EXTENDED TO NOVEMBER 15, 2017 Return of Organization Exempt From Income Tax

Internal Revenue Service

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

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

Information about Form 990 and its instructions is at www.irs.gov/form990. A For the 2016 calendar year, or tax year beginning

A	or th	e 2016 calendar year, or tax year beginning and	ending		
B (Check if opplicab	- EPECIKIC KEPTABIPLIA COUNCIL OF AEXAS		D Employer identi	fication number
	Addre	B INC			
	Name chang ~_Initial	Doing business as ERCOT		74-	2587416
	return Final return	, 7620 METRO CENTER DRIVE	E Telephone numb	per -225-7000	
	termir ated		G Gross receipts \$	215,770,509.	
	Amen return	AUDIIN, IX /0/44-1013		H(a) Is this a group	return
L	Applic tion pendi	es? Yes X No			
_	included? Yes No				
_		empt status: 501(c)(3) X 501(c) (4) ◀ (insert no.) 4947(a)(1) c	or 52		a list. (see instructions)
_		te: WWW.ERCOT.COM		H(c) Group exempt	
	art I	organization: X Corporation Trust Association Other ►	L Yea	ir of formation: 1990	M State of legal domicile; TX
30.00	1	Briefly describe the organization's mission or most significant activities: SEE 5	SCHEDI	III.E O	
Se	'	phony describe the organization a mission of most aignificant activities.	JCIIID.	0111110	
Governance	2	Check this box if the organization discontinued its operations or dispos	ed of mor	e than 25% of its net a	ssets.
Ver	3			3	
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			
Activities &	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)		į	
ΛįΞį	6	Total number of volunteers (estimate if necessary)			18
₹ctī	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			
_	b	Net unrelated business taxable income from Form 990-T, line 34			b 0.
	_		<u> </u>	Prior Year	Current Year
₽		Contributions and grants (Part VIII, line 1h)		101 011 066	
Revenue		Program service revenue (Part VIII, line 2g)		181,011,066	
Ŗ		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		354,699	
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		49,345 181,415,110	
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0	
	,	Phonodia in 111 C I I I I I I I I I I I I I I I I I		0	
	417	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		99,246,763	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0	
pen	b	Total fundraising expenses (Part IX, column (D), line 25)	0.		The second of th
й	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	,,.	84,258,688	. 88,940,992.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		183,505,451	. 186,612,290.
		Revenue less expenses. Subtract line 18 from line 12		-2,090,341	
200			E	Beginning of Current Year	
Sets	20	Total assets (Part X, line 16)		811,268,123	
Vet Ass	21	Total liabilities (Part X, line 26)		803,650,754	
		Net assets or fund balances. Subtract line 21 from line 20		7,617,369	. 36,738,355.
200 200	art II.	Signature Block			
		lities of perjury, I declare that I have examined this return, including accompanying schedules			ny knowledge and belief, it is
true,	GUITEL	it, and complete. Declaration of preparer (other than officer) is based on all information of wh	iich prepare	er nas any knowledge.	
Sign	-	Signature of officer		[Date	
Her		MICHAEL PETTERSON, VP AND CFO			
, 101	v	Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid	l	TROY MARINE, CPA TROY MARINE, CPA	A	08/28/17 self-emp	L
Prep	arer	Firm's name BAKER TILLY VIRCHOW KRAUSE, LLP		Firm's EIN	39-0859910
Use	Only	Firm's address 777 E. WISCONSIN AVE., 32ND FLOO	R		- .,,
		MILWAUKEE, WI 53202		Phone no. 4	14.777.5500
<u>May</u>	the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No
6320	01 11-1	1-16 LHA For Paperwork Reduction Act Notice, see the separate instruction	ns,		Form 990 (2016)

Form	n 990 (2016) TNC 74 – 25 8 7 4	<u> 16</u>	Page 2
Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		. \Box
1	Briefly describe the organization's mission:	***************************************	·
	WE SERVE THE PUBLIC BY ENSURING A RELIABLE GRID, EFFICIENT ELECTF	≀тстт	γ
	MARKETS, OPEN ACCESS AND RETAIL CHOICE.		
	0.101.01		
2	Did the organization undertake any significant program services during the year which were not listed on the	_	
	prior Form 990 or 990-EZ?	Yes	X No
	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 exp	enses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exper	ises an	d
	revenue, if any, for each program service reported.	1000, 011	u
4a	(Code:) (Expenses \$141, 282, 286. including grants of \$) (Revenue \$)	33 :	153 \
	ERCOT SUCCESSFULLY MANAGES THE FLOW OF ELECTRICITY TO APPROXIMATE	T.V. 7	<u>, , , , , , , , , , , , , , , , , , , </u>
	MILLION CUSTOMERS IN THE STATE OF TEXAS, WHICH INCLUDES THE MANAGE	711 Z	<u>, 4</u>
	OF FINANCIAL SETTLEMENT FOR THE COMPETITIVE WHOLESALE BULK-POWER		
		MARK	LET'
	AND THE ADMINISTRATION OF ELECTRIC PROVIDER ACCOUNT SWITCHING IN		
	COMPETITIVE CHOICE AREAS.		
		· · · · · · · · · · · · · · · · · · ·	
		•	
4b	(Code:) (Exponses \$ including grants of \$) (Revenue \$		
713	Volume / / Expenses 5 / (Expenses 5 / Expenses 5 / Expens		}
		-	
4c	(Gode:) (Expenses \$ including grants of \$) (Bevenue \$		
70	(Code:) (Expenses \$,
			
	Other program applican (Decembe in Cabadula O.)		
4d	The second secon		
	(Expenses \$ including grants of \$) (Revenue \$)		
4e	Total program service expenses ► 141,282,286.		
		Form 99	90 (2016)

Form 990 (2016) INC
Part IV Checklist of Required Schedules

74-2587416

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1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Yes	No
	If "Yes," complete Schedule A	.		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	1 2	<u> </u>	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	1-		
	public office? If "Yes," complete Schedule C, Part I	3		х
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	٢		
	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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	Х	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
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		Con Digital	
	as applicable.	(0.01)		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	Anni IIX	ocument:	ECC-25.
	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	170		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
C	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		Х
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		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes." complete Schedule D. Part X	111	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	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		Х
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		Х
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		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Ì	Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
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		Х
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		Х
			990 (

Form 990 (2016) INC

Part IV Checklist of Required Schedules (continued)

74-2587416

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Yes No 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Х 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 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 X 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III X 22 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 Х Schedule J 23 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 Х 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year 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? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Х b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I X 25b 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? # "Yes," complete Schedule L, Part II Х 26 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 X 27 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): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Х c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer. director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Х 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Х 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Χ Schedule N, Part II 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 X 33 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 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? Х b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? if "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Х 37 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 0

Form 990 (2016) INC
Part V Statements Regarding Other IRS Filings and Tax Compliance

