			EXTENDED TO AUGUST					
	Ω	00	Return of Organization Exem	npt Fro	om Ir	ncome Tax		OMB No. 1545-0047
Forr	n Y	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Re	evenue Cod	de (exce	ept private foundati	ions)	2015
Department of the Treasury			Do not enter social security numbers on this	is form as it	may be	e made public.		Open to Public
Interr	nal Reve	nue Service	Information about Form 990 and its instruct	tions is at v	www.irs	.gov/form990.		Inspection
AF	or the	e 2015 calend	lar year, or tax year beginning	and endi	ing			
Bc	heck if		forganization			D Employer ident	ificati	on number
a	⊐Addre	ELEC	TRIC RELIABILITY COUNCIL OF TE	XAS				
	chang Name	ge INC						
		ge Doing b	usiness as ERCOT	74-	258	7416		
	return	Number	r and street (or P.O. box if mail is not delivered to street address)	Roon	m/suite	E Telephone num		
	Final return		METRO CENTER DRIVE			512		5-7000
	termir ated ⊐Amen	City or t	town, state or province, country, and ZIP or foreign postal co	de		G Gross receipts \$	1	81,415,110.
	return	AUSI	'IN, TX 78744-1613			H(a) Is this a group	returr	
	Applic tion pendi		and address of principal officer: WILLIAM MAGNESS	5		for subordinat		
	-	SAME	AS C ABOVE			H(b) Are all subordinate		
		empt status:		47(a)(1) or 📘	527			(see instructions)
			ERCOT.COM			H(c) Group exemp		
	orm of art l		X Corporation ☐ Trust		L Year o	of formation: 1990	M St	ate of legal domicile: TX
Fa		Summary			TEDIT			
e	1	Briefly describ	be the organization's mission or most significant activities:	SEE SCH	IEDUI			
Governance			• • • • • • • • • • • •					
ern			∞ ► if the organization discontinued its operations of ting members of the governing body (Part VI, line 1a)	r disposed o	of more t			
Š	1		3	<u> </u>				
	4		dependent voting members of the governing body (Part VI, lin				4	
Activities &			of individuals employed in calendar year 2015 (Part V, line 2a		5	794		
ivit			of volunteers (estimate if necessary)				6	18
Act			d business revenue from Part VIII, column (C), line 12					0.
	b	Net unrelated	business taxable income from Form 990-T, line 34	<u></u>	<u></u>		<u>b</u>	0.
		Prior Year						Current Year
an	8		and grants (Part VIII, line 1h)		. 1	<u>31,705,894</u> 46,311,134		81,011,066.
Revenue	9		ice revenue (Part VIII, line 2g)		123,107		354,699.	
Re			come (Part VIII, column (A), lines 3, 4, and 7d)		74,562		49,345.	
			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			78,214,697		81,415,110.
			- add lines 8 through 11 (must equal Part VIII, column (A), line			<u>10,214,097</u> 0		0.
						0		0.
	40		to or for members (Part IX, column (A), line 4)					99,246,763.
ses	15		r compensation, employee benefits (Part IX, column (A), lines			0,400,019		<u>99,240,705.</u> 0.
Expenses	16a		undraising fees (Part IX, column (A), line 11e)	0.		0	•	0.
Ä	47		ing expenses (Part IX, column (D), line 25)		_	89,379,180		84,258,688.
_	''		es (Part IX, column (A), lines 11a-11d, 11f-24e) es. Add lines 13-17 (must equal Part IX, column (A), line 25)			78,779,799		83,505,451.
		-	expenses. Subtract line 18 from line 12			-565,102		-2,090,341.
- 2		Revenue less	expenses. Subtract line 16 from line 12	<u></u>		jinning of Current Yea		End of Year
Net Assets or Fund Balances	20	Total acceta (Port X line 16)			93,288,740		11,268,123.
Asse Bala	20 21	Total assets (F				83,668,051		03,650,754.
let /	22		s (Part X, line 26) fund balances. Subtract line 21 from line 20			9,620,689		7,617,369.
	art II	Signature				5,020,005	•	,,01,,505.
		Ţ	I declare that I have examined this return, including accompanying s	schedules and	statemer	nts and to the best of	my kno	wledge and helief it is
			. Declaration of preparer (other than officer) is based on all informati				,	
,	30110				nopuloi I			
Sig	n	Signature	e of officer			Date		
Her			AEL PETTERSON, VP AND CFO					
	-		print name and title					
		1, , ,				ata la la		DTIN

	Print/Type preparer's name	Preparer's signature	Date Check PTIN						
Paid	TROY MARINE, CPA	TROY MARINE, CPA	08/17/16 self-employed P00187863						
Preparer Firm's name BAKER TILLY VIRCHOW KRAUSE, LLP Firm's EIN 39-08									
Use Only	Only Firm's address 777 E. WISCONSIN AVE., 32ND FLOOR								
	MILWAUKEE, WI 53202 Phone no. 414.77								
May the IRS discuss this return with the preparer shown above? (see instructions)									
532001 12-1	532001 12-16-15 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2015)								

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

F a	ELECTRIC RELIABILITY COUNCIL OF TEXAS 990 (2015) INC 74-2587416 Page 2
Par	990 (2015) INC 74-2587416 Page 2 t III Statement of Program Service Accomplishments 74-2587416 Page 2
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: WE SERVE THE PUBLIC BY ENSURING A RELIABLE GRID, EFFICIENT ELECTRICITY MARKETS, OPEN ACCESS AND RETAIL CHOICE.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
•	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4a	revenue, if any, for each program service reported. (code:) (Expenses \$ 136,967,660. including grants of \$) (Revenue \$ 181,050,337.) ERCOT SUCCESSFULLY MANAGES THE FLOW OF ELECTRICITY TO APPROXIMATELY 24 MILLION CUSTOMERS IN THE STATE OF TEXAS, WHICH INCLUDES THE MANAGEMENT OF FINANCIAL SETTLEMENT FOR THE COMPETITIVE WHOLESALE BULK-POWER MARKET AND THE ADMINISTRATION OF ELECTRIC PROVIDER ACCOUNT SWITCHING IN COMPETITIVE CHOICE AREAS.
4b	(Code:) (Expenses \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ► 136,967,660.
10	

	<u>1990 (</u> 2015) INC 74-2587	416	Р	age 3
Pa	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		x
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	-		
5		3		x
4	public office? If "Yes," complete Schedule C, Part I	3		
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		X
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D. Part III	8		X
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?			
		9	х	
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	5		
10		10		x
	endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		
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	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
<u>م</u>	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	· · ·	146	х	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	~~~~	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	Х	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		X
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		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
.5	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
47				
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-		v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
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		X

Form **990** (2015)

INC

74-2587416 Page 4

Form	990 (2015) INC 74-258	7416	Р	age 4
Pa	t IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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		x
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
22		22		x
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			- 23
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		37	
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	. 24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
Ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
D D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
		051		x
	Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
-	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			x
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	. 29		
30				v
•	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
00		36		
07	If "Yes," complete Schedule R, Part V, line 2	30		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
~-	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	. 37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2015)

Form	990 (2015) INC		74-2587	416	Р	age 5
Par						
	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	149			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportable gar	ming			
	(gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	794			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ms?		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instruction	s)				
				3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority ove	r, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	account)?		4a		X
b	If "Yes," enter the name of the foreign country:					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FB/	4R).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne organizatio	on solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts				
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices provideo	d to the payor?	7a		
				7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	-				
	to file Form 8282?	1 1		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c			7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		rm 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by the		-		
				8		
9	Sponsoring organizations maintaining donor advised funds.			-		
a	Did the sponsoring organization make any taxable distributions under section 4966?			<u>9a</u>		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
a L	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
a L	Gross income from members or shareholders	11a				
D	Gross income from other sources (Do not net amounts due or paid to other sources against	446				
40-	amounts due or received from them.)	11b		10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			12-		
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
Ŀ.	Note. See the instructions for additional information the organization must report on Schedule O.					
a	Enter the amount of reserves the organization is required to maintain by the states in which the	126				
-	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c		14-		X
				14a		
Q	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedul	eu		14b		

	THECTIVE I		CONCID 0			
Form 990 (2					74-2587416	Page 6
Part VI	Governance, Management, an	nd Disclosure For ea	ach "Yes" respon	se to lines 2 through 7b b	pelow, and for a "No" resp	oonse
	to line 8a, 8b, or 10b below, describe the					
	Check if Schedule O contains a response	se or note to any line in t	his Part VI			Χ

