EXTENDED TO NOVEMBER 15, 2018

Form **990**

Return of Organization Exempt From Income Tax

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

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

2017
Open to Public Inspection

Department of the Treasury Internal Revenue Service

A F	or the	e 2017 calendar year, or tax year beginning and	enaing	_				
B c	heck if	ELECTRIC RELIABILITY COUNCIL OF LEXAS		D Employer ident	ification number			
	Addre chang Name			7,	2507416			
	_]chang □Initial	e Doing business as ERCO1	Room/suite	74-2587416 E Telephone number				
	return _Final _return	7620 METEO CENTER DRIVE	NOUIII/Suite	512-225-7000				
	termin ated			G Gross receipts \$	222,267,134.			
	Amen- return	AUSTIN, TX 78744-1613		H(a) Is this a group	return			
	Application	F Name and address of principal officer: WILLIAM MAGNESS		for subordinat	tes? Yes X No			
	pendi	SAME AS C ABOVE		H(b) Are all subordinate	s included? Yes No			
		empt status: \bigcirc 501(c)(3) \bigcirc 501(c) (\bigcirc 4) \triangleleft (insert no.) \bigcirc 4947(a)(1) \bigcirc	or 527	If "No," attach	a list. (see instructions)			
_		te: > WWW.ERCOT.COM		H(c) Group exemp				
K F	orm of	organization: X Corporation	L Year	of formation: 1990	M State of legal domicile: TX			
Pa	rt I	Summary	COLLEDIA	TE O				
ė	1	Briefly describe the organization's mission or most significant activities: SEE 3	SCHEDU	TE O				
Activities & Governance	2	Check this box if the organization discontinued its operations or dispos	and of more	than 25% of its not o				
verr	l			1	3 14			
Ĝ	l	Number of independent voting members of the governing body (Part VI, line 1b)			4 13			
ფ		Total number of individuals employed in calendar year 2017 (Part V, line 2a)			5 814			
iţi		Total number of volunteers (estimate if necessary)			6 18			
çi		Total unrelated business revenue from Part VIII, column (C), line 12			7a 0.			
ď		Net unrelated business taxable income from Form 990-T, line 34			7b 0.			
				Prior Year	Current Year			
Φ	8	Contributions and grants (Part VIII, line 1h)		0				
ž	9	Program service revenue (Part VIII, line 2g)	2		. 219,326,865.			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		671,361				
<u> </u>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		18,023				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2	15,770,509				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0				
	l	Benefits paid to or for members (Part IX, column (A), line 4)		0 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6				
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		97,671,298	_			
Expenses	ı	Professional fundraising fees (Part IX, column (A), line 11e)		0	. 0.			
Ϋ́	l	Total fundraising expenses (Part IX, column (D), line 25)	0.	00 040 000	. 100,177,036.			
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		88,940,992	. 204,478,745.			
	l	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		29,158,219				
<u> </u>		Revenue less expenses. Subtract line 18 from line 12		ginning of Current Yea				
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		348,357,144				
Asse Bal	21	Total liabilities (Part X, line 26)		11,618,789				
Net	22	Net assets or fund balances. Subtract line 21 from line 20		36,738,355				
Pa	rt II	Signature Block		•				
Unde	er pena	lities of perjury, I declare that I have examined this return, including accompanying schedules	s and stateme	ents, and to the best of	my knowledge and belief, it is			
true,	correc	et, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.				
Sigr	า	Signature of officer		Date				
Her	е	MICHAEL PETTERSON, VP AND CFO						
		Type or print name and title		5-1- I				
		Print/Type preparer's name Preparer's signature		Date Check	PTIN			
Paid		TROY MARINE, CPA TROY MARINE, CPA	4 0	7/10/18 self-em				
	arer	Firm's name BAKER TILLY VIRCHOW KRAUSE, LLP	ND.	Firm's EIN	39-0859910			
use	Only	Firm's address 777 E. WISCONSIN AVE., 32ND FLOO	ĸ	Di	11 777 5500			
	. 11 25	MILWAUKEE, WI 53202		Phone no. 4	14.777.5500			
viay	tne II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No			

Pa		ervice Accomplishments		
_		response or note to any line in this Part III		
1	Briefly describe the organization's mis	sion: BY ENSURING A RELIABLE	CDID FFFTCIFNT FI.FC	TOT TOT TOT
		S AND RETAIL CHOICE.	GRID, EFFICIENT EDEC	ZIKICIII
	MARKETS, OF EN ACCES	S AND RETAIL CHOICE.		
2	Did the organization undertake any sig	nificant program services during the year which	ch 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 condu	cts, any program services?	Yes X No
	If "Yes," describe these changes on S			
4		ervice accomplishments for each of its three la		
		ations are required to report the amount of gra	ants and allocations to others, the total e	xpenses, and
	revenue, if any, for each program serv		221	240 265 1
4a		,699,592. including grants of \$		2,240,365.
		N THE STATE OF TEXAS, W		
		MENT FOR THE COMPETITIVE		
		ION OF ELECTRIC PROVIDE		
	COMPETITIVE CHOICE			
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	-			
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
) (Expenses t			· · · · · · · · · · · · · · · · · · ·
4d	Other program services (Describe in S			,
	(Expenses \$	including grants of \$ 155,699,592.) (Revenue \$)
4e	Total program service expenses	TJJ, UJJ, JJ4.		Form 990 (2017)
				FORM 330 (2017)

Form 990 (2017) INC Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	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			٠,,
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	١	v	
	Part VI	11a	Х	
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	441		х
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	44.		Х
a	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
u		114		Х
^	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e	Х	-25
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	116	21	
'	the organization's separate of consolidated final clarification the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	 ' '''		
124		12a	х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
	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		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
	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		Х
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		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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G. Part III	19		X
		Гожа	aan	(0017)

Form 990 (2017) INC Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	<u> </u>	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			,,
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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			٦,
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			, v
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	0.7		x
00	of any of these persons? If "Yes," complete Schedule L, Part III	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):	00-		х
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28c	Х	
20	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	29	- 21	х
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		122
30		30		x
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations?	30		
٠.	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete	-		<u></u>
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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		<u> </u>
36	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	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2017) INC
Part V Statements Regarding Other IRS Filings and Tax Compliance