74-2587416

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	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	207	1317372100		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			11117070Y/S
C	PRICE AND		ole gamino			
	(gambling) winnings to prize winners?	•		1c	20000000	1000111111111
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					277 200 1770
	filed for the calendar year ending with or within the year covered by this return	2a	799		# 10 mm 1	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1
b				2b	X	71372222
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	 3)			770000000	
За	Did the organization have unrelated business successive and a few one			За		Х
b	to the second se	Ω	***************************************	3b		_==
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthori	tv over, a		-	
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccoun	t)?	4a		x
b	If "Yes," enter the name of the foreign country: ▶		* *************************************		1100100000	W. 179917111
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccount	s (FBAR).			
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 transaction	tion?	***************************************	5b		Х
C	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 th	e orgai	nization 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 contributi	ons or	gifts			
	were not tax deductible?			6b		ļ
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 ser	vices pr	ovided to the payor?	7a	11 3120 1200 A.Á.	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s requ	ired			
	to file Form 8282?	,	************	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			132000000000000000000000000000000000000	About Transport of the State of
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract	?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ict?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 889	9 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file	a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			and Piagra	
				8		
9	Sponsoring organizations maintaining donor advised funds.				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A IN THE PARTY OF
a				9a		
		• • • • • • • • • • • • • • • • • • • •		9b		
10	Section 501(c)(7) organizations. Enter:	1			2000	
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			17000007	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	1				
	Gross income from members or shareholders	11a	···	white of the lates		20042
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
10-	amounts due or received from them.)	11b		7.00	A STANDARD FO	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1		12a	,. 13N ii 1400 /	
		12b			4717	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		Lancas de la constant			100 mars 113
а	Is the organization licensed to issue qualified health plans in more than one state?			13a	T-01001200	
h	Note. See the instructions for additional information the organization must report on Schedule C.					
D	Enter the amount of reserves the organization is required to maintain by the states in which the	1			1.1	
_	organization is licensed to issue qualified health plans	13b				
ن 14ء	Enter the amount of reserves on hand	13c				
h	Did the organization receive any payments for indoor tanning services during the tax year?			14a		_ <u>X</u> _
<u></u>	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule	0	<u></u>	14b		
				Form	990 ((2016)

INC

Form 990 (2016)

	1990 (2016) INC		74-258	7416	Þ	age 6		
Pa	TO Sovernance, Management, and Disclosure For each "Yes" response to lines 2 to	rough	7h helow, and for	1"Mo" r	espons	e e		
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.	See in	structions.		oopone	,,		
	Check if Schedule O contains a response or note to any line in this Part VI					X		
Sec	tion A. Governing Body and Management					<u> </u>		
					Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	_{1a}	1	4				
	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.			23.22	Manager of the Address			
b	Enter the number of voting members included in line 1a, above, who are independent							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		1 1		(3 68 Y 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	100000000000000000000000000000000000000		
	officer, director, trustee, or key employee?							
3	Did the organization delegate control over management duties customarily performed by or under the	a direct	cupowicion	2		X		
	of officers directors or trustons or loss applicants a management			ا		v		
4	Did the organization make any significant changes to its governing documents since the prior Form 9	 100 was	filed?	3 4		<u>X</u>		
5	Did the organization become aware during the year of a significant diversion of the organization's ass					_ <u>^</u>		
6	Did the examination have march on an at-att-att-att-			5	17			
7a	Did the organization have members or stockholders, or other persons who had the power to elect or ag			6_	X			
				_	\ _v ,			
b	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, st		dana an	7a_	X			
			•	1	7.7			
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year			7b	X	CM STREET		
а					77	4//4///		
b				8a_	X			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real			_8b	X			
Ŭ	organization's mailing address? If #Voo # provide the reverse will did not be real	cned a	tne			77		
Sec	organization's mailing address? If "Yes." provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Re	*********		9	L	<u> </u>		
	This section is requests information about policies not required by the Internal Re	venue	Code.)					
10a	Did the organization have local chapters, branches, or affiliates?				Yes	No		
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch		effiliatas	10a		<u>X</u>		
	and branches to ensure their operations are consistent with the annual state of the			10.	i			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body		filles the face O	10b	37			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	beion	e illing the form?	11a	X			
12a	PST-1-41.			1 11 11 11 11 11	37	AND AND TO PETE		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		into O	12a	X			
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "y	to com	icisr	12b	Х			
_	in Schedule O how this was done			١,_	37			
13				12c	X			
14	Did the organization have a written document retention and destruction at 100			13	X	 -		
15	Did the process for determining compensation of the following persons include a review and approva			14	A.	27 pr. 100 pr. 17 pr. 1		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	ı wy inc	epenaent	CO A MICHIGAN AND AND AND AND AND AND AND AND AND A	00000000000000000000000000000000000000	STATE OF THE PARTY		
а	The organization's CEO, Executive Director, or top management official			Zan Maria	**************************************			
h	Other officers or key employees of the organization		***************************************	15a	X			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			15b	X	227000000000000000000000000000000000000		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements.		H		Addition of the second	THE PARTY OF THE P		
				AND THE PARTY OF T	1732 May 1841	77		
b	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat		urticination	16a	Apple to the second	X		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	e its pa	rucipation		**************************************			
	exempt status with respect to such arrangements?	izaliUH	5	401	171.000 y 187.			
Sec	tion C. Disclosure			16b				
17	List the states with which a copy of this Form 990 is required to be filed NONE							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Sectio	n 501(c)(3)s onto	wailable	<u> </u>			
	for public inspection. Indicate how you made these available. Check all that apply.	,	se regos omy) c	wandUlt	•			
	Own website Another's website X Upon request Other (explain	in Sah	edule (1)					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con	in ocn flict of	interest nollov opa	linona	اما			
	statements available to the public during the tax year.	or UI	microor policy, and	i mialici	C) I			
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	records:					
	MICHAEL PETTERSON, VP AND CFO - 512-225-7013	and			<u> </u>			
	7620 METRO CENTER DRIVE, AUSTIN, TX 78744-1613	 -						
	······································							

Form 990 (2016) 74-2587416 Page 7 Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, 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 organizat (A)	(B)			(0	2)			(D)	(E)	(F)		
Name and Title	Average	(do	not c	Pos	itior more	l than c	one	Reportable	Reportable	Estimated		
	hours per	box	, unle	ss pai	son i	s both r/trus	an	compensation	compensation	amount of		
	week (tist any		T an		10010	7,003		from	from related	other		
	hours for	direct				_		the organization	organizations (W-2/1099-MISC)	compensation		
	related	10 83	stee			nsate		(W-2/1099-MISC)	(44-271099-141190)	from the organization		
	organizations	trust	nal tru		оуве	ed mo				and related		
	below	Individual trustes or director	Institutional trustee	je.	Key employee	Highest compensated employee	Former			organizations		
	line)	星	Inst	Officer	Key	High	Form					
(1) BILL MAGNESS	45.00											
BOARD MEMBER; PRESIDENT & CEO		X		Х	_			592,469.	0.	61,900		
(2) CAROLYN SHELLMAN BOARD MEMBER	2.00	,,							_			
(3) CLIFTON KARNEI	4 00	X				<u> </u>		0.	0.	0		
BOARD MEMBER	4.00	177							_	_		
(4) CRAVEN CROWELL JR.	25.00	X						0.	0.	0		
BOARD MEMBER	45.00	x	1					00 000	0	•		
(5) DONNA NELSON	4.00	_						99,800.	0.	0		
BOARD MEMBER	4.00	х						0.	0.	0		
(6) JACK DURLAND	5.00	1				\vdash		0.	<u>U.</u>	0		
BOARD MEMBER	3.00	Х						0.	0.	0		
(7) JORGE A BERMUDEZ	8.00	-						0.		0		
BOARD MEMBER		x						69,450.	0.	0		
(8) JUDY WALSH	4.00							23,120.		<u> </u>		
BOARD MEMBER		х						94,500.	0.	0		
(9) KARL PFIRRMANN	10.00											
BOARD MEMBER		Х						92,600.	0.	0		
(10) KEITH EMERY	4.00		. –									
BOARD MEMBER		X						0.	0.	0		
(11) KEVIN GRESHAM	5.00											
BOARD MEMBER		X						0.	0.	0		
(12) NICK FEHRENBACH	6.00											
BOARD MEMBER		X	\Box					0.	0.	0		
(13) PETER CRAMTON	5.00											
BOARD MEMBER		Х						87,000.	0.	0		
(14) READ COMSTOCK	8.00			i								
BOARD MEMBER		X		_				0.	0.	0		
(15) TONYA BAER	10.00							_				
BOARD MEMBER	F 00	Х						0.	0.	0		
(16) WADE SMITH BOARD MEMBER	5.00											
	1 00	X	-					0.	0.	0		
(17) JENNIFER RICHIE	1.00	ν.					İ	_	_			
SEGMENT ALTERNATE		Х						0.	0.	0 Form 990 (201		