Sec	tion A. Governing Body and Management								
					Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1 a	15						
	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	14						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with	any other						
	officer, director, trustee, or key employee?			2		Х			
3	Did the organization delegate control over management duties customarily performed by or under th	e direc	t supervision						
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form §	990 wa	s filed?	4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5	x	X			
6	•								
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or		x				
	more members of the governing body?								
b	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
	persons other than the governing body?			7b	Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	-	-						
а	The governing body?			8a	X				
b	Each committee with authority to act on behalf of the governing body?			8b	Х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea			9		х			
0.00	organization's mailing address? If "Yes," provide the names and addresses in Schedule O								
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)						
10-	Did the exercise time level characters to an efficience of			10-	Yes	No X			
	Did the organization have local chapters, branches, or affiliates?			10a					
D	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and properties to appreciate their operations are consistent with the organization's event purposes?								
110	and branches to ensure their operations are consistent with the organization's exempt purposes?								
b									
12a									
b									
c									
	in Schedule O how this was done								
13	Did the organization have a written whistleblower policy?			12c 13	Х				
14	Did the organization have a written document retention and destruction policy?			14	Х				
15	Did the process for determining compensation of the following persons include a review and approva	al by in	dependent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а									
b	Other officers or key employees of the organization			15b	Х				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
	taxable entity during the year?			16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	-	-						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
600	exempt status with respect to such arrangements?			16b					
	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed NONE	r /0 *		ر جا داد					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-7 for public increasing indicate how you made these available. Check all that apply	i (Secti	on 50 r(c)(3)s only) a\	aliable	;				
	for public inspection. Indicate how you made these available. Check all that apply.								
10	□ Own website □ Another's website ⊥ Upon request □ Other (<i>explai</i> , Describe in Schedule O whether (and if so, how) the organization made its governing documents, co		,	financi	al				
19	statements available to the public during the tax year.	mict 0	interest policy, and	manci	a				
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks an	t records:						
20	MICHAEL PETTERSON, VP AND CFO - 512-225-7013	ono an							
	7620 METRO CENTER DRIVE, AUSTIN, TX 78744-1613								

Form 990 (2015) INC		74-
Part VII	Compensation of Officers,	, Directors, Trustees, Key Employees,	Highest Compensate
	Employees and Independ	ant Contractore	

Employees, and independent Contractors

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

INC

• 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, and 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. Т

(A)	(B)			(C				(D)	(E)	(F)
Name and Title	Average	(do		Posi	ition			Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	s both	n an	compensation	compensation	amount of
	week		cer an	id a di	recio	r/trus	lee)	from	from related	other
	(list any	Individual trustee or director						the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for related	e or d	tee			sated		(W-2/1099-MISC)	(00-2/1099-00130)	organization
	organizations	truste	al trus		yee	mpen				and related
	below	idual 1	Institutional trustee	5	Key employee	est co oyee	er			organizations
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former			-
(1) TONYA BAER	10.00									
DIRECTOR	0.00	X						0.	Ο.	0.
(2) JORGE A BERMUDEZ	8.00									
DIRECTOR	0.00	X						92,600.	Ο.	0.
(3) MARK CARPENTER	3.00									
DIRECTOR	0.00	X						0.	Ο.	0.
(4) READ COMSTOCK	8.00									
DIRECTOR	0.00	X						0.	Ο.	0.
(5) PETER CRAMTON	5.00									
DIRECTOR	0.00	X						29,000.	Ο.	0.
(6) CRAVEN CROWELL JR.	25.00									
DIRECTOR	0.00	Х						99,800.	0.	0.
(7) JACK DURLAND	5.00									
DIRECTOR	0.00	Х						0.	0.	0.
(8) KEITH EMERY	4.00									
DIRECTOR	0.00	Х						0.	0.	0.
(9) NICK FEHRENBACH	6.00									
DIRECTOR	0.00	Х						0.	0.	0.
(10) MICHEHL R GENT	2.00									
DIRECTOR	0.00	Х						31,105.	0.	0.
(11) KEVIN GRESHAM	2.00									
DIRECTOR	0.00	Х						0.	0.	0.
(12) CLIFTON KARNEI	4.00									
DIRECTOR	0.00	Х						0.	0.	0.
(13) DONNA NELSON	5.00									
DIRECTOR	0.00	Х						0.	0.	0.
(14) KARL PFIRRMANN	8.00									
DIRECTOR	0.00	Х						92,600.	0.	0.
(15) CAROLYN SHELLMAN	1.50									
DIRECTOR	0.00	Х						0.	0.	0.
(16) JUDY WALSH	4.00									
DIRECTOR	0.00	Х						94,500.	0.	0.
(17) KRISTY ASHLEY	5.00									
SEGMENT ALTERNATE	0.00	Х						0.	0.	0.

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Form 990 (2015) INC 74-2587416 Page 8											
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)		
(A)	(B)			(0				(D)	(E)		(F)
Name and title	Average	(do		Pos				Reportable	Reportable		Estimated
	hours per	box	(do not check more than one box, unless person is both an officer and a director/trustee)			s both	an	compensation	compensation	n	amount of
	week		cer ar I	ıd a di	irecto	or/trust	tee)	from	from related		other
	(list any	ector						the	organizations	I	compensation
	hours for	or dir	e			ited		organization	(W-2/1099-MIS	C)	from the
	related	stee	ruste			pense		(W-2/1099-MISC)			organization
	organizations below	al tru	onal 1		loye	com ee					and related
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organizations
(10) NTER REGAR	4.00	Ē	ŝ	Of	Ke	e Hi	ß			-+	
(18) MIKE KEZAR SEGMENT ALTERNATE	0.00	x						0.		0.	0.
(19) JEAN RYALL PORTER	5.00							0.			
SEGMENT ALTERNATE	0.00	х						0.		0.	0.
(20) WADE SMITH	5.00									<u> </u>	
SEGMENT ALTERNATE	0.00	х						0.		0.	0.
(21) JOHN WERNER	1.00									<u> </u>	
SEGMENT ALTERNATE	0.00	х						0.		0.	0.
(22) PHIL WILLIAMS	1.50										
SEGMENT ALTERNATE	0.00	х						0.		0.	0.
(23) HB DOGGETT	45.00										
DIRECTOR; PRESIDENT AND CEO	0.00	Х		Х				625,522.		0.	60,653.
(24) SALLIE P DAY	45.00										
VP GOVERNANCE, RISK & COMPLIANCE & C	0.00			Х				244,230.		0.	59,773.
(25) JEROME DREYER	45.00										<pre><pre><pre><pre><pre><pre><pre><pre></pre></pre></pre></pre></pre></pre></pre></pre>
SENIOR VP AND CIO	0.00			X				313,030.		0.	60,285.
(26) THERESA GAGE	45.00			37				200 020			
VP EXTERNAL AFFAIRS & CORPORATE COMM	0.00			Х				200,026.		0.	<u>36,460.</u> 217,171.
1b Sub-total									0.	817,346.	
							1034517.				
d Total (add lines 1b and 1c)								· · · · · ·	000 - (1034517.
2 Total number of individuals (including but n compensation from the organization ►	ot limited to th	ose	liste	d ab	ove) wn	o re	eceived more than \$100,	UUU of reportable		406
											Yes No
3 Did the organization list any former officer,	director or tri	istad	a ko	v on	onlo		or	highest compensated en	nlovee on	ſ	
line 1a? If "Yes," complete Schedule J for si	,		'		•			0			3 X
 For any individual listed on line 1a, is the su 										····	
											4 X
and related organizations greater than \$150 5 Did any person listed on line 1a receive or a										·····	4 1
5 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." com									iual ior services		5 X
Section B. Independent Contractors	plete Schedule	<u>ə J 1</u> 0	or sl	icn ț	<u>oers</u>	on .					5 21
1 Complete this table for your five highest con	mpensated inc	lene	ndei	nt co	ontra	actor	s tł	nat received more than \$	100 000 of comp	ensat	ion from
the organization. Report compensation for t	-	-								onout	
(A)	,			5				(B)			(C)
Name and business	address							Description of s	ervices	C	ompensation
ALLEGIS GROUP SERVICES INC.											
								<u>,262,319.</u>			
POTOMAC ECONOMICS LTD., 9990 FAIRFAX BLVD, INDEPENDENT MKT											
SUITE 560, FAIRFAX, VA 22030 MONITOR 3,658,333								<u>,658,333.</u>			
SIEMENS INDUSTRY INC.											
10900 WAYZATA BLVD., MINNETONKA, MN 55305 IT CONSULTING 1,831,402.								<u>,831,402.</u>			
ABB INC., 1601 INDUSTRIAL BLVD.,											
SUGARLAND, TX 77478-2579 IT CONSULTING 1,674,109.											
ALSTOM GRID INC. PO BOX 88808, CHICAGO, IL 60695-1808 IT CONSULTING 1,156,118.								156 118			
		- 0	50						-		, ,