	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	275			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re					
	(gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		01.4			
	filed for the calendar year ending with or within the year covered by this return	_2a_	814		37	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	X	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions					v
				3a	\vdash	_X_
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b	\vdash	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a			40		Х
h	financial account in a foreign country (such as a bank account, securities account, or other financial a If "Yes," enter the name of the foreign country:	ccoun	y?	4a		
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	ccount	c (EDAD)			
52			,	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?			5b	\Box	X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	any contributions that were not tax deductible as charitable contributions?	Ū		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution					
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as requ	ired			
	to file Form 8282?			7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract	?	7e	oxdot	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f	igwdown	
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g	$\vdash \vdash \vdash$	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the)	_		
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а				9a	$\vdash \vdash \vdash$	
d D	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	10a				
	Initiation fees and capital contributions included on Part VIII, line 12	10a		1		
р 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	מטו				
		11a				
	Gross income from other sources (Do not net amounts due or paid to other sources against	110		1		
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		r	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
	Did the experience receive any payments for indeer tenning convices during the tay year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e O		14b	لييا	
				Form	990	(2017)

Form 990 (2017) INC

74-2587416

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 14 **1a** Enter the number of voting members of the governing body at the end of the tax year 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. 13 **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х 12c in Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Х 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Own website ___ Other *(explain in Schedule O)* Another's website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: MICHAEL PETTERSON, VP AND CFO - 512-225-7013

78744-1613

7620 METRO CENTER DRIVE, AUSTIN, TX

74-2587416 INC

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Form 990 (2017) Part VII 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 organiz (A)	(B)	(C) Position		(D)	(E)	(F)				
Name and Title	Average	(do	not cl				one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	s both	an	compensation	compensation	amount of
	week (list any							from the	from related organizations	other compensation
	hours for	direct				þ		organization	(W-2/1099-MISC)	from the
	related	tee or	ıstee			ensate		(W-2/1099-MISC)	(organization
	organizations	ll trus	nal tri		loyee	om pe				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1)	line)	<u>n</u>	lus	₩0	Ke	Hig	For			
(1) TONYA BAER	15.00	.,							0	
BOARD MEMBER	F 00	Х						0.	0.	0.
(2) PETER CRAMTON	5.00	.,						07.000	0	
BOARD MEMBER	20.00	Х						87,000.	0.	0.
(3) CRAVEN CROWELL	20.00	3,7						00 000	0	
BOARD MEMBER	F 00	Х	Н					99,800.	0.	0.
(4) JACK DURLAND BOARD MEMBER	5.00	Х						0.	0.	,
(5) KEITH EMERY	4.00	Δ	Н					0.	0.	0.
BOARD MEMBER	4.00	Х						0.	0.	0.
(6) NICK FEHRENBACH	6.00	Δ						0.	0.	0.
BOARD MEMBER	0.00	Х						0.	0.	0.
(7) RANDY JONES	4.00		Н					0.	0.	<u>_</u>
BOARD MEMBER	4.00	х						0.	0.	0.
(8) CLIFTON KARNEI	4.00		Н					•	•	, ·
BOARD MEMBER	1,00	х						0.	0.	ο.
(9) WILLIAM MAGNESS	40.00	T-								
BOARD MEMBER; PRESIDENT &		х		х				683,402.	0.	65,775
(10) DONNA NELSON	4.00									,,,,,,
BOARD MEMBER		Х						0.	0.	0.
(11) KARL PFIRRMANN	10.00							-	-	-
BOARD MEMBER		Х						92,600.	0.	0.
(12) CAROLYN SHELLMAN	4.00									
BOARD MEMBER		Х						0.	0.	0.
(13) WADE SMITH	4.00									
BOARD MEMBER		Х						0.	0.	0.
(14) DEANN WALKER	10.00									
BOARD MEMBER		Х						0.	0.	0.
(15) JUDY WALSH	5.00									
BOARD MEMBER		Х	Ш					100,100.	0.	0.
(16) JOHN WERNER	4.00									
BOARD MEMBER		Х	Ш					0.	0.	0.
(17) RICK BLUNTZER	2.00									
SEGMENT ALTERNATE		Х						0.	0.	O .

Form 990 (2017) 732007 11-28-17

TNC

F0111 990 (2017)										<i>J</i>	<u> </u>	Г	aye 🔾
Part VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)			(0	C)			(D)	(E)			(F)	
Name and title	Average	(do	not c	Posi			200	Reportable	Reportable		Es	timate	ed
	hours per	box	, unles	ss per	rson i	is both	n an	compensation	compensatio	'n	am	nount	of
	week	-	cer an	id a di	irecto	or/trus	tee)	from	from related	ı		other	
	(list any	director						the	organization			pensa	
	hours for	or dir	e e			ated		organization	(W-2/1099-MIS	3C)	l	om the	
	related organizations	ıstee	truste		eo	bens		(W-2/1099-MISC)			ı ~	anizati	
	below	ual tn	ional		ploye	t com					l	d relati	
	line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizatio	JI 15
(18) SETH COCHRAN	2.00	=	드	0	ž	王喜	프			-			
SEGMENT ALTERNATE		Х						0.		0.			0.
(19) KEVIN GRESHAM	5.00							-					
SEGMENT ALTERNATE		Х						0.		0.			0.
(20) SAM HARPER	5.00												
SEGMENT ALTERNATE		Х						0.		0.			0.
(21) MIKE KEZAR	4.00												
SEGMENT ALTERNATE		Х						0.		0.			0.
(22) KENNY MERCADO	5.00												
SEGMENT ALTERNATE		Х						0.		0.			0.
(23) JENNIFER RICHIE	1.00												
SEGMENT ALTERNATE		Х						0.		0.			0.
(24) JACKIE SARGENT	4.00												
SEGMENT ALTERNATE		Х						0.		0.			0.
(25) PHIL WILLIAMS	4.00	1											_
SEGMENT ALTERNATE		Х						0.		0.	<u> </u>		0.
(26) SALLIE BETTY DAY	40.00							050 540			_		
VP, GOVERNANCE, RISK & COMP				X				252,548.		0.		6,9	
1b Sub-total								1,315,450.		0.		2,7:	
c Total from continuation sheets to Part VI								4,750,383.		0.		134	
d Total (add lines 1b and 1c)							<u> </u>	6,065,833.		0.	114	461'	<u> 78.</u>
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	e) wh	o re	ceived more than \$100,	000 of reportable)			
compensation from the organization													447
							_			ſ		Yes	No
3 Did the organization list any former officer,	•			•	•	•							v
line 1a? If "Yes," complete Schedule J for s											3		X
4 For any individual listed on line 1a, is the su												v	
and related organizations greater than \$150											4	Х	
5 Did any person listed on line 1a receive or a									dual for services		E		Х
rendered to the organization? If "Yes," com	iplete Schedule	e J fo	or su	ich r	oers	on				<u></u>	5		
Complete this table for your five highest contactors	mnoneated inc	lene	nder	at co	ntr	acto	re th	nat received more than \$	100 000 of com		tion fro	.m	
the organization. Report compensation for										اهدانت	.ioii iiC	<i>7</i> 111	
(A)	ano calcinuai ye	Jai C	, iuil	.g w		<u>۱ ۷۷۱</u>	3 1111	(B)	<u> </u>		(C	:)	
	addraga							Description of a	om dooo	0	,omno,	') aaatia	_