INC

Form 990 (2016) INC						1140		OF IEARD	74-2587	416 Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	and	i Hi	ghes	t C	ompensated Employee	S (continued)	
(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			l than d is both	one nan	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(18) JOHN WERNER	1.00									
SEGMENT ALTERNATE		X		_				0.	0.	0.
(19) KENNETH MERCADO	5.00	l			ĺ					
SEGMENT ALTERNATE (20) MARK SOUTTER	4 00	Х						0.	0.	0.
(20) MARK SOUTTER SEGMENT ALTERNATE	4.00								_	
(21) MIKE KEZAR	4 00	Х			_			0.	0.	0.
SEGMENT ALTERNATE	4.00									
(22) PHIL WILLIAMS	4 00	X			_		<u> </u>	0.	0.	0.
SEGMENT ALTERNATE	4.00	Х						_		
(23) RANDY JONES	4.00	Δ		⊢			-	0.	0.	0.
SEGMENT ALTERNATE	4.00	Х						o.	0	_
(24) SAM HARPER	1.00	- A					_	0.	0.	0.
SEGMENT ALTERNATE		x						0.	0.	0.
(25) SETH COCHRAN	2.00	-						V.		
SEGMENT ALTERNATE		x						0.	0.	0.
(26) CHAD SEELY	45.00									<u></u>
VP, GENERAL COUNSEL & CORP SECRETARY				х				271,324.	0.	69,548.
1b Sub-total								1,307,143.	0.	131,448.
c Total from continuation sheets to Part VI	l, Section A					l	>	4,426,651.	0.	979,679.
d Total (add lines 1b and 1c)							>	5,733,794.	0.	1111127.
2 Total number of individuals (including but n							n red	reived more than \$100 i	000 of reportable	

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

416

			Yes	No
3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on	200 Mar 100 may 200 ma	2000 man	401000000000000000000000000000000000000
	line 1a? If "Yes," complete Schedule J for such individual	3	X	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization		AND A CONTROL OF	2
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services	Maria de Calendario de Calenda		2000 - 200 -
	rendered to the organization? If "Yes," complete Schedule J for such person	5		X
Sec	tion B. Independent Contractors			

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

(A) Name and business address	(B) Description of services	(C) Compensation
ALLEGIS GROUP SERVICES INC.		
	CONTINGENT WORKFORCE	3,990,783.
POTOMAC ECONOMICS LTD., 9990 FAIRFAX BLVD,	INDEPENDENT MKT	
SUITE 560, FAIRFAX, VA 22030	MONITOR	3,191,670.
ABB INC., 451 EL CAMINO REAL, STE 105,		
SANTA CLARA, CA 95050	IT CONSULTING	1,733,428.
SIEMENS INDUSTRY INC., 10900 WAYZATA		
BLVD., SUITE 400, MINNETONKA, MN 55305	IT CONSULTING	1,668,837.
ALSTOM GRID INC.		
PO BOX 88808, CHICAGO, IL 60695-1808	IT CONSULTING	747,990.
2 Total number of independent contractors (including but not limited to those listed	l above) who received more than	
\$100,000 of compensation from the organization > 21		A CANADA

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 INC 74-2587416

Part VII Section A Officers Directors Tr	ustone Kay Er				1 1	l i aula		0	/4~258	7410
Ollicola, Directora, III	1	npic I	yee			ugn	est :			
(A) Name and title	(B)				C)			(D)	(E)	(F)
Name and title	Average hours	6		Posi			LΑ	Reportable	Reportable	Estimated
	per	(C	Heck	(all t	mai	app	iy)	compensation from	compensation from related	amount of
	week					8		the	organizations	other compensatio
	(list any	흉				nploy		organization	(W-2/1099-MISC)	from the
	hours for	rdire				ed en		(W-2/1099-MISC)	(** =/ /== / // // // // // // // // // //	organization
	related	tee o	ustee			ensat				and related
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				organization
	below	ividus	ij	Officer	, emp	hest	Former			
	line)	르	틸	0,41	Key	哥	호		····	
(27) CHERYL MELE	45.00	{								
SVP & COO				Х				311,613.	0.	56,708
(28) DIANE M WILLIAMS	45.00									
VP, HUMAN RESOURCES	<u> </u>			Х				252,965.	0.	53,010
(29) DWAYNE RICKERSON	45.00						ĺ			
VP GRID PLANNING & OPERATIONS		<u> </u>		Х				229,283.	0.	57,301
(30) JERRY DREYER	45.00									
SVP, & CIO	ļ	<u> </u>		Х			<u> </u>	313,571.		62,240
(31) KENAN OGLEMAN	45.00									
VP, COMMERCIAL OPERATIONS	4 =	_		Х		lacksquare	<u> </u>	227,736.	0.	43,404
(32) MICHAEL PETTERSON	45.00									
VP AND CFO		<u> </u>		Х			<u> </u>	244,253.	0.	64,269
(33) SALLIE BETTY DAY	45.00									
VP GOVERNANCE, RISK & COMPLIANCE		_		X			<u> </u>	254,617.	0.	64,392
(34) STEPHEN DANIELS	45.00						ŀ			
VP, APPLICATION SERVICES & IT OPS	 	_		Х				218,406.	0.	4 7,895
(35) THERESA GAGE	45.00	ļ	•							
VP EXTERNAL AFFAIRS & CORPORATE COMM				X				230,400.	0.	41,684
(36) VICKIE LEADY	45.00									
ASST, GC AND ASST, CORP, SEC,	ļ			Х				177,918.	0.	45,594
(37) BRYAN HANLEY	45.00									
DIRECTOR IT ARCHITECTURE					X			205,813.	0.	54,148
(38) DAN WOODFIN	45.00									
DIRECTOR SYSTEM OPERATIONS					Х			216,126.	0.	46,839
(39) MARK RUANE	45.00									
DIRECTOR MARKET CREDIT		_			X			237,705.	0.	45,497
(40) ANN DELENELA	45.00									
CHIEF SECURITY OFFICER						Х		199,507.	0.	<u>52,210</u>
(41) DAVID FORFIA	45.00									
DIRECTOR IT ARCHITECTURE						Х		217,447.	0.	56,588
(42) JOEL MICKEY	45.00									
SENIOR DIRECTOR, WHOLESALE MARKET DE			L.			Х	L.	222,024.	0.	58,385
43) KENNETH RAGSDALE	45.00									
PRINCIPAL, MARKET DESIGN & ANALYSIS	<u> </u>	<u> </u>				X		193,063.	0.	42,675
(44) WARREN LASHER	45.00									
SENIOR DIRECTOR, SYSTEM PLANNING						Х		202,311.	0.	45,698
(45) H.B. DOGGETT, III	40.00				ļ					
FORMER OFFICER, DIRECTOR							Х	271,893.	0.	41,142
					-					
	<u> </u>	l							·	
otal to Part VII, Section A, line 1c								4,426,651.		979,679

Form 990 (2016) INC
Part VIII Statement of Revenue

74-2587416

Page 9

Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded from tax under sections
512 - 514 (C) Related or Unrelated Total revenue exempt function business revenue revenue Federated campaigns Contributions, Giffs, Grants and Other Similar Amounts 1a Membership dues 1b Fundralsing events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f: \$ h Total, Add lines 1a-1f Business Code 2 a ELECTRIC RELIABILITY PROGRAM SERV 221000 177,758,171. 177,758,171, Program Service Revenue MUNICIPAL SERVICE PROGRAM REVENUE 221000 36,995,924, 36,995,924 c MEMBERSHIP DUES 221000 327,030. 327,030, f All other program service revenue 215,081,125. g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 558 766 552,228. 6,538. Income from investment of tax-exempt bond proceeds Royalties 5 (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses _____ c Rental income or (loss) d Net rental income or (loss) \triangleright 7 a Gross amount from sales of (i) Securities (ii) Other 112,595 assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) 112,595 d Net gain or (loss) 112,595 112,595. 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 _____a b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities, See Part IV, line 19 _____a b Less; direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a NON-OPERATING INCOME 900099 18,023 18,023. b d All other revenue e Total. Add lines 11a-11d 18,023. Total revenue. See instructions. 215 770 509. 12 215,633,353. 0. 137,156.

