Energy Institute Inc 52-1209124 **General Information on Grants and Assistance** Part I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient Part II that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (c) IRC section (d) A mount of cash **(b)** EIN (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization if applicable grant cash valuation non-cash assistance or assistance or government (book, FMV, assistance appraisal, other) See Additional Data Table

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 

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

Schedule I (Form 990) 2015

20

#### **Additional Data**

Horton's Kids Inc

Partnership

520

100 Maryland Ave NE Suite

325 7th Street NW Suite 610 Washington, DC 20004

Washington, DC 20002 Republican Main Street Software ID: 15000290 Software Version: 15.3.0.0

501c3

501c4

52-1755403

59-1828852

**EIN:** 52-1209124

Name: Nuclear Energy Institute Inc

**(h)** Purpose of grant or assistance

Contribution

Contribution

Contribution

orm 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> A mount of cash grant		(f) Method of valuation (book, FMV, appraisal, other)				
Diabetes Research Institute Foundation Inc 200 South Park Rd Suite100 Hollywood,FL 33021	59-1361955	501c3	5,000						

15,000

12,500

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable cash (book, FMV, appraisal, non-cash assistance or assistance grant or aovernment assistance other) National Council on Radiation 52-0806696 501c3 10,000 Contribution Protection and Measurements 7910 Woodmont Ave Suite 400 Rathacda MD 20814 52-1480785 501c3 15,000 Contribution

120,000

Contribution

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

501c3

Dethesad, ND 20014
National Foundation for
Women Legislators Inc
1727 King Street Suite 300
Alexandria, VA 22314

Bipartisan Policy Center Inc

1225 I Street NW Suite 1000 Washington, DC 20005 73-1628382

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (h) Purpose of grant (g) Description of organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) 51-0170226 501c3 5,000 Capital Area REACH Program Contribution 601 Pennsylvania Ave NW Stute 900S Washington DC 20024 bution

Mashington, DC 20021					
Center for Clear Aır Policy 750 First Street NE Suite 940 Washington, DC 20002	52-1423164	501c3	25,000		Contribution
Center for Energy Workforce	20-4504014	501c3	55,000		Contribution

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

Deveopment

701 Pennsylvania Ave NW Washington, DC 20004

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) Operation Smile Inc 54-1460147 501c3 5,000 Contribution 2641 Faculty Blvd ution

Virginia Beach, VA 23453					
Prevent Cancer Foundation 1600 Duke Street Suite 500 Alexandria, VA 22314	52-1429544	501c3	10,000		Contribut
Consumer Energy Alliance	26-1658339	50164	32 000		Contribut

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

614

Houston, TX 77098

Contribution Consumer Energy Alliance 32,000 **30164** 2211 Norfolk Street Suite

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) Special Operations Warrior 52-1183585 501c3 5,000 Contribution Foundation 1137 Marbella Plaza Drive bution

Contribution

Tampa,FL 33619					
James E Clyburn Research and Scholarship Foundation 499 South Capitol Street SW Washington, DC 20003	57-0976265	501c3	10,000		Contribu

March of Dimes 13-1846366 501c3 5,000

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

210 Washington Blvd Suite

Arlington, VA 22204

425

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) National Association of 53-0204609 501c4 16,466 Contribution Regulatory Utility Commissioners 1101 Vermont Avenue NW Suite 200 bution

Washington, DC 20005					
Creative Coalition 200 Park Avenue South 8th Fl New York, NY 10003	13-3517803	501c3	5,000		Contribution
National Organization on Fetal	46-0412365	501c3	5,000		Contribution

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

Alchohol Syndrome 1200 Eton Court 3rd Fl Washington, DC 20007

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) 74-2232576 501c3 113,000 NCSL Foundation for State Contribution Legislatures 7700 East First Place ıbutıon

Denver, CO 80230					
The Keystone Center 1628 Saint Johns Rd Keystone, CO 80435	84-0688506	501c3	25,000		Contribu
Third May	20 1724070	50164	102.000		Contrib

i nira Way 20-1/340/0 501C41 102,000

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

Contribution 1025 Connecticut Ave NW

Suite 501 Washington, DC 20036

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) US Capitol Historical Society 52-0796820 501c3 5,000 Contribution 200 Marvland Avenue NE Washighton, DC 20002 oution

US Navy Memorial Foundation 701 Pennsylvania Ave NW Suite 123 Washington, DC 20004	52-1104476	501c3	5,000		Contribution
Women in Government	54-1527192	501c3	10,000		Contribution