2 Total number of independent contractors (including but not limited to those listed above) who received more than

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(A) (B) (C) (D) (E) (E) <th>Form 990 INC</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>74-258</th> <th>7416</th>	Form 990 INC									74-258	7416
Name and title Average hours weak (list any related organization list any below line) Openation (check all that apply) below line) Reportable organization (W2/1099-MISC) Emportable organization (W2/1099-MISC) (27) BRADLEY C JONES 45.00 X 244,562. 0.55, (30) 52, (30) 0.00 X 180,091. 0.42, (30) (29) MILLIAM MARESS 45.00 X 542,249. 0.62, (31) 0.00 X 10,055. 0.32, (31) 0.00 X 111,314. 0.19, (32) 10,00 X 10,00 19, (32) 10,00 X 242,325. 0.49, (33) 0.49, (33) 0.49, (33) 0.49, (34) 0.49, (35) 0.49, (35) 0.49, (36) 0.49, (36) 0.4			nplo	yee			lighe	est (, ,	
hours per weak (lst ary hours for pelow below ime) (check all that apply) ime compensation fue generation (W271099-MISC) compensation fue organizations (W271099-MISC) and compensation fue organizations (W271099-MISC) and compensation fue organizations (W271099-MISC) and compensation fue organizations (W271099-MISC) and compensation fue organizations (W271099-MISC) and compensation fue organizations (W271099-MISC) and compensation fue organizations (W271099-MISC) and compensation fue organizations (W271099-MISC) and compensation fue organizations (W271099-MISC) and compensation fue organizations (W271099-MISC) compensation fue organizations (W271099-MISC) compensation fue organizations (W271099-MISC) and compensation fue organizations (W271099-MISC) and compensation fue organizations (W271099-MISC) (27) BRADLEY C JONES 45.00 0.00 X 244,562. 0. 52, 32, 310,255. 0. 32, 310,255. 0. 32, 32, 310,255. 0. 32, 32, 310,255. 0. 32, 32, 32, 310,255. 0. 32, 32, 310,255. 0. 32, 32, 32, 32, 310,255. 0. 32, 32, 32, 310,255. 0. 32, 32, 32, 32, 32, 32, 32, 32, 32, 32,											(F)
part week (list any below ine) row week (list any below ine) row metated organization (W2/1099-MISC) row metated organization (W2/1099-MISC) row metated organization (W2/1099-MISC) other organization (W2/1099-MISC) other organization (W2/1090-MISC) other organization (W2/1090-MISC) other organization (W2/1090-MISC) other organization (W2/1090-MISC) other organization (W2/	Name and title	j u	1-					Estimated			
week (list ary related organization below line) week (list ary related organization below line) week (list ary related organization below line) week related			(C	(check all that apply)				amount of			
(ist ary related organizations below line) (ist ary related organizations below line) (ist ary related organization below line) (ist ary related organization below line) (ist ary related organization (W-2/1099-MISC) (W-2/1099-MISC) (W-2/1099-MISC) for organization organization organization (W-2/1099-MISC) (27) BRADLEY C JONES 45.00 X 244,562. 0.55, SYP AND COO 45.00 X 180,091. 0.42, (23) VICKIE LEADY 45.00 X 542,249. 0.62, (30) CHALES & MANNING 45.00 X 310,255. 0.32, (31) KENNETH MCINTYRE 45.00 X 111,314. 0.19, (32) KENNETH MCINTYRE 45.00 X 242,322. 0.56, (33) MICHAEL PETTERSON 45.00 X 193,799. 0.49, (33) MICHAEL PETTERSON 45.00 X 245,438. 0.54, (34) DWANK MICKERSON 45.00 X 245,438. 0.54, (33) MICHAEL PETTERSON 0.00 X 193,799. 0.49, (35) DIANE M WILLIAMS 45.00 X 242,		1 .					e e				compensation
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(41) DAVID FORFIA 45.00 X 213,916. 0.54, DIRECTOR IT ARCHITECTURE 0.00 X 213,916. 0.54, (42) CHAD SEELY 45.00 X 216,027. 0.50, (43) JEYCHANDER TAMBY 45.00 X 281,839. 0.64, (44) WILLIAM WULLENJOHN 45.00 X 281,839. 0.64,	(40) JAMES BRENTON	45.00									
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(42) CHAD SEELY 45.00 X 216,027. 0.50, ASSISTANT GENERAL COUNSEL 0.00 X 216,027. 0.50, (43) JEYCHANDER TAMBY 45.00 X 281,839. 0.64, (44) WILLIAM WULLENJOHN 45.00 V 0.00 0.64,	(41) DAVID FORFIA										
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(44) WILLIAM WULLENJOHN 45.00										_	
							X		281,839.	0.	64,033.
DIRECTOR INTERNAL AUDIT $U \cdot U U X 2/4, 603 \cdot 0 \cdot 52,$			-				37			<u>^</u>	
	DIRECTOR INTERNAL AUDIT	0.00	-				X		∠/4,603.	U.	52,205.
			1								
Total to Part VII, Section A, line 1c									1 113 969		817,346.

INC

Form 990 (2015)

74-2587416 Page 9

Ра	ττ νιι							
		Check if Schedule O contains a re	esponse or	note to any line	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	b c d f 2a b c d f	MUNICIPAL SERVICE PROGRAM RET MEMBERSHIP DUES	1c 1d 1e 1f SERV VENUE	usiness Code 221000 221000 221000 221000	148,444,075. 32,242,891. 324,100.	148,444,075. 32,242,891. 324,100.		
	<u>g</u> 3	Total. Add lines 2a-2f Investment income (including dividend			181,011,066.			
	3 4 5	other similar amounts) Income from investment of tax-exemp Royalties	t bond pro	ceeds	39,725.	39,271.		454.
	6 a b	Gross rents	Real	(ii) Personal				
	7 a	assets other than inventory	curities	(ii) Other 314,974.				
	с	Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss)		0. 314,974.	314,974.			314,974.
evenue		Gross income from fundraising events including \$ contributions reported on line 1c). See	s (not of					
Other Revenue		Part IV, line 18 Less: direct expenses Net income or (loss) from fundraising	b	>				
	b	Gross income from gaming activities. Part IV, line 19 Less: direct expenses	a b					
	10 a b	Net income or (loss) from gaming acti Gross sales of inventory, less returns and allowances Less: cost of goods sold	a					
	с	Net income or (loss) from sales of inve Miscellaneous Revenue		usiness Code				
	11 a b	NON-OPERATING INCOME		900099	49,345.			49,345.
	с		_					
		All other revenue			40.045			
	е 12	Total. Add lines 11a-11d Total revenue. See instructions.			49,345. 181,415,110.	181,050,337.	0.	364,773.
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Form 990 (2015) INC
Part IX Statement of Functional Expenses

	Check if Schedule O contains a respon ot include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising
<i>,</i>	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
	and domestic governments. See Part IV, line 21				
^	-				
2	Grants and other assistance to domestic				
2	individuals. See Part IV, line 22 Grants and other assistance to foreign				
3	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
•	trustees, and key employees	5,559,741.	2,983,546.	2,576,195.	
6	Compensation not included above, to disqualified	0,000,1110	2,500,0100	2,0,0,2000	
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	66,941,781.	56,844,498.	10,097,283.	
8	Pension plan accruals and contributions (include	, , ,	. ,	, _ ,	
-	section 401(k) and 403(b) employer contributions)	9,779,056.	8,455,012.	1,324,044.	
9	Other employee benefits	10,862,307.	8,969,681.	1,892,626.	
0	Payroll taxes	6,103,878.	5,358,074.	745,804.	
1	Fees for services (non-employees):				
	Management				
	Legal	291,966.		291,966.	
	Accounting	269,000.		269,000.	
	Lobbying	-			
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	9,245,538.	8,633,103.	612,435.	
2	Advertising and promotion				
3	Office expenses	1,240,485.	707,669.	532,816.	
4	Information technology	3,326,483.	3,289,854.	36,629.	
5	Royalties				
6	Occupancy	5,461,020.		5,461,020.	
7	Travel	1,164,970.	765,956.	399,014.	
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	1,370,218.	961,524.	408,694.	
0	Interest	1,807,259.		1,807,259.	
1	Payments to affiliates	01 01 0 0 0 0	40.044.444		
2	Depreciation, depletion, and amortization	21,916,982.	17,314,416.	4,602,566.	
3	Insurance	1,947,933.	1,947,933.		
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	HARDWARE AND SOFTWARE E	19,778,675.	19,498,331.	280,344.	
	RELIABILITY ORGANIZATIO	14,703,597.		14,703,597.	
	DUES AND SUBSCRIPTIONS	1,678,814.	1,236,259.	442,555.	
	ALL OTHER EXPENSES	55,748.	1,804.	53,944.	
е	All other expenses				
5		183,505,451.	136,967,660.	46,537,791.	
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