Part IX Statement of Functional Expenses

Form 990 (2016)

INC

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses (A) Total expenses (D) Fundraising Do not include amounts reported on lines 6b, Program service expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals, See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members _____ Compensation of current officers, directors, 5,241,974. 2,693,291. 2,548,683. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 68,645,981. 57,522,304. 11,123,677. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 10,105,441. 8,694,726. 1,410,715. 8,026,614. 6,875,775. Other employee benefits 1,150,839. 9 Payroll taxes 5,651,288. 4,810,769. 840,519. 10 Fees for services (non-employees); a Management 366,957. 366,957. b Legal ____ c Accounting 218,000. 218,000. Professional fundraising services, See Part IV, line 17 Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, 9,416,775. 8,220,990. 1,195,785. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 1,414,603. 820,691. 593,912. 13 Office expenses 36,445. Information technology 3,821,596. 3,785,151. 14 Royalties 15 5,030,799. 5,030,799. Occupancy _____ 16 1,158,270. 803,507. Travel 354,763. 17 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 1,271,638. 716,454. 19 555,184. 1,635,351. 20 Interest 1,635,351. Payments to affiliates 21 Depreciation, depletion, and amortization 21,727,373. 18,347,611. 22 3,379,762. 1,852,766. 1,852,766. 23 Insurance Other expenses, Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a HARDWARE AND SOFTWARE E 25,193,212. 24,552,286. 640,926. b RELIABILITY ORGANIZATIO 13,976,949. 13,976,949. 1,486,258. c DUES AND SUBSCRIPTIONS 1,254,018. 232,240. d ALL OTHER EXPENSES 370,445. 38,498. 331,947. e All other expenses 186,612,290**.1**41,282,286**.** 45,330,004. _25 Total functional expenses. Add lines 1 through 24e 0. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

74-2587416 Page 10

Form 990 (2016)
Part X Balance Sheet INC 74-2587416 Page 11

Pai	T-X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		***********	889,457.	1	1,417,405.
	2	Savings and temporary cash investments			670,012,393.	2	692,858,964.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			4,638,209.	4	7,563,100.
	5	Loans and other receivables from current and fo			The state of the s	in Coloriu	AND
		trustees, key employees, and highest compensa	A STATE OF THE STA		The state of the s		
		Part II of Schedule L			36 15 miles 1 miles 2	5	The second secon
	6	Loans and other receivables from other disqualif	ed per	rsons (as defined under	S PARA PARA PARA PARA PARA PARA PARA PAR	William !	**************************************
		section 4958(f)(1)), persons described in section			AND		A STATE OF THE PROPERTY OF THE
		employers and sponsoring organizations of secti			A STATE OF THE PROPERTY OF THE		A series of the
ιn		employees' beneficiary organizations (see instr).		•	3000 and 1000 and 100	6	A STATE OF THE PARTY OF THE PAR
Assets	7	Notes and loans receivable, net				7	***************************************
As	8	Inventories for sale or use				8	
	9	D			17,032,368.	9	21,635,107.
	10a	Land, buildings, and equipment: cost or other	<u> </u>		DAY A MARKANINA	Zuoru.	William Company of the Company of th
		basis. Complete Part VI of Schedule D	10a	877,027,827.	And a property of the first of the control of the c		A second of the
	b	Less: accumulated depreciation	10b	752,145,259.	118,474,726.	10c	124,882,568.
	11	Investments - publicly traded securities		·	11	, ,	
	12	investments - other securities. See Part IV, line 1			12	· · · · · · · · · · · · · · · · · · ·	
	13	Investments - program-related. See Part IV, line 1		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	220,970.	15	0.		
	16	Total assets. Add lines 1 through 15 (must equa			811,268,123.	16	848,357,144.
	17	Accounts payable and accrued expenses		12,196,762.	17	14,200,532.	
	18	Grants payable			18		
	19	Deferred revenue		3,865,794.	19	4,202,587.	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F			356,687,553.	21	342,868,746.
ŝ	22	Loans and other payables to current and former	officer	s, directors, trustees,		ower and the	A plant of promotion of the form of the promotion of the
Liabilīties		key employees, highest compensated employee			A CONTRACT OF THE PROPERTY OF	2000	A STATE OF THE PROPERTY OF THE
jabi		Complete Part II of Schedule L				22	
Г	23	Secured mortgages and notes payable to unrelate		• • • • • • • • • • • • • • • • • • • •	67,000,000.	23	62,786,850.
	24	Unsecured notes and loans payable to unrelated	third	oarties		24	
	25	Other liabilities (including federal income tax, pay	/ables	to related third			
		parties, and other liabilities not included on lines	17-24)	, Complete Part X of			
		Schedule D	•••••	••••		25	387,560,074.
	26	Total liabilities. Add lines 17 through 25		p. == vj	803,650,754.	26	811,618,789.
		Organizations that follow SFAS 117 (ASC 958)	•	k here 🕨 🐰 and	A CONTROL OF THE PROPERTY OF T	535363	44
es		complete lines 27 through 29, and lines 33 and			A Committee of the Comm	10.00	And the second s
anc	27	Unrestricted net assets	7,617,369.	27	36,738,355.		
3al	28	Temporarily restricted net assets		••••		28	
קק	29	Permanently restricted net assets	S. A. W. D. Marie C. A. Marie C. Mar	29	The work of the best of the same of the sa		
F.		Organizations that do not follow SFAS 117 (AS	A ANNOUNCE AND ANN		A CONTROL OF THE CONT		
ō		and complete lines 30 through 34.	Pay I Table 1 Committee of the Committee	bradi	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
šets	30	Capital stock or trust principal, or current funds			30	ļ	
Ass	31	Paid-in or capital surplus, or land, building, or eq				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated inc			7 (17 262	32	26 522 255
~	33			************************	7,617,369.	33	36,738,355.
	34	Total liabilities and net assets/fund balances			811,268,123.	_34	848,357,144.