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

Foundation

1319 F Street NW Suite 710 Washington, DC 20004

DLN: 93493316045346

2015

# OMB No 1545-0047

### 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 <a href="www.irs.gov/form990">www.irs.gov/form990</a>.

Open to Public Inspection

Ves	Na	tification number						
A 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 1 a Complete Part III to provide any relevant information regarding these terms   First-class or charter travel   Housing allowance or residence for personal use   First-class or charter travel   Payments for business use of personal residence   Discretionary spending account   Personal services (e.g., maid, chauffeur, chef)    b I fairly of the boxes in line 1a are checked, did the organization follow a within policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain   1b    b I fairly of the boxes in line 1a are checked, did the organization follow a within policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain   1b    c Discretionary spending account   Personal services (e.g., maid, chauffeur, chef)   1b    b I fairly of the boxes in line 1a are checked, did the organization follows a within payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain   1b    c Discretionary spending account   Personal services (e.g., maid, chauffeur, chef)    b I fairly of the boxes in line 1a are checked, did the organization sexpenses incurred by all increases of the complex of the complex of the chef in the chef i	Nuc							
La 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 1 a Complete Part III to provide any relevant information regarding these items 990, Part VII, Section A, line 1 a Complete Part III to provide any relevant information regarding these items 990, Part VIII, Section A, line 1 a, did the organization pay or accrue any compensation contingent on the net earnings of a Part VIII, Section A, line 1 a, did the organization provide any amounts for personal instead or payments   First-Section A, line 1 a, did the organization provide any non-fixed payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 10 to explain	Pa	rt I Questions Regarding Compensation						
990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items   First-class or charter travel				Yes	No			
Travel for companions	1a							
Tax idemmification 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 1 a 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    Indicate which, if any, of the following the filing organization used to establish the compensation of the organizations (EO/Executive Director, regarding the items checked in line 1a?    Indicate which, if any, of the following the filing organization used to establish the compensation of the organizations (EO/Executive Director)    Indicate which, if any, of the following the filing organization used to establish the compensation of the organization of the CEO/Executive Director, but explain in Part III    V Compensation committee   V Written employment contract   V Independent compensation consultant   V Compensation survey or study    Indicate which, if any, of the following the filing organization of the CEO/Executive Director, but explain in Part III    V Compensation committee   V Written employment contract   V Independent compensation consultant   V Compensation survey or study    If any 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    Beceive a severance payment from, a supplemental nonqualified retirement plan?    Participate in, or receive payment from, an equity-based compensation arrangement?    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 net earnings of    The organization?    The organization?    For persons listed on Form 990, Part VII,		First-class or charter travel Housing allowance or residence for personal use			ļ			
Discretionary spending account		Travel for companions Payments for business use of personal residence		ļ				
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain  1b Dit the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?  2 Yes  3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III		Tax idemnification and gross-up payments  Health or social club dues or initiation fees			ļ			
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain  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?  Yes  Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. But explain in Part III  Compensation committee  Independent compensation consultant  Compensation survey or study  Form 990 of other organizations  Approval by the board or compensation committee  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 from, as supplemental nonqualified retirement plan?  Participate in, or receive payment from, as supplemental nonqualified retirement plan?  Participate in, or receive payment from, an equity-based compensation arrangement?  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?  Any related organization?  If "Yes," on line 6a or 6b, describe in Part III  Any related organization?  Any related organization?  The organization contingent on the net earnings of  Any related organization?  The organization form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of  Any related organization?  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  For persons listed on Form 990, Part VII, Section A, line 1a, d		Discretionary spending account Personal services (e.g., maid, chauffeur, chef)		l i				
directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?  2 Yes  3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III    V Compensation committee   V Written employment contract     V Independent compensation consultant   V Compensation survey or study	b	, , , , , , , , , , , , , , , , , , , ,	1b					
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    V   Compensation committee   V   Written employment contract     V   Independent compensation consultant   V   Compensation survey or study   Compensation committee   V   Independent compensation consultant   V   Compensation survey or study   Compensation survey or study   Compensation committee   V   Independent compensation committee   V   Approval by the board or compensation committee   V   Independent compensation committee   V   Approval by the board or compensation committee   V   Independent compensation committee   V   Approval by the board or compensation committee   V   Independent compensation contingent on the revenues of   V   Independent compensation contingent on the revenues of   V   Independent compensation contingent on the revenues of   V   Independent compensation contingent on the net earnings of   V   Independent compensation contingent on the net earnings of   V   Independent compensation contingent on the net earnings of   V   Independent compensation contingent on the net earnings of   V   Independent compensation contingent on the net earnings of   V   Independent contingent on the net earnings of	2		2	Yes				
Independent compensation consultant Form 990 of other organizations I Approval by the board or compensation committee  4 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  4 Receive a severance payment or change-of-control payment? 4 Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4 Participate in, or receive payment from, an equity-based compensation arrangement? 4 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? 5 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? 6 Any related organization? 6 Any related organization? 6 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 67 If "Yes," describe in Part III  7 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 67 If "Yes," describe in Part III  8 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 in Part III  8 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 in Part III  9 If "Yes," on line 8, did the organization also follow the rebuttable presumptio	3	organization's CEO/Executive Director Check all that apply Do not check any boxes for methods						