INC Form 990 (2015) Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year 527,770. 889,457. 1 1 Cash - non-interest-bearing 723,285,159. 670,012,393. 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 5,534,224. 4,638,209. 4 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L 6 Loans and other receivables from other disgualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 Assets 7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 16,295,860. 17,032,368. 9 9 Prepaid expenses and deferred charges **10a** Land, buildings, and equipment: cost or other <u>10a 853,214</u>,360. basis. Complete Part VI of Schedule D b Less: accumulated depreciation 10b 734,739,634. 147,401,842. 118,474,726. 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 243,885. 220,970. 15 Other assets. See Part IV, line 11 15 **Total assets.** Add lines 1 through 15 (must equal line 34) 893,288,740. 16 811,268,123. 16 12,703,915. 17 12,196,762. 17 Accounts payable and accrued expenses 18 18 Grants payable 4,177,524. 3,865,794. 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 352,818,678. 356,687,553. 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, 22 Liabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 71,000,000. 67,000,000. Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 442,967,934. 25 363,900,645. Schedule D 803,650,754. 883,668,051. Total liabilities. Add lines 17 through 25 26 26 Organizations that follow SFAS 117 (ASC 958), check here 🕨 and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 9,620,689. 27 7,617,369. 27 Unrestricted net assets 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here 🕨 and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds 32 9,620,689. 7,617,369. Total net assets or fund balances 33 33 811,268,123. 893,288,740. 34 34 Total liabilities and net assets/fund balances

Form 990 (2015)

Form	1 990 (2015) INC	74-2	2587416	Pa	_{ge} 12				
Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI				X				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	181,41						
2	2 Total expenses (must equal Part IX, column (A), line 25) 2 183								
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,09						
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,62	0,6	89.				
5	Net unrealized gains (losses) on investments	5							
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8									
9	Other changes in net assets or fund balances (explain in Schedule O)	9	8	7,0	21.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,								
	column (B))								
Pa	Part XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII								
				Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.								
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?								
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		2b	Х					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,							
	consolidated basis, or both:								
	X Separate basis Consolidated basis Both consolidated and separate basis								
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,							
	review, or compilation of its financial statements and selection of an independent accountant?								
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit							
	Act and OMB Circular A-133?		3a		X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			1				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b						

Form 990 (2015)

SC	HEDULE D	Supplement	al Financial Statements		F	OMB No. 1545-0047			
	n 990)		anization answered "Yes" on Form 990,			2015			
•		Part IV. line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b Attach to Form 990.	•		Open to Public			
	ment of the Treasury I Revenue Service		m 990) and its instructions is at <u>www.irs.</u>	aov/form9	990.	Inspection			
Nam	e of the organizati	on ELECTRIC RELIABILI' INC	TY COUNCIL OF TEXAS	Er		dentification number			
Par	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the								
	organizatio	n answered "Yes" on Form 990, Part IV, lin							
			(a) Donor advised funds	(b) Fi	unds and	other accounts			
1		nd of year							
2		f contributions to (during year)							
3									
4		t end of year							
5	-		writing that the assets held in donor advised		1				
6			exclusive legal control?		I	Yes No			
6	•		dvisors in writing that grant funds can be us r donor advisor, or for any other purpose co						
	impermissible priv				1	Yes No			
Par			ganization answered "Yes" on Form 990, Pa						
1		servation easements held by the organization							
		n of land for public use (e.g., recreation or e	· · · · · ·	rically imp	ortant lan	nd area			
		f natural habitat	Preservation of a certifi	• •					
	Preservation	n of open space							
2	Complete lines 2a	through 2d if the organization held a qualit	fied conservation contribution in the form of	a conserv	vation eas	sement on the last			
	day of the tax year	r.			Held at	t the End of the Tax Yea			
а	Total number of co	onservation easements		2a	1				
b	Total acreage rest	ricted by conservation easements		<u>2</u> b	,				
с	Number of conser	vation easements on a certified historic stru	ucture included in (a)	<u>2c</u>	;				
d	d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure								
	listed in the National Register								
3	3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax								
	 year ▶ Number of states where property subject to conservation easement is located ▶ 								
4 5		tion have a written policy regarding the per							
5		orcement of the conservation easements it			1	Yes No			
6	,		handling of violations, and enforcing conse						
•						aannig and year			
7	Amount of expens	es incurred in monitoring, inspecting, hanc	lling of violations, and enforcing conservatio	on easeme	ents durin	g the year			
	▶\$								
8	Does each conser	vation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)	(4)(B)(i)					
	and section 170(h))(4)(B)(ii)?				Yes No			
9	In Part XIII, describ	be how the organization reports conservation	on easements in its revenue and expense st	tatement,	and balar	nce sheet, and			
	include, if applicat	ole, the text of the footnote to the organizat	tion's financial statements that describes the	e organiza	ation's ac	counting for			
Der	conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.								
Par		_		er Simii	ar Asse	ets.			
		f the organization answered "Yes" on Form							
а	-		C 958), not to report in its revenue stateme						
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII,								
h	the text of the footnote to its financial statements that describes these items.								
U	b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts								
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:								
	(i) Revenue included on Form 990, Part VIII, line 1								
	(ii) Assets included in Form 990, Part X								
2									
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:								
а	-		· · · · ·	►	• \$				
					• \$				
1114	E. D	aduation Act Nation, and the Instruction	fau Fauna 000		Calcad	ulo D (Earm 000) 201			

L	HA	For Paperw	ork Reduction	n Act Notice	, see the In	structions for	r Form 990.
	32051 1-02-1						

ELECTRIC	RELIABILITY	COUNCIL C	F TEXAS
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Caba	7110	C RELIADIL.	T T T	COUNCII	1 01. 11	GAAG		71_25	8741	б р.	
	dule D (Form 990) 2015 INC t III Organizations Maintaining C	ollections of Ar	t. Hist	orical Tre	asures. o	r Other					ge Z
3	Using the organization's acquisition, accessi									,	
•	(check all that apply):		0, 011001		ono tring the	it allo a olig	grinioant a		50110001011	icomo	
а	Public exhibition	c	ı 🗆	Loan or excl	hange progr	ams					
b	Scholarly research	e		Other							
c	Preservation for future generations	-									
4	•	ollections and explair	n how th	nev further th	e organizati	on's exen	oarua tar	se in Parl	XIII.		
5											
	to be sold to raise funds rather than to be maintained as part of the organization's collection?										
Par	t IV Escrow and Custodial Arran										
	reported an amount on Form 990, Pa			0				, ,	,		
1a	Is the organization an agent, trustee, custodi	ian or other intermed	liary for	contributions	s or other as	sets not i	ncluded				
	on Form 990, Part X?		-						Yes	X	No
b	If "Yes," explain the arrangement in Part XIII										
		·	Ū						Amoun	t	
с	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on F							Σ	Yes		No
b	b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII										
Par	t V Endowment Funds. Complete	if the organization an	swered	"Yes" on Fo	rm 990, Par	t IV, line 1	0.				
		(a) Current year	(b) I	Prior year	(c) Two yea	ars back	(d) Three y	/ears back	(e) Fou	r years b	ack
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1	g, column (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
с	Temporarily restricted endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiza	ation tha	at are held an	id administe	red for th	e organiza	ation	1		
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization								. 3b		
4	Describe in Part XIII the intended uses of the		wment	funds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere			1							
	Description of property	(a) Cost or o			or other		ccumulate	ed	(d) Boo	k value	
		basis (investr	nent)	basis	,	de	oreciation		0.4	- ^ ^	<u> </u>
	Land				<u>7,096.</u>	20.5	100 1		94	<u>7,09</u>	6.
	Buildings				<u>7,479.</u>		706,12		51,69		
	Leasehold improvements				<u>1,457.</u>		L51,8			9,60	
	Equipment			119,15					5,06		
	Other			642,54	-		-		50,74		
Total	. Add lines 1a through 1e. (Column (d) must e	aual Form 990. Part	X. colur	nn (B). line 1(0c.)			► [1]	.8,47	4,72	ο.