the organization: Heport compensation for the calculat year chaing with or within	Title organization o tax year.	
(A)	(B)	(C)
Name and business address	Description of services	Compensation
ALLEGIS GROUP SERVICES INC.		
14155 COLLECTION CTR DR., CHICAGO, IL 60693	CONTINGENT WORKFORCE	9,727,689.
POTOMAC ECONOMICS LTD., 9990 FAIRFAX BLVD,	INDEPENDENT MKT	
SUITE 560, FAIRFAX, VA 22030	MONITOR	3,875,001.
ABB INC.		
PO BOX 88868, CHICAGO, IL 60695-1868	IT CONSULTING	3,273,654.
SIEMENS INDUSTRY INC.		
DEPT CH 14381, PALATINE, IL 60055-4381	IT CONSULTING	1,230,023.
PERSISTENT SYSTEMS, INC., 2055 LAURELWOOD		
RD, STE. 210, SANTA CLARA, IL 75054	IT CONSULTING	592,512.
2 Total number of independent contractors (including but not limited to those listed		
\$100,000 of compensation from the organization > 23		

Form 990 INC 74-2587416

Form 990 INC									74-258	,			
Part VII Section A. Officers, Directors, T	rustees, Key Er	nplo	yee	s, ar	nd H	lighe	est (Compensated Employe	es (continued)				
(A)	(B)			(C				(D) (E)					
Name and title	Average			Posi	tion			Reportable	Reportable	Estimated			
	hours	(cl	heck	all t	hat	арр	ly)	compensation	compensation	amount of			
	per							from	from related	other			
	week	L				oyee		the	organizations	compensation			
	(list any	recto				em pl		organization	(W-2/1099-MISC)	from the			
	hours for	ordi	99			sated		(W-2/1099-MISC)		organization			
	related organizations	ustee	trus		ee	n pen				and related organizations			
	below	dual t	ıtiona		nploy	stcor	-			Organizations			
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former						
(27) STEVE DANIELS	40.00												
VP, DIGITAL SERVICES				x				229,597.	0.	53,271.			
(28) JERRY DREYER	40.00												
SVP, & CIO				Х				507,461.	0.	66,549.			
(29) THERESA GAGE	40.00												
VP, EXTERNAL AFFAIRS & CORP				Х				274,576.	0.	47,498.			
(30) VICKIE LEADY	40.00	1							_				
ASST. GC AND ASST. CORP. S	10.00			Х				192,497.	0.	49,417.			
(31) CHERYL MELE	40.00	-		,				406 405	0	C1 107			
SVP & COO (32) KENAN OGLEMAN	40.00		_	Х				406,405.	0.	61,107.			
VP, COMMERCIAL OPERATIONS	40.00	1		x				227 004	0.	44,474.			
(33) MICHAEL PETTERSON	40.00			Δ				237,894.	0.	44,4/4			
VP AND CFO	40.00	1		x				293,821.	0.	72,022.			
(34) DWAYNE RICKERSON	40.00			25				255,021.	•	72,022			
VP, GRID PLANNING & OPERATIONS	1000	1		$ \mathbf{x} $				237,238.	0.	61,625.			
(35) CHAD SEELY	40.00												
VP, GENERAL COUNSEL & CORP				x				330,027.	0.	70,790.			
(36) DIANE M WILLIAMS	40.00												
VP, HUMAN RESOURCES				Х				307,009.	0.	57,081.			
(37) BRYAN HANLEY	40.00												
DIRECTOR IT INFRASTRUCTURE					X			217,787.	0.	59,091.			
(38) MARK RUANE	40.00								_				
DIRECTOR SETTLEMENTS RETAIL & CR					X			239,618.	0.	47,427.			
(39) DAN WOODFIN	40.00							225 272					
SR. DIRECTOR SYSTEM OPERATIONS	10.00				X			226,070.	0.	50,289.			
(40) DAVID FORFIA	40.00	-				,,		001 000	0	60 620			
DIRECTOR IT ARCHITECTURE	10.00					X		221,999.	0.	60,638.			
(41) WARREN LASHER	40.00	-				,,		212 020	0	47 600			
SENIOR DIRECTOR, SYSTEM PLANNING	40.00					Х		213,829.	0.	47,692.			
(42) MATTHEW MERENESS DIRECTOR STANDARDS & PROTOCOLS	40.00	1				х		195,808.	0.	55 617			
(43) JOEL MICKEY	40.00		\vdash	\vdash		_		133,000.	U •	55,617.			
SR. DIRECTOR WHOLESALE MARKET	±0.00	1				х		223,958.	0.	62,877.			
(44) KENNETH RAGSDALE	40.00		\vdash	\vdash				443,3300	0 •	04,011			
PRINCIPAL, MARKET DESIGN &	=0.00	1				х		194,789.	0.	45,978.			
	1								•	10,0,0			
		1											
								I					