Form **990** (2016)

	1990 (2016) INC	74-	-258741	4.6	Pac	_{qe} 12
Pa	TXI 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	215,	770	,50	09.
2	Total expenses (must equal Part IX, column (A), line 25)	2	186,6	512	, 29	90.
3	Revenue less expenses. Subtract line 2 from line 1	3	29,3			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,0	517	, 36	<u>69.</u>
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-37	, 23	33.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
fr:	column (B))	10	36,	738	, 35	55.
Pai	t XIII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
				Y	/es	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Cher		123	AND ADDRESS OF THE PARTY OF THE		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	٥.	100 periodic (100 periodic (10			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	201 111 111 111 111 111 111 111 111 111			
	separate basis, consolidated basis, or both:			200 000 000 000 000 000 000 000 000 000		
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		L	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,		91.000		
	consolidated basis, or both:		la la	27.0035	3,-9,-0	Total to the real of the
	X Separate basis Consolidated basis Both consolidated and separate basis		4.12	1/A/19/1	******	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			0.00 mm m		
	review, or compilation of its financial statements and selection of an independent accountant?			2c .	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche					Laboratory of the party of the
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing		lit		The state of the s	STAN CONTROL OF STAN CONTROL O
	Act and OMB Circular A-133?			3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requir	ed aud	it 🗍		П	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	********		3b		
			Fo	orm 9	90 ((2016)

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

ELECTRIC RELIABILITY COUNCIL OF TEXAS Empl

Name of the organization

Employer identification number 74-2587416

Pa	Organizations Maintaining Donor Advised	Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		2000, p. 2000 11 11 10
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	iting that the assets held in donor advi-	sed funds
•	are the organization's property, subject to the organization's ex		
6	Did the organization inform all grantees, donors, and donor ad		
·	for charitable purposes and not for the benefit of the donor or		
		aution advisor, or for any outer purpose	
Pa	Conservation Easements. Complete if the organic	inization answered "Ves" on Form 990	Part IV line 7
1	Purpose(s) of conservation easements held by the organization		Tartiv, nile 7.
'	Preservation of land for public use (e.g., recreation or ed		toriogilis immentent inceriore
	Protection of natural habitat	<i>'</i> =	storically important land area
	Preservation of open space	Preservation of a ce	rtified historic structure
		al a successive the second state of the stat	
2	Complete lines 2a through 2d if the organization held a qualified	d conservation contribution in the form	And the state of t
_	day of the tax year.		Held at the End of the Tax Year
a			
b			
_	Number of conservation easements on a certified historic struc		
d	Number of conservation easements included in (c) acquired aff listed in the National Register		
3	Number of conservation easements modified, transferred, release		
	year >		<u> </u>
4	Number of states where property subject to conservation ease	ment is located ▶	
5	Does the organization have a written policy regarding the period	dic monitoring, inspection, handling of	•
	violations, and enforcement of the conservation easements it h	. , ,	
6	Staff and volunteer hours devoted to monitoring, inspecting, h		
	>	, ,	
7	Amount of expenses incurred in monitoring, inspecting, handlin	nd of violations, and enforcing conserva	ation easements during the year
	▶ \$		and, case, we have a sure your
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170	(/h)/4\/(B)/()
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	easements in its revenue and expense	e statement, and balance sheet, and
-	include, if applicable, the text of the footnote to the organization		
	conservation easements.	or o manoig oxacomorno trial doborno	The organization a accounting to
Pai	TIII Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther Similar Assets.
,	Complete if the organization answered "Yes" on Form 9		
1a	If the organization elected, as permitted under SFAS 116 (ASC		ment and halance sheet works of art
	historical treasures, or other similar assets held for public exhib		
	the text of the footnote to its financial statements that describe		ande or public service, provide, in rarr XIII,
h	If the organization elected, as permitted under SFAS 116 (ASC		t and halance chaot works of ort. historical
	treasures, or other similar assets held for public exhibition, edu		
		ication, or research in furtherance of pu	ablic service, provide the following amounts
	relating to these items:		▶ • •
	(i) Revenue included on Form 990, Part VIII, line 1		
~			
2	If the organization received or held works of art, historical treas		al gain, provide
	the following amounts required to be reported under SFAS 116	, -	
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X	******	> \$

	dule D (Form 990) 2016 INC							<u>74-25</u>	<u>87416</u>	Page 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	asures, or	Other	' Simila	r Asset:	3 (continu	ued)
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the f	fol <mark>lo</mark> wing that	are a sig	gnificant (use of its o	ollection it	tems
	(check all that apply):									
а	Public exhibition	d	ı 🗀	Loan or exc	hange progra	ıms				
b	Scholarly research	e								
c	Preservation for future generations	_								
4	Provide a description of the organization's co	allections and explain	a how th	ev further th	ne organizatio	n'c even	ant nurne	see in Part	VIII	
5	During the year, did the organization solicit o	,		•				/30 IIII ait	AIII.	
3	to be sold to raise funds rather than to be ma								7 v-	
Dar	tiv Escrow and Custodial Arran	demente O	ne organ	IIZAUON S CO	mechany		E 00	<u>L</u>	Yes	No_
	reported an amount on Form 990, Par		ete if the	organizatio	n answered "	res on	Form 99	u, Part IV,	line 9, or	
		· · · · · · · · · · · · · · · · · · ·								
1a	Is the organization an agent, trustee, custodi		-					r-	_	
	on Form 990, Part X?							L	_ Yes	X No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing t	able:						
							<u> </u>		Amount	
С	Beginning balance	***************************************					. <u>1c</u>			
d	Additions during the year						. 1d			
е	Distributions during the year			•••••	* > * * * * * * * * * * * * * * *		1e			
f	Ending balance									
2a	Did the organization include an amount on Fe							X	Yes	No
	If "Yes," explain the arrangement in Part XIII.									X
Par	t V Endowment Funds. Complete	if the organization an	swered	"Yes" on Fo	rm 990, Part	IV, line 1	10.			
		(a) Current year	i	rior year	(c) Two year			years back	(e) Four	vears hack
1a	Beginning of year balance	(a) canone jour	12,	7101) 041	10/11/10/900	U DECOR	(d) (moo	your buon	(0) 1 501	Your o Duck
	Contributions									
		,								
	Net investment earnings, gains, and losses		 							
d	Grants or scholarships									
е	Other expenditures for facilities					[
	and programs							•	ļ	
f	Administrative expenses									
g	End of year balance				<u> </u>				<u> </u>	
2	Provide the estimated percentage of the curr	•	e (line 1g	g, column (a)) he l d 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	ssion of the organiza	ation tha	t are held ar	nd administer	ed for th	e organiz	ation		
	by:								[-	Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations							•••••	3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	itions listed as requir	red on S	chedule B?				*************	3b	
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm		WITH CITE	urius.						
20050	Complete if the organization answere) Part IV	/ line 11a 9	See Form 990	Davt V	lina 10			
									400	
	Description of property	(a) Cost or o			t or other		ccumulat		(d) Book	value
		basis (investr	neng		(other)	oe	preclatio	1	A 4 11	000
_	Land				7,096.	22	200			7,096.
b	Buildings				9,733.		282,6			7,078.
C	Leasehold improvements				1,457.		157,4			,003.
d	Equipment				2,079.					2,089.
е	Other			<u> 661,78</u>	7,462.	603,	$775,\overline{1}$	60.	8,012	2,302.
Total	. Add <mark>lines 1</mark> a through 1e. <i>(Column (d) must e</i>	qual Form 990. Part	X. colun	on (B), line 1	Oc.)			<u> </u>	4,882	,568.

