EXTENDED TO NOVEMBER 16, 2020

Return of Organization Exempt From Income Tax

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

(Rev. January 2020)

▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2010
ZU 19
Open to Public
Inspection

A F	or the	2019 calendar year, or tax year beginning and e	ending		
	heck if pplicable	ELECTRIC RELIABILITY COUNCIL OF TEXAS		D Employer identifie	cation number
	Address change Name change	INC Doing business as ERCOT		74-25874	16
	Initial return Final		Room/suite	E Telephone number 512-225-	r
	⊒return/ termin- ated ⊒Amende	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	260,219,816.
	_lreturn □Applica	AUSIIN, IX 76744-1013		H(a) Is this a group re	
<u>_</u>	⊥tion pending	SAME AS C ABOVE		for subordinates H(b) Are all subordinates in	
		mpt status: \bigcirc 501(c)(3) \bigcirc 501(c)(\bigcirc 4) \triangleleft (insert no.) \bigcirc 4947(a)(1) or	r 527	If "No," attach a	list. (see instructions)
		e: ▶ WWW.ERCOT.COM		H(c) Group exemptio	
		organization: X Corporation Trust Association Other Summary	L Year	of formation: 1990 N	𝔰 State of legal domicile: T X
		Briefly describe the organization's mission or most significant activities: SEE S	CHEDU:	LE O	
Governance	_	,			
rna	2 (Check this box $lacktriangle$ if the organization discontinued its operations or dispose	ed of more	than 25% of its net ass	
ove				3	15
& G		Number of independent voting members of the governing body (Part VI, line 1b) $$			14
es {		otal number of individuals employed in calendar year 2019 (Part V, line 2a)			813
Viti		Total number of volunteers (estimate if necessary)			18
Activities		otal unrelated business revenue from Part VIII, column (C), line 12			0.
	<u>d</u>	Net unrelated business taxable income from Form 990-T, line 39	······		0.
		Seathibutions and supple (Death) (III line 11)		Prior Year 18,117.	Current Year 0 •
Revenue		Contributions and grants (Part VIII, line 1h)	2		239,814,233.
		Program service revenue (Part VIII, line 2g) nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		13,106,461.	
Re		Other revenue (Part VIII, column (A), lines 5, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,073.	0.
		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			260,219,816.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
s		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		06,877,847.	115,748,677.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
bei			0.		
ũ	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			109,805,630.
	18	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			225,554,307.
		Revenue less expenses. Subtract line 18 from line 12		35,829,231.	34,665,509.
Net Assets or Fund Balances				ginning of Current Year	End of Year
ssets	20	Total assets (Part X, line 16)		1529764219.	1750295213.
at As	21	Total liabilities (Part X, line 26)		1439446829.	1625255700.
Ž∄	22 N irt II	Net assets or fund balances. Subtract line 21 from line 20		90,317,390.	125,039,513.
		ties of perjury, I declare that I have examined this return, including accompanying schedules	and atatama	nto and to the heat of my	knowledge and halief it is
		, and complete. Declaretinal Finave examined this return, including accompanying scriedules			Kilowieuge allu bellel, it is
uu,	COLLECT	and complete. Decidation of preparer (other than officer) is based on an information of white	on proparor	11/09/2020	
Sigr	,	Signature of officer		Date	
Her		SEAN TAYLOR, VP AND CFO			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid		TROY MARINE, CPA TROY MARINE, CPA	1	1/09/20 if self-employ	P00187863
Prep	arer	Firm's name BAKER TILLY VIRCHOW KRAUSE, LLP			39-0859910
Use	Only	Firm's address 777 E. WISCONSIN AVE., 32ND FLOOD	R		
		MILWAUKEE, WI 53202		Phone no. 41	4.777.5500
May	the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No

Pa	Charlest Cabadala Constains a response	•		
_		onse of note to any line in this Part III		
1	Briefly describe the organization's mission: WE SERVE THE PUBLIC BY	PROTECTIONS A DELITAR	LE COTO PPETCTENT I	T. POMOTOTMV
		ND RETAIL CHOICE.	LE GRID, EFFICIENT	BUECIKICIII
	MARKEID, OFEN ACCESS A	MD REIAID CHOICE.		
2	Did the organization undertake any significa	ant 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 Sc			
3	Did the organization cease conducting, or m		nducts, any program services?	Yes X No
_	If "Yes," describe these changes on Schedu			
4	Describe the organization's program service			
	Section 501(c)(3) and 501(c)(4) organizations revenue, if any, for each program service re		or grants and allocations to others, the	total expenses, and
4a		21,164. including grants of \$) (Revenue \$	260,046,369.)
ти	ERCOT SUCCESSFULLY MAN			
	MILLION CUSTOMERS IN T			
	OF FINANCIAL SETTLEMEN			
	AND THE ADMINISTRATION			
	COMPETITIVE CHOICE ARE	AS.		
41:	(- · · · · · · · · · · · · · · · · · · ·		\ /-	,
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program services (Describe on Sched	lule O.)		
		cluding grants of \$) (Revenue \$)
4e	Total program service expenses	169,321,164.		
				Form 990 (2019)