74-2587416

		Check if Schedule O conta	ains a response	or note to any line	in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1 8	Federated campaigns	1a					
ran	_	Membership dues						
Ω, E		Fundraising events						
ifts ar A		d Related organizations						
s, G	•	Government grants (contribution						
Sign	1	All other contributions, gifts, grant	ts, and					
but		similar amounts not included above						
Contributions, Gifts, Grants and Other Similar Amounts	9	Noncash contributions included in lines 1	1a-1f: \$					
a Co	ŀ	Total. Add lines 1a-1f						
				Business Code				
ě	2 8	ELECTRIC RELIABILITY PR	ROGRAM SERV	221000	182,356,166.	182,356,166.		
ě Š	ŀ	MUNICIPAL SERVICE PROGR	RAM REVENUE	221000	36,608,249.	36,608,249.		
Se	(MEMBERSHIP DUES		221000	362,450.	362,450.		
am eve	(d						
Program Service Revenue	•	•						
P.	1	All other program service rever	nue					
		Total. Add lines 2a-2f			219,326,865.			
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)			2,932,562.	2,913,500.		19,062.
	4	Income from investment of tax		Г				
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a							
	ŀ	Less: rental expenses						
	(Rental income or (loss)		L .				
		Net rental income or (loss)						
	7 8	Gross amount from sales of	(i) Securities	(ii) Other				
	_	assets other than inventory		2,621.				
	ı	Less: cost or other basis						
		and sales expenses		2,621.				
	(Gain or (loss)		-	2,621.			2,621.
		Net gain or (loss)		······	2,021.			2,021.
ne	8 6	 Gross income from fundraising including \$ 						
Other Reven		· · · · · · · · · · · · · · · · · · ·						
Be		contributions reported on line Part IV, line 18	-					
her	,	Less: direct expenses						
ð		Net income or (loss) from fund						
		a Gross income from gaming ac						
	٠,	Part IV, line 19						
	ı	Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less i	-					
		and allowances						
	ŀ	Less: cost of goods sold						
		Net income or (loss) from sales		_				
		Miscellaneous Revenue		Business Code				
	11 a	NON-OPERATING INCOME		900099	5,086.			5,086.
	ŀ)						
	(
	(All other revenue						
	•	Total. Add lines 11a-11d			5,086.			
	12	Total revenue. See instructions.		▶ [222,267,134.	222,240,365.	0.	26,769.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (C) Management and general expenses (A) (B) Do not include amounts reported on lines 6b. Program service expenses Total 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 Benefits paid to or for members Compensation of current officers, directors, 3,065,412. 2,823,415. 5,888,827. 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) 71,218,439. 59,664,518. 11,553,921. Other salaries and wages 7 Pension plan accruals and contributions (include 10,631,183. 9,152,672. 1,478,511. section 401(k) and 403(b) employer contributions) 10,466,136. 1,772,896. 8,693,240. Other employee benefits 9 6,097,124. 5,168,039. 929,085. 10 Payroll taxes 11 Fees for services (non-employees): Management 812,229. 812,229. Legal 233,000. 233,000. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 10,724,384. 9,505,692. 1,218,692. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 1,422,997. 801,772. 621,225. Office expenses 13 3,389,551. 3,358,965. 30,586. Information technology 14 Royalties 15 5,076,183. 5,076,183. 16 Occupancy 1,295,299. 888,798. 406,501. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 1,934,591.1,298,306. 636,285. Conferences, conventions, and meetings 19 1,581,500. 1,581,500. 20 Payments to affiliates 21 27,147,771. 22,954,250. 4,193,521. Depreciation, depletion, and amortization 22 1,958,633. 1,958,633. 23 Other expenses. Itemize expenses not covered 24 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.) 28,746,544. 27,980,301. 766,243. HARDWARE AND SOFTWARE E 14,344,749. RELIABILITY ORGANIZATIO 14,344,749. 1,493,568. 1,207,215. 286,353. DUES AND SUBSCRIPTIONS 14,258. d ALL OTHER EXPENSES 16,037. 779. e All other expenses _ 204,478,745.155,699,592. 48,779,153. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2017)
Part X Balance Sheet

Pai	rt X	Balance Sneet					
		Check if Schedule O contains a response or note	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,417,405.	1	1,155,656.
	2	Savings and temporary cash investments			692,858,964.	2	1055853919.
	3	Pledges and grants receivable, net			, ,	3	
	4	Accounts receivable, net			7,563,100.	4	9,158,647.
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa		· ·			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualif					
		section 4958(f)(1)), persons described in section		·			
		employers and sponsoring organizations of secti					
κ		employees' beneficiary organizations (see instr).	Compl	ete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use				8	
	9	B			21,635,107.	9	26,364,563.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	895,394,106.			
	b	Less: accumulated depreciation		764,144,561.	124,882,568.	10c	131,249,545.
	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			15		
	16	Total assets. Add lines 1 through 15 (must equa	al line 3	34)	848,357,144.	16	1223782330.
	17	Accounts payable and accrued expenses	14,200,532.	17	14,848,954.		
	18	Grants payable				18	
	19	Deferred revenue			4,202,587.	19	4,638,873.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F			342,868,746.	21	534,562,318.
S	22	Loans and other payables to current and former					
Ė		key employees, highest compensated employees		•			
Liabilities					60 506 050	22	F0 000 0F1
_	23	Secured mortgages and notes payable to unrela			62,786,850.	23	58,802,951.
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines			207 560 074	0.5	556 206 445
		Schedule D			387,560,074. 811,618,789.	25	556,396,445. 1169249541.
	26	Total liabilities. Add lines 17 through 25			011,010,709.	26	1109249341.
		Organizations that follow SFAS 117 (ASC 958) complete lines 27 through 29, and lines 33 and		k nere 🚩 🔼 and			
ces	27	Unrestricted net assets			36,738,355.	27	54,532,789.
<u>a</u>	28	Temporarily restricted net assets			30,730,333.	28	34,332,703.
Ва	29			29			
pur	23	Organizations that do not follow SFAS 117 (AS		(1) check here		23	
Ę		and complete lines 30 through 34.					
S	30	Capital stock or trust principal, or current funds				30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or eq				31	
t As	32	Retained earnings, endowment, accumulated inc				32	
Š	33	Total net assets or fund balances			36,738,355.	33	54,532,789.
	34	Total liabilities and net assets/fund balances			848,357,144.	34	1223782330.
	<u> </u>				==, == , , = = 1	J F	Farra 990 (0017)

ELECTRIC RELIABILITY COUNCIL OF TEXAS

INC 74-2587416 Page 12 Form 990 (2017) Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 222,267,134. Total revenue (must equal Part VIII, column (A), line 12) 1 204,478,745. Total expenses (must equal Part IX, column (A), line 25) 2 2 17,788,389. Revenue less expenses. Subtract line 2 from line 1 3 3 36,738,355. Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 4 5 5 Net unrealized gains (losses) on investments 6 6 Donated services and use of facilities 7 7 Investment expenses 8 8 Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) 6,045. 9 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, 10 54,532,789. 10 column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No X Accrual Accounting method used to prepare the Form 990: Cash Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Х 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Both consolidated and separate basis Separate basis Consolidated basis Х **b** Were the organization's financial statements audited by an independent accountant? 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:

Both consolidated and separate basis

Form 990 (2017)

X

Х

2c

За

X Separate basis

Consolidated basis

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

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

Act and OMB Circular A-133?