Form 990 of other organizations    V   Approval by the board or compensation committee		✓ 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?  Participate in, or receive payment from, a supplemental nonqualified retirement plan?  Participate in, or receive payment from, an equity-based compensation arrangement?  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?  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?  Any related organization?  The organization?  Any related organization?  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?  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  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  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 in Part III  Fif "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?		✓ Independent compensation consultant ✓ Compensation survey or study			ļ			
or a related organization  Receive a severance payment or change-of-control payment?  ABRECEIVE a severance payment or change-of-control payment?  Participate in, or receive payment from, a supplemental nonqualified retirement plan?  Participate in, or receive payment from, an equity-based compensation arrangement?  Participate in, or receive payment from, an equity-based compensation arrangement?  Participate in, or receive payment from, an equity-based compensation arrangement?  Participate in, or receive payment from, an equity-based compensation arrangement?  Participate in, or receive payment from, an equity-based compensation arrangement?  Participate in, or receive payment from, a supplemental nonqualified retirement plan?  Participate in, or receive payment from, a supplemental nonqualified retirement plan?  Participate in, or receive payment from, a supplemental nonqualified retirement plan?  Participate in, or receive payment from, a supplemental nonqualified retirement plan?  Participate in, or receive payment from, a supplemental nonqualified retirement plan?  Participate in, or receive payment from, a supplemental nonqualified retirement plan?  Participate in, or receive payment from 990, Part VII, section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of  Participate in, or receive payments in Part III  Participate in, or receive payments in 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  Participate in, or are receive payments and 6? If "Yes," describe in Part III  Participate in, or are receive payments and provide in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III  Participate in, or are receive payments or described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III  Participate in Part VII, section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describ		Form 990 of other organizations  A pproval by the board or compensation committee						
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?  b Participate in, or receive payment from, an equity-based compensation arrangement?  c Participate in, or receive payment from, an equity-based compensation arrangement?  d C If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III  c Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  5 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  a The organization?  5 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  5 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  6 A If "Yes," on line 6a or 6b, describe in Part III  7 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 For persons listed 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 in Part III  8 Usere 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 in 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)?	4							
Ac Participate in, or receive payment from, an equity-based compensation arrangement?  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  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  Any related organization?  Any related organization?  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  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 in Part III  For persons line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	а	Receive a severance payment or change-of-control payment?	4a		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?  The organization?  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?  Any related organization?  The organization?  Any related organization?  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  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 in Part III  Purson on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes				
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  a The organization?  b 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  a The organization?  a The 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  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 in Part III  g If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo			
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?  Any related organization?  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?  Any related organization?  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  Any related organization?  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  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 in Part III  But the organization provide any non-fixed payments not described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III  But the organization provide any non-fixed payments not described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III  But the organization provide any non-fixed payments not described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III  But the organization provide any non-fixed payments not described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III  But the organization provide any non-fixed payments not described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III  But the organization provide any non-fixed payments not described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III  But the organization provide any non-fixed payments not described in Regulations provide any non-fixed payments not described in Regulations provide any non-fixed payments not described in Regulation provide any non-fixed payments not described in Regulatio		If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III						
b 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  a The organization?  6a  b 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 in Part III  9  If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any						
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?  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  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 in Part III  If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	а	The organization?	5a					
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  a The organization?  b 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  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 in Part III  9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	b	,	5b					
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  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 in Part III  If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any						
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  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 in Part III  If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	а	The organization?	<b>6</b> a					
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  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 in Part III  If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	b	Any related organization?	6b					
payments not described in lines 5 and 6? If "Yes," describe in Part III  8 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 in 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)?		If "Yes," on line 6a or 6b, describe in Part III						
subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III  If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?  9	7							
If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	В	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe	8					
	9	section 53 4958-6(c)?						