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Part IV | Checklist of Required Schedules

INC

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 2 Х Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for Х 3 public office? If "Yes," complete Schedule C, Part I 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 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X 5 similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes." complete Schedule D. Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X 8 Schedule D, Part III 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? Х If "Yes," complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 Х or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Х 11a Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total Х assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c 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 Х Part X, line 16? If "Yes," complete Schedule D, Part IX 11d Х 11e e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes." complete Schedule D. Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete Schedule D, Parts XI and XII Х 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? X 12b If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 X or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 Х foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 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 X 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 Х column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 X 18 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes." 19 complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 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

Form 990 (2019) INC
Part IV Checklist of Required Schedules (continued) 74-2587416 Page 4

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			l
	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		37	
	Schedule J	23	X	
24a	31 1			
	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	040		
4	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
ZJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	250		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes," <i>complete</i>			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			l
	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			۱,,
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	051		
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	26		
27	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	36		
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31		
55	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par		1 00		
	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	7		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	_		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

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Statements Regarding Other IRS Filings and Tax Compliance Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 813 filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7е Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 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. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 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. a 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. 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 Enter the amount of reserves on hand Х Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Х excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. Х Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16

If "Yes," complete Form 4720, Schedule O.

Form 990 (2019) 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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 15			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	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?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
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		
Sec	tion C. Disclosure			
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 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)	s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	SEAN TAYLOR, VP AND CFO - 512-225-7000			
	7620 METRO CENTER DRIVE AUSTIN TX 78744-1613			

Form 990 (2019) INC 74-2 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

• 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.

See instructions for the order in which to list the persons above.

Check this box if neither the organiza (A)	(B)	Jigai	IIIZa	(C		реп	Said	(D)	(E)	(F)
Name and title	Average	(de	not o	Posi	ition	l than c	ne	Reportable	Reportable	Estimated
	hours per	box,	unles	ss per	son is	s both r/trust	an	compensation	compensation	amount of
	week		Jer an	u a ui	recto	i/trust	iee)	from	from related	other
	(list any hours for	Individual trustee or director				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or (stee			nsateo		(W-2/1099-MISC)	(** 27 1033 141100)	organization
	organizations	truste	ıal tru		oyee	om pe		(** = * * * * * * * * * * * * * * * * *		and related
	below	vidual	Institutional trustee	er	Key employee	Highest compensated employee	ner			organizations
	line)	Indiv	Insti	Officer	Key	High emp	Former			
(1) RICK BLUNTZER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(2) TERRY BULGER	9.00									
BOARD MEMBER		Х						92,600.	0.	0.
(3) PETER CRAMTON	5.00									
BOARD MEMBER	15.00	Х						87,000.	0.	0.
(4) CRAVEN CROWELL	15.00									
BOARD MEMBER	4 00	Х						99,800.	0.	0.
(5) KEITH EMERY	4.00									
BOARD MEMBER		Х						0.	0.	0.
(6) NICK FEHRENBACH	6.00									
BOARD MEMBER		Х						0.	0.	0.
(7) KEVIN GRESHAM	5.00									
BOARD MEMBER		Х						0.	0.	0.
(8) SAM HARPER	5.00	.							•	
BOARD MEMBER	4 00	Х						0.	0.	0.
(9) CLIFTON KARNEI	4.00	.							•	
BOARD MEMBER		Х						0.	0.	0.
(10) KENNY MERCADO	5.00								•	•
BOARD MEMBER	10.00	Х						0.	0.	0.
(11) KARL PFIRRMANN	10.00	.,						00 600	0	•
BOARD MEMBER	4 00	Х						92,600.	0.	0.
(12) CAROLYN SHELLMAN	4.00								0	0
BOARD MEMBER	20.00	Х						0.	0.	0.
(13) DEANN WALKER	20.00	v							0	0
BOARD MEMBER (14) JUDY WALSH	8.00	Х						0.	0.	0.
BOARD MEMBER	0.00	х						94,500.	0.	0.
(15) MARK CARPENTER	4.00	Λ				Н		34,500.	0.	0.
SEGMENT ALTERNATE	4.00	х						0.	0.	0.
(16) SETH COCHRAN	2.00	Δ				\vdash		0.	0.	0.
SEGMENT ALTERNATE	4.00	х						0.	0.	0.
(17) GLEN LYONS	4.00	Δ		\vdash		\vdash		"	0.	U •
SEGMENT ALTERNATE	4.00	х						0.	0.	0.
SEGMENT ALTERNATE		Λ						<u> </u>	0.	- U ·