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

ELECTRIC RELIABILITY COUNCIL OF TEXAS INC

Employer identification number 74-2587416

Par	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	
		(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 v	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any other purpose	conferring
ь.			
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e	. —	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а			
b	, , , , , , , , , , , , , , , , , , , ,		
С	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a	•	
_	listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax
	year		
4	Number of states where property subject to conservation eas	· · · · · · · · · · · · · · · · · · ·	
5	Does the organization have a written policy regarding the per		□ v □ N.
•	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	nariding of violations, and emorcing con-	servation easements during the year
7	Amount of avanages incurred in manifesting inspecting hand	ling of violations, and enforcing concerns	stion cocomente duving the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva	ation easements during the year
	▶ \$ Does each conservation easement reported on line 2(d) above	a action the requirements of acction 170	(h)(4)(D)(i)
8			
9	and section 170(h)(4)(B)(ii)?		
3	include, if applicable, the text of the footnote to the organization	•	
	conservation easements.	ion s inancial statements that describes	the organization's accounting to
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	•	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue stater	ment and balance sheet works of art.
	historical treasures, or other similar assets held for public exh	,, ,	•
	the text of the footnote to its financial statements that describ		,
b	If the organization elected, as permitted under SFAS 116 (AS		t and balance sheet works of art. historical
	treasures, or other similar assets held for public exhibition, ec		
	relating to these items:	,	, i
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical trea		
	the following amounts required to be reported under SFAS 11		
а	Revenue included on Form 990, Part VIII, line 1	· · · · · · · · · · · · · · · · · · ·	> \$
b	Assets included in Form 990, Part X		_

Par	t III	Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	asures, o	r Other	Simila	r Asset	s (contir	nued)	
3	Using	the organization's acquisition, accessi	on, and other record	ls, check	any of the f	ollowing tha	t are a sig	gnificant u	ise of its	collection	items	
	(checl	k all that apply):										
а		Public exhibition	C	t	Loan or exc	hange progr	ams					
b		Scholarly research	•	e 🗌	Other							
С		Preservation for future generations										
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.											
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets											
	to be	sold to raise funds rather than to be ma								Yes		No
Par	t IV	Escrow and Custodial Arran	gements. Compl	ete if the	e organizatio	n answered	"Yes" on	Form 990), Part IV,	line 9, or		
		reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the	organization an agent, trustee, custodi	an or other intermed	diary for	contributions	s or other as	sets not i	ncluded		_		_
	on Fo	rm 990, Part X?							[Yes	X	No
b		s," explain the arrangement in Part XIII										
										Amoun	t	
С	Begin	ning balance						1c				
d	Additi	ons during the year						1d				
е	Distrib	outions during the year						1e				
f	Endin	g balance						1f				
2 a	Did th	e organization include an amount on F	orm 990, Part X, line	21, for	escrow or cu	istodial acco	unt liabili	ty?	🖸	Yes		No
		s," explain the arrangement in Part XIII.									X	
Par	t V	Endowment Funds. Complete		nswered	"Yes" on Fo	rm 990, Parl				1		
			(a) Current year	(b) F	Prior year	(c) Two yea	rs back	(d) Three	years back	(e) Four	years	back_
		ning of year balance										
b	Contr	ibutions										
	Net investment earnings, gains, and losses											
d	Grant	s or scholarships										
е	Other	expenditures for facilities										
	-	rograms										
f		nistrative expenses										
g		f year balance										
2		de the estimated percentage of the curr		e (line 1	g, column (a)) held as:						
		designated or quasi-endowment		%								
		anent endowment	%									
С	•	orarily restricted endowment 🕨	%									
	•	ercentages on lines 2a, 2b, and 2c sho	•									
3a	Are th	ere endowment funds not in the posse	ssion of the organiza	ation tha	t are held ar	nd administe	red for the	e organiz	ation	ſ		
	by:										Yes	No
		nrelated organizations								3a(i)	\rightarrow	
		elated organizations									\rightarrow	
_		s" on line 3a(ii), are the related organiza								. 3b		
Dar	Descr t VI	ibe in Part XIII the intended uses of the Land, Buildings, and Equipm		wment f	unds.							
Fai	LVI	, , , , , , , , , , , , , , , , , , , ,		0 D-4 IV	/ 15 		N D+ V 1					
		Complete if the organization answere										
		Description of property	(a) Cost or o			or other		ccumulate		(d) Boo	k value	9
			basis (investr	nent)		(other)	uep	oreciation		0.4	7 0) 6
						7,096.	25 0	224 0	17		7,09	
		ngs				0,591.		324,9		17,92		
		hold improvements				1,456.		L63,0			8,40	
		ment				<u>1,670.</u> 3,293.				15,889 56,47		
е	Other		1		UU4,00	J, 4JJ.	ωто, 3	, o u , /	△⊥• ∣ (, O, 4 /	J , J /	4.

► 131,249,545. Schedule D (Form 990) 2017

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

ELECTRIC REL	IABILITY COU	INCIL OF TEXA		
Schedule D (Form 990) 2017 INC			74-2	2587 4 16 Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes" or				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu	uation: Cost or end-of	-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" or	n Form 990. Part IV. line	e 11c. See Form 990. Pa	rt X. line 13.	
(a) Description of investment	(b) Book value		uation: Cost or end-of	f-year market value
(1)				•
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
	- Faura 000 David IV line	114 Caa Fawa 000 Da	ut V. line 4.5	
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	e 11d. See Form 990, Pa	rt X, line 15.	(b) Book value
	езсприон			(b) book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	<u>15.)</u>		>	
Complete if the organization answered "Yes" or	n Form 990 Part IV line	11e or 11f See Form 0	90 Part X line 25	
(a) Description of liability	Troini 550, raitiv, illie	(b) Book value	55, Fait A, III 6 25.	
		(2) 2001. (4140		
(1) Federal income taxes (2) CRRAH/QSE SECURITY DEPOSIT	Q F	56,008,161.		
(2) CRRAH/QSE SECURITY DEPOSITY		260 722		