Schedule D (Form 990) 2015

ELECTRIC RELIABILITY COUNC	CIT OL	TEXAS
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Schedule D (Form 990) 2015 INC

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	CRRAH/QSE SECURITY DEPOSITS	363,548,754.
(3)	ACCR. POST RET. BENEFIT OBLIGATION	320,293.
(4)	DEFERRED RENT COSTTS	31,598.
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990 Part X col (B) line 25)	363,900,645.

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

71-2587116

Sche	edule D (Form 990) 2015 INC				<u>258/41</u>	6 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stater	ments With F	Revenue per Re	eturn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		_		
1	Total revenue, gains, and other support per audited financial statements			1	181,41	5,110.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	181,41	5,110.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
-	Other (Describe in Part XIII.)	4b				
b		4c		0.		
b c	Add lines 4a and 4b					
с 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	181,41	5,110.
с 5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. <i>(This must equal Form 990, Part I, line 12.)</i> rt XII Reconciliation of Expenses per Audited Financial State			5	181,41 n.	5,110.
с 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	ements With		5 Retur	n.	
с 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	ements With 12a.	Expenses per	5 Retur	n.	.5,110. .8,430.
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line	ements With 12a.	Expenses per	5 Retur	n.	
c 5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements	ements With 12a.	Expenses per	5 Retur	n.	
c 5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ements With 12a. 2a	Expenses per	5 Retur	n.	
c 5 Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2a 2b 2b	Expenses per	5 Retur	n.	
c 5 Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2a 2b 2c	Expenses per	5 Retur	n.	
c 5 Pa 1 2 a b c	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	Expenses per	5 Retur	n. <u>183,41</u>	<u>8,430.</u> 0.
c 5 Pai 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 12a. 2b 2b 2c 2d	Expenses per	5 Retur	n. <u>183,41</u>	8,430.
c 5 Pai 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 12a. 2b 2b 2c 2d	Expenses per	5 Retur	n. <u>183,41</u>	<u>8,430.</u> 0.
c 5 Par 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 12a. 2a 2b 2c 2d	Expenses per	5 Retur	n. <u>183,41</u>	<u>8,430.</u> 0.
c 5 Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 12a. 2b 2b 2c 2d	Expenses per	5 Retur	n. <u>183,41</u>	<u>8,430.</u> 0.
c 5 Pa 1 2 a b c d e 3 4 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 12a. 2b 2b 2c 2d 2d 4a 4b	Expenses per	5 Retur	n. <u>183,41</u> <u>183,41</u> 8	<u>0.</u> 8,430.
c 5 Pa 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 12a. 2b 2b 2c 2d 2d 4a 4b	Expenses per	5 Retur	n. <u>183,41</u> <u>183,41</u> 8	8,430. 0. 8,430.

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

PART IV, LINE 2B:

ERCOT IS THE CENTRAL COUNTERPARTY FOR ALL TRANSACTIONS SETTLED BY ERCOT
PURSUANT TO ERCOT PROTOCOLS AND IS DEEMED TO BE THE SOLE BUYER TO EACH
SELLER, AND THE SOLE SELLER TO EACH BUYER, OF ALL ENERGY, ANCILLARY
SERVICES, RELIABILITY UNIT COMMITMENTS (RUCS), EMERGENCY RESPONSE SERVICE
(ERS), AND OTHER PRODUCTS OR SERVICES FOR WHICH ERCOT MAY PAY OR CHARGE A
MARKET PARTICIPANT, EXPECT FOR THOSE PRODUCTS OR SERVICES PROCURED THROUGH
BILATERAL TRANSACTIONS BETWEEN MARKET PARTICIPANTS AND THOSE PRODUCTS OR
SERVICES THAT ARE SELF-ARRANGED BY MARKET PARTICIPANTS. ERCOT PERFORMS
SETTLEMENTS FOR ALL TRANSACTIONS SUBJECT TO THE FINANCIAL SETTLEMENT
PROCESS IN ACCORDANCE WITH ERCOT PROTOCOLS. THE SETTLEMENT PROCESS IS
USED TO RESOLVE FINANCIAL OBLIGATIONS FOR MARKET SERVICES PROCURED THROUGH
532054 09-21-15 Schedule D (Form 990) 2015

ELECTRIC RELIABILITY COUNCIL OF TEXAS Schedule D (Form 990) 2015 INC 74-2587416 Page 5 Part XIII Supplemental Information (continued)
ERCOT FOR REGISTERED MARKET PARTICIPANTS. ADDITIONALLY, AS REQUIRED BY
ERCOT PROTOCOLS, ERCOT EXECUTES AUCTIONS FOR CONGESTION REVENUE RIGHTS
MONTHLY AND ANNUALLY AND DISTRIBUTES PROCEEDS FROM THESE AUCTIONS TO
MARKET PARTICIPANTS AS REQUIRED BY ERCOT PROTOCOLS.
PART X, LINE 2:
ERCOT IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(A) OF THE
INTERNAL REVENUE CODE AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(4).
THE COMPANY IS ALSO EXEMPT FROM STATE INCOME TAXES. ACCORDINGLY, NO
PROVISION FOR INCOME TAXES OR UNCERTAIN TAX POSITIONS HAS BEEN REFLECTED
IN THE FINANCIAL STATEMENTS.
PART XII, LINE 4B - OTHER ADJUSTMENTS:
DEFERRED PENSION COSTS 87,021.

SCH	SCHEDULE J Compensation Information				OMB No. 1545-0047				
(For	Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Department of the Treasury Internal Revenue Service Attach to Form 990.)15				
					Open to Public				
					to Publection	ic			
	I Revenue Service e of the organization			m990. Employer identificat		mber			
Num	e er trie ergarnzation	INC	IIIII COONCIL OF TEXAS	74-258741		11001			
Pa	rt I Question	s Regarding Compensation		/4 200/41					
		5 5 1			Yes	No			
1a	Check the appropri	ate box(es) if the organization provided	any of the following to or for a person listed on Form 9	990.					
		· · ·	y relevant information regarding these items.						
	First-class or c		Housing allowance or residence for person	aluse					
	Travel for com	panions	Payments for business use of personal res	idence					
	Tax indemnific	ation and gross-up payments	Health or social club dues or initiation fees						
	Discretionary s	spending account	Personal services (e.g., maid, chauffeur, ch	ief)					
b	If any of the boxes	on line 1a are checked, did the organiza	ation follow a written policy regarding payment or						
	reimbursement or p	provision of all of the expenses describe	d above? If "No," complete Part III to explain	1b					
2	Did the organization	n require substantiation prior to reimbur	rsing or allowing expenses incurred by all directors,						
	trustees, and office	rs, including the CEO/Executive Directo	or, regarding the items checked in line 1a?	2					
			n used to establish the compensation of the organizati						
			k any boxes for methods used by a related organizatio	n to					
	·	ation of the CEO/Executive Director, bu	·						
	X Compensatior		X Written employment contract						
		compensation consultant	X Compensation survey or study						
	X Form 990 of o	ther organizations	[X] Approval by the board or compensation co	mmittee					
4	During the year did	any person listed on Form 990 Part V	II, Section A, line 1a, with respect to the filing						
	organization or a re	• •							
	-	e payment or change-of-control payme	nt?	4a	x				
			nqualified retirement plan?			X			
			ompensation arrangement?			X			
			e applicable amounts for each item in Part III.						
	-								
	Only section 501(c	:)(3), 501(c)(4), and 501(c)(29) organiza	ations must complete lines 5-9.						
5	For persons listed of	on Form 990, Part VII, Section A, line 1a	, did the organization pay or accrue any compensatior	1					
	contingent on the r	evenues of:							
а	The organization?			<u>5a</u>		X			
						X			
		r 5b, describe in Part III.							
			, did the organization pay or accrue any compensation	1					
	contingent on the n	Ũ							
	5				_	X			
				6b		X			
		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 on lines 5 and 6? If "Yes," describe in Part III				X				
			accrued pursuant to a contract that was subject to the			37			
						X			
9			table presumption procedure described in						
	Regulations section								
LHA	For Paperwork R	eduction Act Notice, see the Instructi	ons for Form 990.	Schedule J (For	m 990	2015			

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Page 2

INC Schedule J (Form 990) 2015 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.