Schedule D (Form 990) 2016 INC			74-2587416 Page 3
Part VII Investments - Other Securities.	_		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11b. See Form 990, Part X, line 12	2.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cos	t or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests	-	<u> </u>	
(3) Other	, <u>.</u>		
(A) (B)			
(C)			
(D)			
(E)			
(F)	-14		
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.	I	Control of the state of the sta	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11c. See Form 990. Part X. line 13	•
(a) Description of investment	(b) Book value	(c) Method of valuation: Cos	t or end-of-vear market value
(1)			The state of the s
(2)	***		
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		The state of the s	医散射性 医二氏病 医二氏
Part IX Other Assets.			
Complete if the organization answered "Yes"		e 11d. See Form 990, Part X, line 15	5
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)		<u> </u>	
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)		<u> </u>
Complete if the organization answered "Yes" (on Forms 2000 Doublid Burn	- 44 444 D	
1. (a) Description of liability	on Form 990, Part IV, line	(b) Book value	line 25.
(1) Federal income taxes		(b) BOOK VAILE	
(2) CRRAH/QSE SECURITY DEPOSIT	ng 2	87,185,255.	
(3) ACCR. POST RET. BENEFIT OF		349,239.	
(4) DEFERRED RENT COSTS	PHIGHION		
		25,580.	
(5) (6)		1	The state of the s
(7)		The second secon	The second secon
(8)		111 W 251474. 21 1 (2014)	A PART OF THE PART
(9)		The second secon	A CONTROL OF THE PROPERTY OF T
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25)	87,560,074.	A TOTAL CONTROL OF THE PARTY OF
2. Liability for uncertain tax positions. In Part XIII. provide			

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 fiability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2016 INC		74-2587416 Page 4
Part XI Reconciliation of Revenue per Audited Financial Staten	nents With Revenue per Re	turn.
Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.	
Total revenue, gains, and other support per audited financial statements		1 215,770,509.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	equick mile de primique requi 1. mile mar et de plan de primier d
a Net unrealized gains (losses) on investments		Part de la Anchievidira di 1 per management del la Constanti del la Consta
b Donated services and use of facilities		Service Control Contro
c Recoveries of prior year grants		Tendents Assissment on an extension of the control
d Other (Describe in Part XIII.)		The state of the s
e Add lines 2a through 2d		2e 0. 3 215,770,509.
 Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 		3 215,770,509.
	40	and the state of t
		Comment of the Commen
		4c 0.
c Add lines 4a and 4b Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5 215,770,509.
Part XII Reconciliation of Expenses per Audited Financial State	ments With Expenses per F	
Complete if the organization answered "Yes" on Form 990, Part IV, line 1		
Total expenses and losses per audited financial statements		1 186,649,523.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		Control Contro
a Donated services and use of facilities	2a	Symptomic Supplier of the Control of
b Prior year adjustments		Section of the Control of the Contro
c Other losses		Comment of the Commen
d Other (Describe in Part XIII.)		The second of the control of the con
e Add lines 2a through 2d		2e 37,233.
3 Subtract line 2e from line 1		з 186,612,290.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		Common Andreas Common
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	And the Commission of the Comm
b Other (Describe in Part XIII.)	4b	Similar Control (Similar Control (Simila
c Add lines 4a and 4b		4c 0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5 186,612,290.
Part XIII Supplemental Information.		
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	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 a	additional information.	
DADE TY Y TATE OF		
PART IV, LINE 2B:	· · · · · · · · · · · · · · · · · · ·	
ERCOT IS THE CENTRAL COUNTERPARTY FOR ALL T	RANSACTIONS SETTLE	D BY ERCOT
ENCOT ID THE CHAIRE COOMERTMENT FOR HEEL I	TOTAL DELICE	D DI LINCOI
PURSUANT TO ERCOT PROTOCOLS AND IS DEEMED T	O BE THE SOLE BUYE	R TO EACH
SELLER, AND THE SOLE SELLER TO EACH BUYER,	OF ALL ENERGY, AND	LILLARY
SERVICES, RELIABILITY UNIT COMMITMENTS (RUC	S), EMERGENCY RESP	ONSE SERVICE
(ERS), AND OTHER PRODUCTS OR SERVICES FOR W	HICH ERCOT MAY PAY	OR CHARGE A
WARRIE DARRECTRAME EVIEDE HOD BUILDE DOODIE	and ob debitions boo	ACTIVED WITHOUTER
MARKET PARTICIPANT, EXCEPT FOR THOSE PRODUC	TS OR SERVICES PRO	CORED THROUGH
BILATERAL TRANSACTIONS BETWEEN MARKET PARTI	CIPANTS AND THOSE	PRODUCTS OR
SERVICES THAT ARE SELF-ARRANGED BY MARKET P	ARTICIPANTS. ERCC	T PERFORMS
		MT EMENT
SETTLEMENTS FOR ALL TRANSACTIONS SUBJECT TO	· THE LIMMINGTWH OCT	T PHILIPPETER T
PROCESS IN ACCORDANCE WITH ERCOT PROTOCOLS.	THE SETTLEMENT E	PROCESS IS
USED TO RESOLVE FINANCIAL OBLIGATIONS FOR M	MARKET SERVICES PRO	CURED THROUGH

632054 08-29-16

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016 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 2D - OTHER ADJUSTMENTS:
CHANGE IN DEFERRED PENSION COSTS 37,233.

SCHEDULE J (Form 990)

Compensation Information

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

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23, Attach to Form 990,

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Questions Regarding Compensation

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. ELECTRIC RELIABILITY COUNCIL OF TEXAS

Employer identification number INC 74-2587416

Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as, maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? X 3 indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee X Written employment contract X Compensation survey or study X Independent compensation consultant X Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? X c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9, For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? X 5a X b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? X Any related organization? X If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III X Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III X 8 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2016

INC

Schedule J (Form 990) 2016

74-2587416

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 aren't 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	kdown of W	of W-2 and/or 1099-MISC compensation	3C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	Œ
(A) Name and Title	(i) Base compensation	ase sation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	Silie	(a)-(i)(a)	in column (b) reported as deferred on prior Form 990
(1) BILL MAGNESS	(i) 592	469.	0	0.	35,000.	26,900.	654,369.	0.
BOARD MEMBER; PRESIDENT & CEO	: (2)	0	0	0	0	0	0	0
(2) CHAD SEELY	(I) 271,	,324.	0	.0	39,100.	30,448.	340,872.	0
VP, GENERAL COUNSEL & CORP SECRETARY		0	0	0	0	0	0	
(3) CHERYL MELE	(1) 311,	,613.	0.	0	38,788.	17,920.	368,321.	.0
SVP & COO		0	0	0	0	0	0	0
(4) DIANE M WILLIAMS	(i) 252,	,965.	0	0.	35,178.	17,832.	305,975.	0.
VP, HUMAN RESOURCES		0	0	0.	.0	0	0	0
(5) DWAYNE RICKERSON	(i) 229,	,283.	0	0	33,350.	23,951.	286,584.	0
VP GRID PLANNING & OPERATIONS		0	0	0	0	0	• 0	0
(6) JERRY DREYER	(1) 313,	,571.	0	0	39,013.	23,227.	375,811.	0
SVP, & CIO	(ii)	0	0	0.0	0.0	0	0	0
(7) KENAN OGLEMAN	(I) 227,	, 736.	0.	0.	33,350.	10,054.	271,140.	.0
VP, COMMERCIAL OPERATIONS	(II)	0	• 0	• 0	• 0	0	• 0	0
(8) MICHAEL PETTERSON	(i) 244,	,105.	148.	0 •	36,280.	27,989.	308,522.	0.
VP AND CFO		0.	0.	0 •	• 0	0.	• 0	0.
(9) SALLIE BETTY DAY	(1) 254,	,617.	0	0.	37,609.	26,783.	319,009.	0.
VP GOVERNANCE, RISK & COMPLIANCE	(m)	0.	0.	0.	0.	0.	0	0.
(10) STEPHEN DANIELS	(I) 218,	,270.	136.	0.	22,189.	25,706.	266,301.	0
VP, APPLICATION SERVICES & IT OPS	(ii)	0.	• 0	0	0.	0.1	0.	0.
(11) THERESA GAGE	(i) 230,	103.	297.	0.	33,393.	8,291.	272,084.	0.
VP EXTERNAL AFFAIRS & CORPORATE COMM (0	0.	0.	.0		- 1	0
(12) VICKIE LEADY	(0) 177,	,918.	0.	0.	27,022.	18,572.	223,512.	0.
ASST. GC AND ASST, CORP. SEC.		0.	0	0.	.0	0.		0.
(13) BRYAN HANLEY	$_{\rm IJ}$ 205,	681.	132.	0.	30,002.	24,146.	259,961.	0.
DIRECTOR IT ARCHITECTURE	(ii)	0.	0.	0.		0.		0.
(14) DAN WOODFIN	(0) 211,	672.	4,454.	0.	31,361.	15,478.	262,965.	0.
DIRECTOR SYSTEM OPERATIONS	(ii)	0.	0.	0.		0.		0
(15) MARK RUANE	(I) 237,	443	262.	0	34,718.	10,779.	283,202.	0.
DIRECTOR MARKET CREDIT	(ii)	0	0	0				0.
	(I) 198,	.393.	1,114.	0	29,072.	23,138.	251,717.	0.
CHIEF SECURITY OFFICER	ii)	0	0	0	0	0.	0.	0.
							Schedu	Schedule J (Form 990) 2016

74-2587416

Page 2

Schedule J (Form 990) 2016 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 aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(ii) 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.