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

	edule D (Form 990) 2017 LNC				230/410	Page 4
Pai	rt XI Reconciliation of Revenue per Audited Financial State	tements With R	evenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	222,267	,134.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities	2b				
С	Recoveries of prior year grants					
	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	222,267	,134.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			222,267	<u>,134.</u>
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	atements With E	xpenses per F	Retur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.				
1	Total expenses and losses per audited financial statements			_1_	204,472	<u>,700.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a		_		
b	Prior year adjustments	2b		_		
С	Other losses	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	204,472	<u>,700.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b	6,045.		_	
С	Add lines 4a and 4b			4c		<u>,045.</u>
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)		5	204,478	,745.
	rt XIII Supplemental Information.					
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and $^{\prime}$; Part	X, line 2; Part X	(1,
nes	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ar	ny additional informa	tion.			
	DE TIL 1 THE OD					
ΑĪ	RT IV, LINE 2B:					

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

Part XIII Supplemental Information (continued)
ERCOT FOR REGISTERED MARKET PARTICIPANTS. ADDITIONALLY, AS REQUIRED BY
ERCOT PROTOCOLS, ERCOT EXECUTES AUCTIONS FOR CONGESTION REVENUE RIGHTS
MONTHLY AND ANNUALLY AND DISTRIBUTES PROCEEDS FROM THESE AUCTIONS TO
MARKET PARTICIPANTS AS REQUIRED BY ERCOT PROTOCOLS.
PART X, LINE 2:
ERCOT IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(A) OF THE
INTERNAL REVENUE CODE AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(4).
THE COMPANY IS ALSO EXEMPT FROM STATE INCOME TAXES. ACCORDINGLY, NO
PROVISION FOR INCOME TAXES OR UNCERTAIN TAX POSITIONS HAS BEEN REFLECTED
IN THE FINANCIAL STATEMENTS.
PART XII, LINE 4B - OTHER ADJUSTMENTS:
CHANGE IN DEFERRED PENSION COSTS 6,045.

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

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

Open to Public

OMB No. 1545-0047

pen to Public Inspection

Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information.

ELECTRIC RELIABILITY COUNCIL OF TEXAS

INC

 $Employer\ identification\ number \\ 74-2587416$

Pa	art I Questions Regarding Compensation				
	·			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 organiza	ation follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described	d above? If "No," complete Part III to explain	. 1b		
2	Did the organization require substantiation prior to reimburs	sing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director	r, regarding the items checked on line 1a?	. 2	Х	
3	Indicate which, if any, of the following the filing organization	n used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check	k any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but	t explain in Part III.			
	X Compensation committee	X Written employment contract			
	X Independent compensation consultant	X Compensation survey or study			
	X Form 990 of other organizations	X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII	I, Section A, line 1a, with respect to the filing			
	organization or a related organization:				
а	Receive a severance payment or change-of-control paymen	nt?	. 4a		X
b	Participate in, or receive payment from, a supplemental nor	nqualified retirement plan?	. 4b		Х
С	Participate in, or receive payment from, an equity-based co	mpensation arrangement?	. 4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the	e applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organiza				
5	For persons listed on Form 990, Part VII, Section A, line 1a,	, did the organization pay or accrue any compensation			
	contingent on the revenues of:				
			5a		X
b			5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.				
6	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:				37
	The organization?		6a		X
b			6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.				
7	For persons listed on Form 990, Part VII, Section A, line 1a,				
		l	. 7		X
8	Were any amounts reported on Form 990, Part VII, paid or a				
	initial contract exception described in Regulations section 5		. 8		X
9	If "Yes" on line 8, did the organization also follow the rebut	table presumption procedure described in			
	Regulations section 53.4958-6(c)?		9	1	l

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

Schedule J (Form 990) 2017

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 of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Deficits	(6)(1)-(0)	reported as deferred on prior Form 990
(1) WILLIAM MAGNESS	(i)	683,402.	0.	0.	36,000.	29,775.	749,177.	0.
BOARD MEMBER; PRESIDENT &	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SALLIE BETTY DAY	(i)	252,548.	0.	0.	37,288.	29,672.	319,508.	0.
VP, GOVERNANCE, RISK & COMP	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) STEVE DANIELS	(i)	229,597.	0.	0.	23,345.	29,926.	282,868.	0.
VP, DIGITAL SERVICES	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JERRY DREYER	(i)	507,461.	0.	0.	39,150.	27,399.	574,010.	0.
SVP, & CIO	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) THERESA GAGE	(i)	274,576.	0.	0.	38,128.	9,370.	322,074.	0.
VP, EXTERNAL AFFAIRS & CORP	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) VICKIE LEADY	(i)	192,497.	0.	0.	28,611.	20,806.	241,914.	0.
ASST. GC AND ASST. CORP. S	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) CHERYL MELE	(i)	406,405.	0.	0.	39,155.	21,952.	467,512.	0.
SVP & COO	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) KENAN OGLEMAN	(i)	237,894.	0.	0.	34,517.	9,957.	282,368.	0.
VP, COMMERCIAL OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) MICHAEL PETTERSON	(i)	293,821.	0.	0.	40,135.	31,887.	365,843.	0.
VP AND CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) DWAYNE RICKERSON	(i)	237,238.	0.	0.	34,517.	27,108.	298,863.	0.
VP, GRID PLANNING & OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) CHAD SEELY	(i)	330,027.	0.	0.	38,052.	32,738.	400,817.	0.
VP, GENERAL COUNSEL & CORP	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) DIANE M WILLIAMS	(i)	307,009.	0.	0.	36,000.	21,081.	364,090.	0.
VP, HUMAN RESOURCES	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) BRYAN HANLEY	(i)	217,787.	0.	0.	31,782.	27,309.	276,878.	0.
DIRECTOR IT INFRASTRUCTURE	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) MARK RUANE	(i)	239,618.	0.	0.	35,011.	12,416.	287,045.	0.
DIRECTOR SETTLEMENTS RETAIL & CR	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) DAN WOODFIN	(i)	224,755.	1,315.	0.	32,803.	17,486.	276,359.	0.
SR. DIRECTOR SYSTEM OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) DAVID FORFIA	(i)	221,999.	0.	0.	32,474.	28,164.	282,637.	0.
DIRECTOR IT ARCHITECTURE	(ii)	0.	0.	0.	0.	0.	0.	0.