ruge <b>L</b>						
Part III Officers, Directors,	Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.					
For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII  Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual						
(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in	

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

Schedule 1 (Form 990) 2015

See Additional Data Table

Schedule J (Form 990) 2015

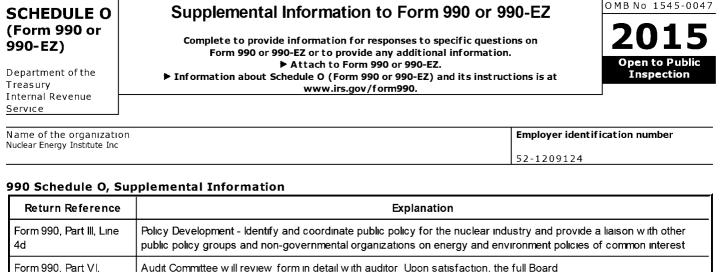
Page 2

Page <b>3</b>								
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	Explanation							
Part II Line 1	Marvin Fertel reported 1,317,669 on his W-2 for deferred compensation but 1,306,888 was reported as expense in 2015							
Part II Line 2	Alexander Flint has 138,909 reported as deferred compensation in 2015							
Part II Line 3	Ellen Gınsberg reported 177,960 on her W-2 for deferred compensation but 156,117 was reported as expense in 2015							
Part II Line 4	Dan Lipman has 16,200 reported as deferred compensation in 2015							
Part II Line 5	Richard Myers reported 179,101 on his W-2 for deferred compensation but 172,697 was reported as expense in 2015							
Part II Line 6	Scott Peterson reported 188,338 on his W-2 for deferred compensation but 102,078 was reported as expense in 2015							
Part II Line 7	Anthony Pietrangelo reported 316,202 on his W-2 for deferred compensation but 267,164 was reported as expense for 2015							
Part II Line 8	Joseph Pollock has 89,070 reported as deferred compensation in 2015							
Part II Line 9	Phyllis Rich has 161,155 reported as deferred compensation in 2015							
Part II Line 10	Douglas Walters reported 143,356 on his W-2 for deferred compensation but 86,518 was reported as expense in 2015							

**Software ID:** 15000290 **Software Version:** 15.3.0.0 **EIN:** 52-1209124

Name: Nuclear Energy Institute Inc

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(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
1Marvin S Fertel President CEO	(1)		886,934	1,328,228	5,644	12,642 	3,395,940 	10,781
1Alexander W Flint Senior Vice President	(1)		169,383	3,860	170,294	25,735 	788,450	
<b>2</b> Ellen C Ginsberg Vice President Secretary	(1)		127,608	182,676	45,181	26,157	710,466	21,843
3Dan LipmanVice President	(1)		50,140	4,387	20,511	1,435	330,105	
4Rıchard J Myers Vice President	(1)		125,030	186,402	10,021	25,996 	655,757	6,404
<b>5</b> Scott J Peterson Vice President	(1)		124,611	192,940	-21,489	25,341 	632,463	86,260
<b>6</b> Anthony R Pietrangelo Vice President	(I) (II)		152,858	321,495	19,925	11,218	898,982	49,038
<b>7</b> Joseph PollockVice President	(1)		118,573	5,443	148,444	18,938	672,122	
8Phyllis M Rich Vice President Treasurer	(1)		147,294	3,620	141,154	2,993	658,561	
<b>9</b> Douglas J Walters Vice President	(1)		73,118	148,693	-40,413	10,716	469,414	56,838
<b>10</b> Susan Perkings-Grew Senior Director	(I) (II)		31,649	821	48,869	25,215	308,804	
11Anne W Cottingham Senior Director	(1)		38,525	1,969	75,617	1,267	352,809	
12John D McIntire Senior Director	(I) (II)		49,280	2,311	38,891	23,086	337,129	
13Robert Powers Senior Director	(1)	203,563	33,211	925	40,251	25,322 	303,272	
14Hanna Simone Senior Director	(1)		31,688	918	26,996	677 	268,483	



will receive a copy and will be given reasonable time to review and ask questions before

DLN: 93493316045346

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

the return is filed

Section B, Line 11b

990 Schedule O, Supplemental Information
Return Reference

B. Line 12c

Return Reference Explanation

Form 990, Part VI, Section | Employees are required to sign a conflict of interest report annually to confirm that they understand the policy and

Form 990, Part VI, Section
B, Line 15c
Salaries for all NEl positions are benchmarked against industry standards, using mid-to-la rge-sized not-for-profit organizations as key comparators. All officer positions are evalu ated against a compensation scoring system that ensures the salary range for the position is set relative to the positions internal and external responsibilities. CEO and officer positions are also benchmarked against industry standards annually using the same comparator group as the other positions. The review is performed by an external consultant who provides recommendations to the Organization Compensation Committee of the NEI Executive Commit

ttee Those recommendations, if approved by the Organization Compensation Committee, are then provided to the Executive Committee for the Executive Committees final approval

that they have disclosed any conflict of interest or appearance of conflict of interest

990 Schedule O, Supplemental Information

Return Reference

Form 990, Part VI, Section C, Line 19	NEl did not have a request for documents during the year NEl will make the documents available upon request
Form 990, Part XI, Line 9	Actuarial gains and losses for the defined benefit and post retirement plans totaled 1,353,922

Explanation