Page 7

Form 990 (2019) INC									74-2587	416 Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hiç	ghes	t C	ompensated Employee	s (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Posi			nne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son is	s both	an an	compensation	compensation	amount of
	week		Ler an	uau	recto	i/irus	iee)	from	from related	other
	(list any hours for	irecto						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	eord	tee			sated		(W-2/1099-MISC)	(44-2/1099-141130)	organization
	organizations	truste	al trus		ee/	m pen		(** 2/ 1033 (**100)		and related
	below	Individual trustee or director	Institutional trustee	J.	key employee	st co oyee	er			organizations
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former			
(18) JENNIFER RICHIE	4.00									
SEGMENT ALTERNATE		Х						0.	0.	0.
(19) JACKIE SARGENT	2.00									
SEGMENT ALTERNATE		Х						0.	0.	0.
(20) MARK SCHWIRTZ	5.00								_	_
SEGMENT ALTERNATE		Х						0.	0.	0.
(21) WILLIAM MAGNESS	40.00								_	
BOARD MEMBER; PRESIDENT & CEO		Х		Х				876,334.	0.	68,376.
(22) LORI COBOS	15.00							_	_	_
BOARD MEMBER		Х						0.	0.	0.
(23) BILL BERG	4.00									
SEGMENT ALTERNATE		Х						0.	0.	0.
(24) EDWARD ROSS	2.00									
SEGMENT ALTERNATE		Х						0.	0.	0.
(25) STEVE DANIELS	40.00									
VP, APPLICATION SERVICES & IT OPS				Х				111,165.	0.	20,121.
(26) SALLIE BETTY DAY	40.00									
VP, GOVERNANCE, RISK & COM				Х				312,724.	0.	72,206.
1b Subtotal								1,766,723.	0.	160,703.
c Total from continuation sheets to Part VI	c Total from continuation sheets to Part VII, Section A 6,057,349. 0. 1109808.									
d Total (add lines 1b and 1c)							<u> </u>	7,824,072.	0.	1270511.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	ceived more than \$100,0	000 of reportable	
compensation from the organization										483
										Yes No
3 Did the organization list any former officer,	director, trust	ee, k	кеу е	mpl	oye	e, or	higl	hest compensated empl	oyee on	

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

Section B. Independent Contractors

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

	· · · · · · · · · · · · · · · · · · ·	
(A)	(B)	(C)
Name and business address	Description of services	Compensation
ALLEGIS GROUP SERVICES INC.		
14155 COLLECTION CTR DR., CHICAGO, IL 60693	CONTINGENT WORKFORCE	9,678,601.
POTOMAC ECONOMICS LTD., 9990 FAIRFAX BLVD,	INDEPENDENT MKT	
SUITE 560, FAIRFAX, VA 22030	MONITOR	3,783,336.
ABB INC.		
PO BOX 88868, CHICAGO, IL 60695-1868	IT CONSULTING	2,334,433.
PERSISTENT SYSTEMS, INC., 2055 LAURELWOOD		
RD, STE. 210, SANTA CLARA, IL 75054	IT CONSULTING	1,264,180.
INTEGRAL GIS, INC., 1511 THIRD AVE. SUITE		
531, SEATTLE, WA 98101	IT CONSULTING	1,144,601.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	
\$100,000 of compensation from the organization > 24		