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 of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base (ii) Bonus & incentive compensation		(iii) Other reportable compensation	compensation	Derients	(6)(1)-(0)	reported as deferred on prior Form 990	
(17) WARREN LASHER	(i)	213,829.	0.	0.	31,059.	16,633.	261,521.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
(18) MATTHEW MERENESS	(i)	194,376.	1,432.	0.	28,528.	27,089.	251,425.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
(19) JOEL MICKEY	(i)	223,623.	335.	0.	32,954.	29,923.	286,835.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
(20) KENNETH RAGSDALE	(i)	194,789.	0.	0.	28,294.	17,684.	240,767.	0.	
PRINCIPAL, MARKET DESIGN &	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
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	(ii)								

ELECTRIC RELIABILITY COUNCIL OF TEXAS

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

 \blacktriangleright Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

ELECTRIC RELIABILITY COUNCIL OF TEXAS INC

Employer identification number 74-2587416

Part I	Excess Bene	fit Trans	actio	ons (section 5	01(c)(3), secti	on 501(c)(4), and	501	(c)(2	9) organization:	s only)					
	Complete if the c	organization	answ	ered "Yes" on l	Form 9	90, Pa	rt IV, line 25a or	25b,	or F	orm 990-EZ, Pa	art V, li	ne 40	b.			
1 , ,			(b) F	Relationship bet	ween d	disqual	ified		_					(d)	Corre	cted?
(a) Nan	ne of disqualified p	erson	person and organization					(c) Description of transaction						Y		No
2 Enter t	the amount of tax is	ncurred by	the or	rganization man	agers	or disc	ualified persons	durin	na th	ne vear under				-		
		•		•	•				•	•		S				
	the amount of tax,											S				
O LINCI O	ine amount or tax,	ii ariy, ori iii	10 2, 0	above, reirribare	ocu by	110 016	jai 112atioi 1					Ψ				
Part II	Loans to and	l/or From	Inte	erested Pers	sons.	ı										
	Complete if the o	organization	answ	vered "Yes" on I	Form C	90.F7	Part V line 38a	or Fo	orm '	990 Part IV line	e 26· c	or if th	e orgai	nizatio	n	
	reported an amou	•					1 411 1, 1110 004	0, , 0		000, 1 4, 111, 111	0 20, 0	, ,, ,,,	o organ	iizatio		
(a)) Name of	(b) Relation		(c) Purpose		an to or	(e) Original		(f)	Balance due	(g)	In	(h) App	oroved	(i) W	ritten
• •	ested person	with organiz		of loan		n the zation?	principal amou	nt	(')	Baiarioc dae	defa		by bo	Approved board or agreeme		
					To	From					Yes	No	Yes	No	Vas	No
					1 10	1 10111		\dashv			163	140	163	140	163	140
								\neg								
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2017

Double L (Form 990 of 990-EZ) 2017 INC	I						74 450	/ 410	Page Z
Part IV Business Transactions Involvi	_								
Complete if the organization answered (a) Name of interested person	(b) Re	elationship	bet	Part IV, line 28a, 2 ween interested organization	(c) Amount of transaction	1 ' '	Description of ransaction	òrganiz	aring of zation's nues?
								Yes	No
BRAZOS ELECTRIC POWER COOP				BELOW	476288860.				X
		PART		BELOW	122103756.				X
SOUTH TEXAS ELECTRIC COOPE SOURCE POWER & GAS				BELOW	109555423.				X
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AMERICAN EDECIRIC FOWER -	DEE	PARI		DELLOW	190,103.	DEE	PARI V		Λ_
Part V Supplemental Information									
Provide additional information for respo	nses to	question	s on	Schedule L (see	instructions).				
SCH L, PART IV, BUSINESS TI	RANS	ACTIC	NS	INVOLVI	NG INTERESTE	D P	ERSONS:		
(A) NAME OF PERSON: BRAZOS	का क	CMDTC	ם י	OMED COOL					
(A) NAME OF PERSON: BRAZOS	ELE	CTRIC	. P	OWER COOP	PERATIVE				
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(A) NAME OF PERSON: TENASKA	A PO	WER S	ER	VICES					
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SCHEDULE L, PART IV - (1)(I	3):								
CLIFTON KARNEI WAS A 2017 H	30AR	D MEM	IBE	R OF ERCO	OT (COOPERAT	IVE	MARKET		
SEGMENT DIRECTOR) AND ALSO	EXE	CUTIV	E_	VICE PRES	SIDENT AND G	ENE	RAL MANA	AGER	

OF BRAZOS ELECTRIC POWER COOPERATIVE, 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 2017 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 SERVICE FEES, AND

MEMBERSHIP DUES.

SCHEDULE L, PART IV - (3)(B):

MIKE KEZAR WAS A 2017 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 2017 BOARD MEMBER OF ERCOT (INDEPENDENT RETAIL

ELECTRIC PROVIDER MARKET SEGMENT ALTERNATE) AND ALSO PRESIDENT OF

SOURCE POWER & GAS.

Part V Supplemental Information Complete this part to provide additional information for responded to questions on Schodule I (see instructions)
Complete this part to provide additional information for responses to questions on Schedule L (see instructions).
SCHEDULE L, PART IV - (4)(D):
PAYMENT OF GOVERNMENTALLY-APPROVED TARIFF, ANCILLARY SERVICE FEES, AND
MEMBERSHIP DUES.
SCHEDULE L, PART IV - (5)(B):
WADE SMITH WAS A 2017 BOARD MEMBER OF ERCOT (INVESTOR-OWNED UTILITY
MARKET SEGMENT ALTERNATE) AND ALSO PRESIDENT AND COO OF AMERICAN
ELECTRIC POWER - TEXAS.
SCHEDULE L, PART IV - (5)(D):
PAYMENT OF GOVERNMENTALLY-APPROVED TARIFF, ANCILLARY SERVICE FEES, AND
MEMBERSHIP DUES.

SCHEDULE O

Internal Revenue Service

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

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.

Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Name of the organization

ELECTRIC RELIABILITY COUNCIL OF TEXAS

Employer identification number 74-2587416

OMB No. 1545-0047

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. TWO OTHER VOTING
DIRECTORS, BOTH EX-OFFICIO DIRECTORS, RESPECTIVELY REPRESENT A SUBSEGMENT
OF THE CONSUMER SEGMENT. ONE IS THE CHIEF EXECUTIVE OFFICER OF ERCOT. ONE
IS THE CHAIR OF THE PUBLIC UTILITY COMMISSION OF TEXAS, AND NEITHER HAVE
ANY RESPECTIVE SEGMENT ALTERNATES. FIVE OF THE OTHER VOTING DIRECTORS ARE
UNAFFILIATED WITH RESPECT TO ANY MARKET SEGMENT AND DO NOT HAVE ANY SEGMENT
ALTERNATES.