		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title	-	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	reported as deferred on prior Form 990
(1) HB DOGGETT	(i)	625,522.	0.	0.	35,800.	24,853.	686,175.	0.
DIRECTOR; PRESIDENT AND CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SALLIE P DAY	(i)	244,230.	0.	0.	35,844.	23,929.	304,003.	0.
VP GOVERNANCE, RISK & COMPLIANCE & C	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JEROME DREYER	(i)	313,030.	0.	0.	38,840.	21,445.	373,315.	0.
SENIOR VP AND CIO	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) THERESA GAGE	(i)	200,026.	0.	0.	29,000.	7,460.	236,486.	0.
VP EXTERNAL AFFAIRS & CORPORATE COMM	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) BRADLEY C JONES	(i)	244,562.	0.	0.	36,100.	18,968.	299,630.	0.
SVP AND COO	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) VICKIE LEADY	(i)	180,091.	0.	0.	26,524.	15,547.	222,162.	0.
ASST. GC AND ASST. CORP. SEC.	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) WILLIAM MAGNESS	(i)	395,173.	147,076.	0.	37,990.	24,817.	605,056.	0.
GENERAL COUNSEL, SENIOR VP OF GOVERN	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) CHARLES B MANNING	(i)	160,283.	0.	149,972.	25,451.	6,618.	342,324.	0.
COO & EXECUTIVE ADVISOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) MICHAEL PETTERSON	(i)	242,322.	0.	0.	35,477.	21,406.	299,205.	0.
VP AND CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) DWAYNE RICKERSON	(i)	193,799.	0.	0.	28,208.	21,359.	243,366.	0.
VP GRID PLANNING AND OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) DIANE M WILLIAMS	(i)	245,438.	0.	0.	36,018.	18,330.	299,786.	0.
VP HUMAN RESOURCES	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) STEPHEN DANIELS	(i)	204,637.	0.	0.	20,797.	23,907.	249,341.	0.
DIRECTOR APPLICATION SERVICES	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) BRYAN HANLEY	(i)	191,626.	0.	0.	28,150.	20,136.	239,912.	0.
DIRECTOR INFORMATION TECHNOLOGY ARCH	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) MARK RUANE	(i)	242,657.	0.	0.	35,503.	7,549.	285,709.	0.
DIRECTOR MARKET CREDIT	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) DAN WOODFIN	(i)	192,616.	0.	0.	28,016.	21,374.	242,006.	0.
DIRECTOR SYSTEM OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) JAMES BRENTON	(i)	203,562.	0.	0.	28,711.	1,389.	233,662.	0.
PRINCIPAL REGIONAL SECURITY	(ii)	0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015

INC

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-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	reported as deferred on prior Form 990
(17) DAVID FORFIA	(i)	213,916.	0.	0.	31,599.	22,956.	268,471.	0.
DIRECTOR IT ARCHITECTURE	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) CHAD SEELY	(i)	216,027.	0.	0.	23,171.	27,043.	266,241.	0.
ASSISTANT GENERAL COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) JEYCHANDER TAMBY	(i)	281,839.	0.	0.	39,266.	24,767.	345,872.	0.
CHIEF OF STAFF	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) WILLIAM WULLENJOHN	(i)	193,966.	0.	80,637.	28,446.	23,759.	326,808.	0.
DIRECTOR INTERNAL AUDIT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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Schedule J (Form 990) 2015

Part III Supplemental Information

INC

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.

PART I, LINE 4A:

PURSUANT TO AN AGREEMENT WITH ERCOT, CHARLES MANNING RECEIVED A SEVERANCE

PAYMENT OF \$149,972, WILLIAM WULLENJOHN RECEIVED A SEVERANCE PAYMENT OF

\$80,637, AND KENNETH MCINTYRE RECEIVED A SEVERANCE PAYMENT OF \$24,958 IN

2015.

Schedule J (Form 990) 2015

SCHEDULE L (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service		the o	rganization ans 28b, or 28c, o ▶ Atta	swere or For ich to	d "Yes m 990 Form S	Interested " on Form 990, Pai EZ, Part V, line 38 990 or Form 990-E EZ) and its instruction	rt IV, a or Z.	line 25a, 25b, 2 40b.			0	MB No 20 pen To spect	15 • Pub	5
Name of the organization		IC 1	RELIABIL	ITY	COI	JNCIL OF T	EXA	AS		-	ident		on nu	mber
	INC							(00)			874	16		
						ion 501(c)(4), and 50								
Complete in	f the organization		lelationship bet			art IV, line 25a or 25	b, or	Form 990-EZ, Pa	art V, I	ne 40	D.	(d)	Corre	cted?
(a) Name of disqual	ified person	(5)	person and o			((c) D	escription of tran	Isactio	n			es	No
2 Enter the amount o section 49583 Enter the amount o						· · ·				► \$ ► \$				
Complete it	f the organization amount on Forr (b) Relatio	n answ <u>m 990,</u>	vered "Yes" on I	=orm 9 6, or 22	990-EZ	, Part V, line 38a or (e) Original		n 990, Part IV, lin	e 26; d		(h) Ap	proved		/ritten
interested person	with organ		of loan	fror organi	n the ization?	principal amount) Dalarice due	defa	ult?	bý bo comr	ard or hittee?	agree	ment?
				То	From				Yes	No	Yes	No	Yes	No
	or Assistance		•				>							
	interested pe		b) Relationship interested pers the organiza	betwe son an	en	(c) Amount of assistance		(d) Type assistan) Purp assista		f

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2015

Schedule L (Form 990 or 990 EZ) 2015 INC Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization			(c) Amount of transaction	(d) Description of transaction		organiz	aring of zation's jues?	
								Yes	No
BRAZOS ELECTRIC POWER COOP	SEE	PART	V	BELOW	203016569.	SEE	PART V		X
SOUTH TEXAS ELECTRIC COOPE	SEE	PART	V	BELOW	54,022,817.	SEE	PART V		X
AMERICAN ELECTRIC POWER	SEE	PART	V	BELOW	244,819.	SEE	PART V		X
								1	
								1	

Part V Supplemental Information

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: BRAZOS ELECTRIC POWER COOPERATIVE

(D) DESCRIPTION OF TRANSACTION: SEE PART V BELOW

(A) NAME OF PERSON: SOUTH TEXAS ELECTRIC COOPERATIVE

(D) DESCRIPTION OF TRANSACTION: SEE PART V BELOW

(A) NAME OF PERSON: AMERICAN ELECTRIC POWER

(D) DESCRIPTION OF TRANSACTION: SEE PART V BELOW

SCHEDULE L, PART IV - (1)(B)

CLIFTON KARNEI WAS A 2015 BOARD MEMBER OF ERCOT (COOPERATIVE MARKET

SEGMET DIRECTOR) AND ALSO AN OFFICER OF BRAZOS ELECTRIC POWER

COOPERATIVE, INC. (1)(D) PAYMENT OF GOVERNMENTALLY-APPROVED TARIFF,

ANCILLARY SERVICE FEES, AND MEMBERSHIP FEES. (2)(B) MIKE KEZAR WAS A

2015 BOARD MEMBER OF ERCOT (COOPERATIVE MARKET SEGMENT ALTERNATE) AND

ALSO THE GENERAL MANAGER OF SOUTH TEXAS ELECTRIC COOPERATIVE, INC.

(2)(D) PAYMENT OF GOVERNMENTALLY-APPROVED TARIFF, ANCILLARY FEES, AND

MEMBERSHIP FEES. (3)(B) WADE SMITH WAS A 2015 BOARD MEMBER OF ERCOT

(INVESTOR-OWNED UTILITY MARKET SEGMENT ALTERNATE) AND ALSO PRESIDENT

Schedule L (Form 990 or 990-EZ) 2015

ELECTRIC	RELIABILITY	COUNCIL	OF	TEXAS
----------	-------------	---------	----	-------

	(Form 990 or 990-EZ)	
Part V	Supplemental I	nformation

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

AND COO OF AEP TEXAS. (3)(D) PAYMENT OF GOVERNMENTALLY-APPROVED

TARIFF, ANCILLARY SERVICE FEES, AND MEMBERSHIP FEES.