į

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	•	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	otner deferred compensation	benents	(a)-(b)(a)	in column (b) reported as deferred on prior Form 990
(17) DAVID FORFIA	Ξ	217,447.	0	0.	31,868.	24,720.	274,035.	0
DIRECTOR IT ARCHITECTURE	: (≘	0	0	0.0	0	0.	0	0.
(18) JOEL MICKEY	ε	219,797.	2,227.	.0	32,677.	25,708.	280,409.	.0
SENIOR DIRECTOR, WHOLESALE MARKET DE		0	0	0		0		0.
(19) KENNETH RAGSDALE	Ξ	189,351.	3,712.	.0	28,009.	14,666.	235,738.	.0
PRINCIPAL, MARKET DESIGN & ANALYSIS	Ξ	0	0	0	1.0	0.	0	• 0
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Schedule J (Form 990) 2016 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. 74-2587416 Part III Supplemental Information

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SCHEDULE L Transactions With Interested Persons OMB No. 1545-0047 Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, (Form 990 or 990-EZ) 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ. Department of the Treasury Open To Public ▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Internal Revenue Service Inspection Name of the organization ELECTRIC RELIABILITY COUNCIL OF TEXAS Employer identification number INC 74-2587416 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction person and organization Yes Enter the amount of tax incurred by the organization managers or disqualified persons during the year under Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22, (d) Loan to or h) Approved (a) Name of (b) Relationship (c) Purpose (e) Original (f) Balance due (g) ln (i) Written by board or from the interested person with organization of loan principal amount default? agreement? organization? committee? To From Yes Νo Yes No <u>Total</u> Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27, (a) Name of interested person (c) Amount of (b) Relationship between (d) Type of (e) Purpose of

(a) Name of interested person

(b) Relationship between interested person and the organization

(c) Amount of assistance

(d) Type of assistance

(e) Purpose of assistance

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

Schedule L (Form 990 or 990-EZ) 2016

Schedule L (Form 990 or 990-EZ) 2016 INC
Part IV Business Transactions Involving Interested Persons.

74-2587416 Page 2

(a) Name of interested person				ween interested organization	(c) Amount of transaction		(d) Description of transaction			aring of zation's nues?
				-					Yes	No
BRAZOS ELECTRIC POWER COOP	SEE	PART	٧	BELOW	315342363	. SEE	PART	V	1	X
TENASKA POWER SERVICES	SEE	PART	V	BELOW	111406020	. SEE	PART	V		Х
SOUTH TEXAS ELECTRIC COOPE	SEE	PART	V	BELOW	73,557,823					Х
SOURCE POWER & GAS	-			BELOW	5,741,855				ļ	X
AMERICAN ELECTRIC POWER	SEE	PART	V	BELOW	302,819	SEE	PART	V	-	X
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Part V Supplemental Information	· · · · · · · · · · · · · · · · · · ·				•					
Provide additional information for response	nses to	question	s on	Schedule L (see	instructions).					
								_		
SCH L, PART IV, BUSINESS T	RANS	ACTIC	NS	INAOLAI	NG INTERES	red p	ERSON	S:		
(A) NAME OF PERSON: BRAZOS	GT.G	'C'IDD T C	י י	OMED COOL	277 T T T T T					
(A) NAME OF PERSON: BRAZOS	151111	i C I I / I C	, г	OWEK COOL	BIVELTAR					
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/a \ 252.55										
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(D) DEBCRIFFION OF INAMORE	<u> </u>	· DEE		ומכו א זיזנע	10W					
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(A) NAME OF PERSON: SOURCE	POW	ER &	GΑ	S						
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(D) DESCRIPTION OF TRANSAC	T. T.OT	I: SEE	5 L	ART A BEI	LOW					
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(A) NAME OF PERSON: AMERIC	AN E	LECTE	R.T.C	POWER					····	
/n										
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	-									
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										_
SEGMENT DIRECTOR) AND ALSO	EXE	CUTIV	/E	VICE PRE	SIDENT AND	GENE	RAL M	LAN?	AGER	
OF DDATOS DIFORDIO DOMEN O	OOnr	ייריות <i>ו</i> ן כריו	7177	TNC						
OF BRAZOS ELECTRIC POWER C	OOPE	77.57.7.7.7	<i>,</i> 12 ,		· · · · · · · · · · · · · · · · · · ·	Schod	ıle L (Forn	n 000	or OOO !	=7) 00
						JUHRUL	L II OII	いっぱい	വ ഷധി-	z.i Zl

74-2587416 Page 2 INC Schedule L (Form 990 or 990-EZ) Part V Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instructions). SCHEDULE L, PART IV - (1)(D): PAYMENT OF GOVERNMENTALLY-APPROVED TARIFF, ANCILLARY SERVICE FEES, AND MEMBERSHIP DUES. SCHEDULE L, PART IV - (2)(B): KEITH EMERY WAS A 2016 BOARD MEMBER OF ERCOT (INDEPENDENT POWER MARKETER MARKET SEGMENT DIRECTOR) AND ALSO VICE PRESIDENT OF TENASKA POWER SERVICES CORP. SCHEDULE L, PART IV - (2)(D): PAYMENT OF GOVERNMENTALLY-APPROVED TARIFF, ANCILLARY FEES, AND MEMBERSHIP DUES. SCHEDULE L, PART IV - (3)(B): MIKE KEZAR WAS A 2016 BOARD MEMBER OF ERCOT (COOPERATIVE MARKET SEGMENT ALTERNATE) AND ALSO THE GENERAL MANAGER OF SOUTH TEXAS ELECTRIC COOPERATIVE, INC. SCHEDULE L, PART IV - (3)(D): PAYMENT OF GOVERNMENTALLY-APPROVED TARIFF, ANCILLARY SERVICE FEES, AND MEMBERSHIP DUES. SCHEDULE L, PART IV - (4)(B): JOHN WERNER WAS A 2016 BOARD MEMBER OF ERCOT (INDEPENDENT RETAIL ELECTRIC PROVIDER MARKET SEGMENT ALTERNATE) AND ALSO PRESIDENT OF SOURCE POWER & GAS.

Schedule L (Form 990 or 990-EZ) I.NC 74 – 2587416 Page 2
Part V Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instructions).
Complete this part to provide additional information for responses to desitions on Schedule L (see instructions).
SCHEDULE L, PART IV - (4)(D):
PAYMENT OF GOVERNMENTALLY-APPROVED TARIFF, ANCILLARY SERVICE FEES, AND
MEMBERSHIP DUES.
HEATER DOED.
SCHEDULE L, PART IV - (5)(B):
WADE SMITH WAS A 2016 BOARD MEMBER OF ERCOT (INVESTOR-OWNED UTILITY
MARKET SEGMENT ALTERNATE) AND ALSO PRESIDENT AND COO OF AEP TEXAS.
The state of the s
SCHEDULE L, PART IV - (5)(D):
PAYMENT OF GOVERNMENTALLY-APPROVED TARIFF, ANCILLARY SERVICE FEES, AND
MEMBERSHIP DUES.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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 www.irs.gov/form990.