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

AS OF DECEMBER 31, 2017, 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 VOTE ON ANY MATTER SUBMITTED TO THE GENERAL MEMBERSHIP, AND ADJUNCT MEMBERS DO NOT HAVE THE RIGHT TO BE ELECTED OR APPOINTED TO THE ERCOT BOARD, TAC, OR ANY SUBCOMMITTEE OF THE BOARD OR TAC.

Employer identification number 74-2587416

THIRTEEN OF THE FIFTEEN VOTING MEMBERS OF THE ERCOT BOARD OF DIRECTORS ARE

ELECTED, OR APPOINTED IN LIMITED CIRCUMSTANCES, BY THE CORPORATE MEMBERS OR

A PORTION OF SUCH CORPORATE MEMBERS. WITH RESPECT TO EACH OF THE SIX

MARKET SEGMENT DIRECTORS WHO DO NOT REPRESENT THE CONSUMER SUBSEGMENTS,

ONLY THE CORPORATE MEMBERS OF THE MEMBERSHIP SEGMENT REPRESENTED BY THE

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 2017 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

Name of the organization ELECTRIC RELIABILITY COUNCIL OF TEXAS INC

Employer identification number 74-2587416

AND INPUT AT ITS MEETING ON JUNE 12, 2018. THE FINAL VERSION OF THE 2017

FORM 990, INCORPORATING THE COMMENTS OF ALL FOREGOING, WAS THEN FILED WITH

THE INTERNAL REVENUE SERVICE.

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 AGREEMENT. PURSUANT TO EACH ETHICS AGREEMENT, A SIGNATORY HAS AN AFFIRMATIVE DUTY TO DISCLOSE ANY ACTUAL OR POTENTIAL CONFLICTS OF INTEREST OF THE SIGNATORY (AND HIS OR HER EMPLOYER, IN THE CASE OF DIRECTORS OR SEGMENT 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. ANY 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 IF THE ERCOT LEGAL STAFF RECOMMENDS A RESOLUTION THAT IS OF INTEREST. 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.

Name of the organization

Employer identification number

74-2587416 INC 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 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 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 IN ITS REVIEW, THE HR&G COMMITTEE CAN REQUEST INFORMATION FROM SUCH VOTE). 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. 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 ALL COMPENSATION TO BE PAID TO THE

ELECTRIC RELIABILITY COUNCIL OF TEXAS

Schedule O (Form 990 or 990-EZ) (2017) Page 2 **Employer identification number** 74-2587416 INC CHIEF EXECUTIVE OFFICER IS SUBJECT TO REVIEW AND APPROVAL BY THE PUBLIC UTILITY COMMISSION OF TEXAS. 15(B) IN DETERMINING COMPENSATION FOR OFFICERS WHO ARE THE DIRECT REPORTS OF THE CHIEF EXECUTIVE OFFICER, ERCOT FOLLOWS A PROCEDURE WHICH ENSURES THAT (I) COMPENSATION IS FULLY DISCLOSED IN ADVANCE TO THE HR&G COMMITTEE OF THE BOARD OF DIRECTORS, (II) THE HR&G COMMITTEE OBTAINS AND RELIES UPON APPROPRIATE DATA FOR COMPARABILITY, AND (III) THE HR&G COMMITTEE ADEQUATELY DOCUMENTS THE BASIS FOR ITS DETERMINATION. FOR HIS DIRECT REPORTS, THE CHIEF EXECUTIVE OFFICER INFORMS THE HR&G COMMITTEE OF PROPOSED OFFICER PAY FOR OFFICERS WHO ARE NOT THE DIRECT REPORTS OF THE CEO OR KEY AMOUNTS. EMPLOYEES, COMPENSATION IS REVIEWED AND DETERMINED BY THEIR APPROPRIATE OFFICER. FOR REVIEW OF ALL OFFICER AND KEY EMPLOYEE COMPENSATION, ERCOT USES PERFORMANCE AND DATA OBTAINED RELATING TO COMPARABLE COMPENSATION OF SIMILARLY QUALIFIED PERSONS IN COMPARABLE POSITIONS AT COMPARABLE ORGANIZATIONS, INCLUDING COMPENSATION SURVEYS AND FORMS 990. THE HR&G COMMITTEE CAN REQUEST INFORMATION FROM INDEPENDENT COMPENSATION OFFICER AND KEY EMPLOYEE COMPENSATION IS REVIEWED ANNUALLY, AND ALL DECISIONS REGARDING OFFICER AND KEY EMPLOYEE COMPENSATION ARE DOCUMENTED AND MAINTAINED. FORM 990, PART VI, SECTION C, LINE 19: ERCOT'S GOVERNING DOCUMENTS, CODE OF CONDUCT, AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC THROUGH THE ERCOT WEBSITE (WWW.ERCOT.COM).

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

DEFERRED PENSION COSTS

6,045.

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 filing 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.

must	use Form 7004 to request an extension of time to file income	tax returi	ns.								
				Enter file	r's identifying	number					
Type print		TEXAS	Employer	Employer identification number (EIN) or							
	INC		74-2587416								
File by due da filing yo	te for Number, street, and room or suite no. If a P.O. box, se	Social security number (SSN)									
return. instruc											
Enter	the Return Code for the return that this application is for (file	a separat	te application for each return)			0 1					
Appli	cation	Return	Application			Return					
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Form	990 or Form 990-EZ	01	Form 990-T (corporation)			07					
Form	990-BL	02	Form 1041-A			08					
Form	4720 (individual)	03	Form 4720 (other than individual))							
Form	990-PF	04	Form 5227			10					
Form	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069 Form 8870			11					
Form	990-T (trust other than above)			12							
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	the organization does not have an office or place of business this is for a Group Return, enter the organization's four digit G					. P L					
box I											
1			15 0010		pt organization						
•	for the organization named above. The extension is for the o			tile exem	pt organization	returri					
	To the organization hamed above. The extension is for the o	n gai iizatio	in a return for.								
	► X calendar year 2017 or										
	tax year beginning	. an	d ending								
2	If the tax year entered in line 1 is for less than 12 months, ch			Final returi	<u>—</u> n						
	Change in accounting period										
За	If this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any			_					
	nonrefundable credits. See instructions.	3a	\$	0.							
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and								
	estimated tax payments made. Include any prior year overpa	ayment all	owed as a credit.	3b	\$	0.					
С	Balance due. Subtract line 3b from line 3a. Include your pay	ment with	n this form, if required,			_					
	by using EFTPS (Electronic Federal Tax Payment System). S	See instruc	ctions.	3c	\$	0.					

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.

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

Form 8868 (Rev. 1-2017)