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at <u>www.irs.gov/form990</u>



74-2587416

FORM 990, PART I, LINE 1

INC

ELECTRIC RELIABILITY COUNCIL OF TEXAS, INC. (ERCOT) LESSENS THE BURDENS

ELECTRIC RELIABILITY COUNCIL OF TEXAS

OF GOVERNMENT, SERVES THE PUBLIC INTEREST BY, AND FULFILLS ITS

STATUTORY OBLIGATION BY: (I) ENSURING OPEN ACCESS TO TRANSMISSION AND

DISTRIBUTION SYSTEMS; (II) MAINTAINING SYSTEM RELIABILITY AND

OPERATIONS; (III) ENABLING RETAIL CHOICE; OPERATING FAIR AND

COMPETITIVE WHOLESALE MARKETS; (IV) MAINTAINING THE RENEWABLE ENERGY

CREDITS REGISTRY; AND (V) PROVIDING LEADERSHIP AND INDEPENDENT

EXPERTISE TO IMPROVE SYSTEM RELIABILITY AND MARKET EFFICIENCY. ERCOT

MANAGES THE FLOW OF ELECTRIC POWER TO 24 MILLION TEXAS CUSTOMERS -

REPRESENTING ABOUT 90 PERCENT OF THE STATE'S ELECTRIC LOAD. AS THE

INDEPENDENT SYSTEM OPERATOR FOR THE REGION, ERCOT SCHEDULES POWER ON AN

ELECTRIC GRID THAT CONNECTS MORE THAN 43,000 MILES OF TRANSMISSION

LINES AND 550 GENERATION UNITS. ERCOT ALSO PERFORMS FINANCIAL

SETTLEMENT FOR THE COMPETITIVE WHOLESALE BULK-POWER MARKET AND

ADMINISTERS RETAIL SWITCHING FOR 7 MILLION PREMISES IN COMPETITIVE

CHOICE AREAS.

FORM 990, PART VI, SECTION A, LINE 1:

PURSUANT TO SECTION 39.151 OF THE TEXAS PUBLIC UTILITY REGULATORY ACT, THE ERCOT BOARD OF DIRECTORS IS COMPOSED OF SIXTEEN MEMBERS. FIFTEEN OF THE MEMBERS HAVE VOTING RIGHTS; THE CHAIR OF THE PUBLIC UTILITY COMMISSION OF TEXAS IS AN EX-OFFICIO NON-VOTING MEMBER. SIX OF THE VOTING DIRECTORS REPRESENT SEGMENTS OF INDUSTRY IN THE ERCOT ELECTRICITY MARKET; EACH SUCH "MARKET SEGMENT DIRECTOR" HAS AN ELECTED ALTERNATE (SEGMENT ALTERNATE) WHO LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2015) 09-02-15

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization ELECTRIC RELIABILITY COUNCIL OF TEXAS	Employer identification number
INC	74-2587416
CAN ATTEND MEETINGS IN THE ABSENCE OF THE MARKET SEGMENT D	IRECTOR AND VOTE
ON THE ABSENT MARKET SEGMENT DIRECTOR'S BEHALF IN THE EVEN	T THAT SUCH
MARKET SEGMENT DIRECTOR CANNOT ATTEND A BOARD MEETING. TH	REE OF THE OTHER
VOTING DIRECTORS REPRESENT SUBSEGMENTS OF A SEVENTH SEGMEN	T (I.E., THE
CONSUMER SEGMENT), BUT THEY DO NOT HAVE ANY RESPECTIVE SEG	MENT ALTERNATES.

FORM 990, PART VI, SECTION A, LINE 6:

AS OF DECEMBER 31, 2015, ERCOT'S MEMBERHIP INCLUDED 293 VOTING AND NON-VOTING MEMBERS. ERCOT MEMBERS MAY BE CORPORATE MEMBERS, ASSOCIATE MEMBERS, OR ADJUNCT MEMBERS. CORPORATE MEMBERS HAVE THE RIGHT TO VOTE ON ALL MATTERS SUBMITTED TO THE GENERAL MEMBERSHIP [SUCH AS ELECTION OF DIRECTORS, ELECTION OF TECHNICAL ADVISORY COMMITTEE (TAC) REPRESENTATIVES, AND AMENDMENTS TO THE ARTICLES OF INCORPORATION AND BYLAWS]. CORPORATE MEMBERS QUALIFY IN ONE OF SEVEN SEGMENTS: COOPERATIVE; INDEPENDENT GENERATOR; INDEPENDENT POWER MARKETER; INDEPENDENT RETAIL ELECTRIC PROVIDER; INVESTOR OWNED UTILITY; MUNICIPAL (I.E. A MUNICIPAL-OWNED UTILITY OR A RIVER AUTHORITY); OR CONSUMER (WHICH HAS SUBSEGMENTS INCLUDING COMMERCIAL, INDUSTRIAL, AND RESIDENTIAL). ASSOCIATE AND ADJUNCT MEMBERS DO NOT HAVE THE RIGHT TO VOTE ON ANY MATTER SUBMITTED TO THE GENERAL MEMBERSHIP, AND ADJUNCT MEMBERS DO NOT HAVE THE RIGHT TO BE ELECTED OR APPOINTED TO THE ERCOT BOARD, TAC, OR ANY SUBCOMMITTEE OF THE BOARD OR TAC.

FORM 990, PART VI, SECTION A, LINE 7A:

THIRTEEN OF THE FIFTEEN VOTING MEMBERS OF THE ERCOT BOARD OF DIRECTORS ARE ELECTED, OR APPOINTED IN LIMITED CIRCUMSTANCES, BY THE CORPORATE MEMBERS OR A PORTION OF SUCH CORPORATE MEMBERS. WITH RESPECT TO EACH OF THE SIX MARKET SEGMENT DIRECTORS WHO DO NOT REPRESENT THE CONSUMER SUBSEGMENTS, ONLY THE CORPORATE MEMBERS OF THE MEMBERSHIP SEGMENT REPRESENTED BY THE

Schedule O (Form 990 or 990-EZ) (2015)	Page 2	
Name of the organization ELECTRIC RELIABILITY COUNCIL OF TEXAS	Employer identification number $74 - 2587416$	
MARKET SEGMENT DIRECTOR ARE ALLOWED TO ELECT THE DIRECTOR	AND THE SEGMENT	
ALTERNATE FOR THAT SEAT. THERE ARE THREE CONSUMER DIRECTO	RS, OF WHICH: (I)	
ONE IS THE PUBLIC COUNSEL, AN EX OFFICIO VOTING MEMBER OF	THE BOARD WHO IS	
DESIGNATED TO REPRESENT THE RESIDENTIAL CONSUMERS AND SMAL	L COMMERCIAL	
CONSUMERS; (II) ONE IS ELECTED OR APPOINTED BY THE LARGE COMMERCIAL		
CONSUMER CORPORATE MEMBERS; AND (III) ONE IS ELECTED BY THE CORPORATE		
MEMBERS OF THE INDUSTRIAL CONSUMER SUBSEGMENT. THE MEMBER	SHIP VOTES BY	
SEGMENT TO ELECT THE FIVE UNAFFILIATED VOTING DIRECTORS.	THE REMAINING	
VOTING DIRECTOR IS THE CHIEF EXECUTIVE OFFICER OF ERCOT, W	HO IS AN EX	
OFFICIO VOTING MEMBER OF THE BOARD.		

FORM 990, PART VI, SECTION A, LINE 7B:

AS A MATTER OF STATE LAW OR ITS GOVERNING DOCUMENTS, CERTAIN MATERIAL MATTERS MUST BE SUBMITTED TO THE VOTING MEMBERS OF ERCOT FOR THEIR APPROVAL, INCLUDING AMENDMENTS TO THE ARTICLES OF INCORPORATION AND THE BYLAWS. DECISIONS OF THE ERCOT BOARD ARE GENERALLY APPEALABLE TO THE PUBLIC UTILITY COMMISSION OF TEXAS, AN AGENCY OF THE STATE OF TEXAS.

FORM 990, PART VI, SECTION B, LINE 11:

THE 2015 FORM 990 WAS PREPARED INITIALLY BY THE FINANCE DEPARTMENT OF
ERCOT. IT WAS REVIEWED BY ERCOT OFFICERS AS WELL AS INTERNAL LEGAL
COUNSEL, AND THEN SUBMITTED FOR REVIEW BY ERCOT'S INDEPENDENT AUDITORS.
THE FORM 990 WAS PROVIDED TO THE BOARD OF DIRECTORS IN ADVANCE OF, AND FOR
ITS CONSIDERATION AND INPUT AT ITS MEETING ON JUNE 14, 2016. THE FINAL
VERSION OF THE 2015 FORM 990, INCORPORATING THE COMMENTS OF ALL FOREGOING,
WAS THEN FILED WITH THE INTERNAL REVENUE SERVICE.