ELECTRIC RELIABILITY COUNCIL OF TEXAS

2016
Open to Public Inspection

Employer identification number 74-2587416

FORM 990, PART I, LINE 1: ELECTRIC RELIABILITY COUNCIL OF TEXAS, INC. (ERCOT) LESSENS THE BURDENS 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 46,500 MILES OF TRANSMISSION LINES AND 570+ 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. EIGHT OF THE VOTING DIRECTORS

REPRESENT SEVEN SEGMENTS OF INDUSTRY IN THE ERCOT ELECTRICITY MARKET (AS

THE CONSUMER SEGMENT IS FURTHER DIVIDED INTO SUBSEGMENTS); EACH SUCH

Employer identification number 74-2587416

"MARKET SEGMENT DIRECTOR" HAS AN ELECTED ALTERNATE (SEGMENT ALTERNATE) WHO

CAN ATTEND MEETINGS IN THE ABSENCE OF THE MARKET SEGMENT DIRECTOR AND VOTE

ON THE ABSENT MARKET SEGMENT DIRECTOR'S BEHALF IN THE EVENT THAT SUCH

MARKET SEGMENT DIRECTOR CANNOT ATTEND A BOARD MEETING. ONE OTHER VOTING

DIRECTOR, AN EX-OFFICIO DIRECTOR, REPRESENTS A SUBSEGMENT THE CONSUMER

SEGMENT, BUT DOES NOT HAVE ANY RESPECTIVE SEGMENT ALTERNATES.

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

AS OF DECEMBER 31, 2016, ERCOT'S MEMBERSHIP INCLUDED 303 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 THE 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 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,

Employer identification number 74-2587416

ONLY THE CORPORATE MEMBERS OF THE MEMBERSHIP SEGMENT REPRESENTED BY THE

MARKET SEGMENT DIRECTOR ARE ALLOWED TO ELECT THE DIRECTOR AND THE SEGMENT

ALTERNATE FOR THAT SEAT. THERE ARE THREE CONSUMER DIRECTORS, OF WHICH: (I)

ONE IS THE PUBLIC COUNSEL, AN EX OFFICIO VOTING MEMBER OF THE BOARD WHO IS

DESIGNATED TO REPRESENT RESIDENTIAL CONSUMERS AND SMALL 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 MEMBERSHIP VOTES BY

SEGMENT TO ELECT THE FIVE UNAFFILIATED VOTING DIRECTORS. THE REMAINING

VOTING DIRECTOR IS THE CHIEF EXECUTIVE OFFICER OF ERCOT, WHO 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 11B:

THE 2016 FORM 990 WAS PREPARED INITIALLY BY THE FINANCE DEPARTMENT OF ERCOT. IT WAS REVIEWED BY ERCOT OFFICERS AS WELL AS INTERNAL LEGAL COUNSEL, AND 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 13, 2017. THE FINAL VERSION OF THE 2016 FORM 990, INCORPORATING THE COMMENTS OF ALL FOREGOING, WAS THEN FILED WITH THE INTERNAL REVENUE SERVICE.

Employer identification number 74-2587416

FORM 990, PART VI, SECTION B, LINE 12C:

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 PURSUANT TO EACH ETHICS AGREEMENT, A SIGNATORY HAS AN AGREEMENT. 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 ALTERNATES), 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 THE FULL BOARD OF DIRECTORS AND TO THE HUMAN RESOURCE & GOVERNANCE (HR&G) COMMITTEE OF THE BOARD, AS NEEDED. 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 APPROVED IN ADVANCE BY

THE HR&G COMMITTEE OF THE BOARD OF DIRECTORS AND THE BOARD ITSELF, (II) THE

632212 08-25-16 Schedule O (Form 990 or 990-EZ) (2016)

Employer identification number 74-2587416

BOARD AND THE HR&G COMMITTEE OBTAINS AND RELIES UPON APPROPRIATE DATA FOR COMPARABILITY, (III) THE BOARD AND THE HR&G COMMITTEE EACH ADEQUATELY DOCUMENTS THE BASIS FOR ITS RESPECTIVE DETERMINATION, AND (IV) THE PUBLIC UTILITY COMMISSION OF TEXAS REVIEWS AND APPROVES OF ANY COMPENSATION TO BE PAID TO THE CHIEF EXECUTIVE OFFICER. IN PRACTICE, THE HR&G COMMITTEE OF THE BOARD 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 THE DIRECTORS (THAT IS, ALL BOARD MEMBERS EXCEPT THE CHIEF EXECUTIVE OFFICER WHO IS REQUIRED TO ABSTAIN FROM SUCH VOTE). IN ITS REVIEW, THE HR&G COMMITTEE CAN REQUEST INFORMATION FROM INDEPENDENT COMPENSATION CONSULTANTS, AND THEY RECEIVE INFORMATION ANNUALLY IN REGARDS TO THE COMPENSATION LEVELS OF SIMILAR ORGANIZATIONS FROM FORMS 990 AND OTHER SOURCES. ADDITIONALLY, COMPENSATION SURVEYS/STUDIES ARE PERFORMED, AS NEEDED, TO PROVIDE INSIGHT INTO THE ELEMENTS OF COMPENSATION. THE COMPENSATION-RELATED INFORMATION AND HR&G COMMITTEE RECOMMENDATIONS ARE SUBMITTED TO THE BOARD OF DIRECTORS FOR ITS CONSIDERATION AND APPROVAL. A REVIEW OF THE CHIEF EXECUTIVE OFFICER'S COMPENSATION IS PERFORMED ANNUALLY 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, WHICH HAS BEEN APPROVED BY THE BOARD OF DIRECTORS, AND ALL DECISIONS REGARDING THE CHIEF EXECUTIVE OFFICER'S COMPENSATION ARE DOCUMENTED AND MAINTAINED. FURTHERMORE, THE PUBLIC UTILITY COMMISSION OF TEXAS SUBSTANTIVE RULES RELATED TO ERCOT GOVERNANCE REQUIRE THAT THE PUBLIC UTILITY COMMISSION OF TEXAS REVIEW AND APPROVE ALL COMPENSATION TO BE PAID TO THE CHIEF EXECUTIVE OFFICER.

¹⁵⁽B) IN DETERMINING COMPENSATION FOR OFFICERS WHO ARE THE DIRECT REPORTS

Form 8868

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filling of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Name of exempt organization or other filer, see instructions. Type or Employer identification number (EIN) or ELECTRIC RELIABILITY COUNCIL OF TEXAS print INC 74-2587416 File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date fo filing your 7620 METRO CENTER DRIVE instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. 787<u>44</u>-<u>1613</u> AUSTIN, TX Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return Application Return is For Code Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 80 Form 4720 (individual) Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) Form 8870 06 12 MICHAEL PETTERSON, VP AND CFO The books are in the care of ➤ 7620 METRO CENTER DRIVE - AUSTIN, TX 78744-1613 Telephone No. ► 512-225-7013 Fax No. 🕨 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _. If this is for the whole group, check this ___. If it is for part of the group, check this box ▶ ____ and attach a list with the names and EINs of all members the extension is for. request an automatic 6-month extension of time until NOVEMBER 15, 2017 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2016 or tax year beginning , and ending

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

Initial return

Final return

За

3b

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

by using EFTPS (Electronic Federal Tax Payment System), See instructions,

If the tax year entered in line 1 is for less than 12 months, check reason:

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any

b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and

Balance due. Subtract line 3b from line 3a, include your payment with this form, if required,

estimated tax payments made. Include any prior year overpayment allowed as a credit,

Change in accounting period

nonrefundable credits. See instructions.

Form 8868 (Rev. 1-2017)

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