Schedule O (Form 990 or 990-EZ) (2015)	Page 2	
Name of the organization ELECTRIC RELIABILITY COUNCIL OF TEXAS INC	Employer identification number 74-2587416	
EACH DIRECTOR AND SEGMENT ALTERNATE ANNUALLY MUST EXECUTE	AN ETHICS	
AGREEMENT FOR DIRECTORS AND SEGMENT ALTERNATES, AND EACH EMPLOYEE ANNUALLY		
MUST ATTEND INTERNAL TRAINING SESSIONS AND EXECUTE AN EMPLOYEE ETHICS		
AGREEMENT. PURSUANT TO EACH ETHICS AGREEMENT, A SIGNATORY HAS AN		
AFFIRMATIVE DUTY TO DISCLOSE ANY ACTUAL OR POTENTIAL CONFLICTS OF INTEREST		
OF THE SIGNATORY (AND HIS OR HER EMPLOYER, IN THE CASE OF DIRECTORS OR		
SEGMENT ALTERNATIVES), AND ALSO MUST DISCLOSE ALL PERSONAL	RELATIONSHIPS	
WITH ERCOT VENDORS, INCLUDING BUSINESS OR DIRECT OR INDIRECT OWNERSHIP		
INTERESTS. ANY CONFLICT OF INTEREST ISSUE INVOLVING A DIRECTOR OR SEGMENT		
ALTERNATE IS REFERRED TO THE ERCOT GENERAL COUNSEL WHO, IN	CONSULTATION	
WITH THE BOARD CHAIR AND OUTSIDE LEGAL COUNSEL, IF AND WHEN NECESSARY,		
MAKES A LEGAL DETERMINATION AS TO WHETHER A CONFLICT EXISTS AND, IF SO, A		
RECOMMENDATION AS TO HOW IT MAY BE RESOLVED. ANY CONFLICT AND ITS		
RESOLUTION ARE REPORTED TO BOTH THE HUMAN RESOURCE & GOVERNANCE (HR&G)		
COMMITTEE OF THE BOARD AND THE FULL BOARD OF DIRECTORS. A	NY OBJECTION TO	
THE RECOMMENDATION IS RESOLVED BY THE HR&G COMMITTEE OR THE FULL BOARD.		
ANY ERCOT EMPLOYEE CONFLICTS ARE EVALUATED BY THE ERCOT LEGAL STAFF, AND		
THE LEGAL STAFF MAKES A RECOMMENDATION TO RESOLVE THE CONFLICT OF INTEREST.		
IF THE ERCOT LEGAL STAFF RECOMMENDS A RESOLUTION THAT IS OBJECTIONABLE TO		
THE MANAGER/DIRECTOR/OFFICER OF THE CONFLICTED EMPLOYEE, THE LEGAL DECISION		
IS REFERRED TO THE CHIEF EXECUTIVE OFFICER AND ULTIMATELY TO THE BOARD'S		
HR&G COMMITTEE.		

FORM 990, PART VI, SECTION B, LINE 15: IN DETERMINING COMPENSATION FOR THE CHIEF EXECUTIVE OFFICER, ERCOT FOLLOWS A PROCEDURE WHICH ENSURES THAT (I) COMPENSATION IS, IN ADVANCE, RECOMMENDED BY THE HR&G COMMITTEE OF THE BOARD OF DIRECTORS AND APPROVED BY THE BOARD ITSELF, (II) THE BOARD AND THE HR&G COMMITTEE OBTAINS AND RELIES UPON

Schedule O (Form 990 or 990-EZ) (2015) Name of the organization ELECTRIC RELIABILITY COUNCIL OF TEXAS INC	Page 2 Employer identification number 74-2587416	
APPROPRIATE DATA FOR COMPARABILITY, (III) THE BOARD AND TH	·	
EACH ADEQUATELY DOCUMENTS THE BASIS FOR ITS RESPECTIVE DET		
(IV) THE CEO COMPENSATION IS SUBJECT TO REVIEW AND APPROVA		
UTILITY COMMISSION OF TEXAS. IN PRACTICE, THE HR&G COMMIT		
OF DIRECTORS REVIEWS PROPOSED CHANGES TO CHIEF EXECUTIVE OFFICER		
COMPENSATION AND SUBMITS RECOMMENDATIONS TO THE BOARD FOR ITS APPROVAL BY		
ALL UNINTERESTED MEMBERS OF THE BOARD OF DIRECTORS (THAT IS, ALL BOARD		
MEMBERS EXCEPT THE CHIEF EXECUTIVE OFFICER WHO IS REQUIRED	TO ABSTAIN FROM	
SUCH VOTE). AS PART OF ITS REVIEW, THE HR&G COMMITTEE CAN	REQUEST	
INFORMATION FROM INDEPENDENT COMPENSATION CONSULTANTS, AND IT RECEIVES		
INFORMATION ANNUALLY IN REGARDS TO THE COMPENSATION LEVELS	OF SIMILAR	
ORGANIZATIONS FROM PUBLICLY-AVAILABLE INFORMATION CONTAINE	D IN FORMS 990	
AND OTHER SOURCES. ADDITIONALLY, COMPENSATION SURVEYS/STU	DIES ARE	
PERFORMED, AS NEEDED, TO PROVIDE INSIGHT INTO THE ELEMENTS OF COMPENSATION.		
THE HR&G COMMITTEE RECOMMENDATIONS ARE DISCUSSED WITH AND SUBMITTED TO THE		
BOARD OF DIRECTORS FOR ITS CONSIDERATION AND APPROVAL. A	REVIEW OF THE	
CHIEF EXECUTIVE OFFICER'S COMPENSATION IS PERFORMED ANNUAL	LY EXCEPT IN	
THOSE LIMITED INSTANCES IN WHICH THE COMPENSATION HAS BEEN	DETERMINED	
PURSUANT TO THE PROVISIONS OF AN EMPLOYMENT AGREEMENT FOR	A TERM EXCEEDING	
A YEAR BETWEEN ERCOT AND THE CHIEF EXECUTIVE OFFICER, WHIC	H HAS BEEN	
APPROVED BY THE BOARD OF DIRECTORS, AND ALL DECISIONS REGA	RDING THE CHIEF	
EXECUTIVE OFFICER'S COMPENSATION ARE DOCUMENTED AND MAINTA	INED.	
FURTHERMORE, THE PUBLIC UTILITY COMMISSION OF TEXAS SUBSTANTIVE RULES		
RELATED TO ERCOT GOVERNANCE REQUIRES THAT CHIEF EXECUTIVE OFFICER		
COMPENSATION IS SUBJECT TO THE REVIEW AND APPROVAL OF THE PUBLIC UTILITY		
COMMISSION OF TEXAS. 15(B) IN DETERMINING COMPENSATION FOR OFFICERS OTHER		
THAN THE CHIEF EXECUTIVE OFFICER, ERCOT FOLLOWS A PROCEDURE WHICH ENSURES		
THAT (I) COMPENSATION IS FULLY DISCLOSED IN ADVANCE TO THE 532212 09-02-15 Schee	HR&G COMMITTEE dule O (Form 990 or 990-EZ) (2015)	

Schedule O (Form 990 or 990-EZ) (2015)	Page 2	
Name of the organization ELECTRIC RELIABILITY COUNCIL OF TEXAS INC	Employer identification number 74-2587416	
OF THE BOARD OF DIRECTORS, (II) THE HR&G COMMITTEE OBTAINS	AND RELIES UPON	
APPROPRIATE DATA FOR COMPARABILITY, AND (III) THE HR&G COMMITTEE ADEQUATELY		
DOCUMENTS THE BASIS FOR ITS DETERMINATION. THE CHIEF EXECUTIVE OFFICER		
REPORTS PROPOSED OFFICER PAY AMOUNTS TO THE HR&G COMMITTEE FOR REVIEW AND		
COMMENT BEFORE ANY MERIT INCREASE IS FINALIZED. KEY EMPLOYEE COMPENSATION		
IS REVIEWED AND DETERMINED BY THEIR APPROPRIATE OFFICER.	FOR REVIEW OF	
OFFICER AND KEY EMPLOYEE COMPENSATION, ERCOT USES MERIT RA	TINGS AND DATA	
OBTAINED RELATING TO COMPARABLE COMPENSATION OF SIMILARLY QUALIFIED PERSONS		
IN COMPARABLE POSITIONS AT COMPARABLE ORGANIZATIONS, INCLUDING COMPENSATION		
SURVEYS AND FORMS 990. THE HR&G COMMITTEE CAN REQUEST INFORMATION FROM		
INDEPENDENT COMPENSATION CONSULTANTS. OFFICER AND KEY EMPLOYEE		
COMPENSATION IS REVIEWED ANNUALLY, AND ALL DECISIONS REGAR	DING OFFICER AND	
KEY EMPLOYEE COMPENSATION ARE DOCUMENTED AND MAINTAINED.		

FORM 990, PART VI, SECTION C, LINE 19:

ERCOT'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC THROUGH THE ERCOT WEBSITE (WWW.ERCOT.COM).

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

DEFERRED PENSION COSTS

87,021.