Form 990 INC 74-2587416

Form 990 INC									74-258	/416
Part VII Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	yee	s, ar	nd H	lighe	est	Compensated Employe	es (continued)	
(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average			Posi				Reportable	Reportable	Estimated
	hours	(с	heck	all t	hat	appl	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	١.				yee		the	organizations	compensation
	(list any	recto				em plc		organization	(W-2/1099-MISC)	from the
	hours for	ordi	e e			ated		(W-2/1099-MISC)		organization
	related	ustee	trust		96	suedu				and related
	organizations below	lual tr	tional		nploy	st con	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) JERRY DREYER	40.00	_	-		<u> </u>	_	ш.			
SVP, & CIO	40.00	1		x				479,410.	0.	68,927.
(28) THERESA GAGE	40.00			Δ				4/0,410.	0.	00,527.
VP, EXTERNAL AFFAIRS & CORPORATE	40.00	1		x				365,935.	0.	49,053.
(29) VICKIE LEADY	40.00			22				303,333.	•	43,033.
ASST. GC AND ASST. CORP. SEC	40.00	1		x				215,099.	0.	53,410.
(30) CHERYL MELE	40.00			Δ				213,033.	0.	JJ, 1 10.
SR. VP & COO	40.00	1		x				548,005.	0.	58,933.
(31) KENAN OGLEMAN	40.00			22				340,003.	•	30,333.
VP, COMMERCIAL OPERATIONS	10.00	1		x				343,959.	0.	46,899.
(32) MICHAEL PETTERSON	40.00							313/3331		10,033.
VP AND CFO	10.00	1		x				412,535.	0.	68,425.
(33) DWAYNE RICKERSON	40.00							111,0001		00,120
VP, GRID PLANNING & OPERATIONS	1000	1		x				344,562.	0.	68,130.
(34) CHAD SEELY	40.00							311,3021		00,200
SR. VP, GENERAL COUNSEL & GOV		1		x				452,185.	0.	72,809.
(35) MARA SPAK	40.00								•	/ 0 0 0
VP, HUMAN RESOURCES		1		x				244,787.	0.	46,716.
(36) JEYANT TAMBY	40.00									
SR. VP AND CAO		1		x				476,198.	0.	63,452.
(37) SEAN TAYLOR	40.00							2707200	•	
VP & CFO		1		x				239,273.	0.	58,916.
(38) JOHN MESSER	40.00								•	
DIRECTOR, IT APPLICATION DEVELOPMENT	1000	1			x			202,431.	0.	58,045.
(39) MARK RUANE	40.00								•	
DIRECTOR, SETTLEMENTS RETAIL & CR		1			x			241,564.	0.	48,085.
(40) DAN WOODFIN	40.00								•	
SR. DIRECTOR, SYSTEM OPERATIONS		1			x			244,916.	0.	53,741.
(41) BRYAN HANLEY	40.00									
DIRECTOR, IT INFRASTRUCTURE		1				х		233,352.	0.	62,532.
(42) NATHAN BIGBEE	40.00									
ASST. GENERAL COUNSEL, REG		1				х		235,600.	0.	65,603.
(43) DAVID FORFIA	40.00							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-,,,,,,,
DIRECTOR IT ARCHITECTURE		1				х		322,225.	0.	51,010.
(44) WARREN LASHER	40.00				\Box			,	-	•
SENIOR DIRECTOR, SYSTEM PLAN		1				Х		222,102.	0.	49,603.
(45) JOEL MICKEY	40.00									•
SR. DIRECTOR WHOLESALE MARKET		1				х		233,211.	0.	65,519.
										,
		1								
Total to Part VII, Section A, line 1c								6,057,349.	1	,109,808.

			2019) INC				74-2587	41 6 Page 9
Pa	rt V	Ш	Statement of Revenue					
			Check if Schedule O contains a response	or note to any lin				
					(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 :	a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	ı		Membership dues 1b					
'n. G	(Fundraising events 1c					
ar A			Related organizations 1d					
s, G		е	Government grants (contributions) 1e					
ion	1	f	All other contributions, gifts, grants, and					
ibut			similar amounts not included above 1f					
d O	9	g	Noncash contributions included in lines 1a-1f 1g \$					
<u>ဒိ မ</u>		h	Total. Add lines 1a-1f	<u></u>				
				Business Code				
ce	2 8		ELECTRIC RELIABILITY PROGRAM SERV	221000	199,756,304.	199,756,304.		
ervi Je	ı	~	MUNICIPAL SERVICE PROGRAM REVENUE	221000	39,700,679.	39,700,679.		
Program Service Revenue	•	_	MEMBERSHIP DUES	221000	357,250.	357,250.		
jran Rev	(d						
roç		e						
ъ			All other program service revenue		220 014 222			
		g	Total. Add lines 2a-2f		239,814,233.			
	3		Investment income (including dividends, intere		20,405,583.	20,232,136.		173,447.
	4		other similar amounts)		20,103,303.	20,232,130.		1,3,11,
	5		Royalties					
	J		(i) Real	(ii) Personal				
	6 :	а	Gross rents 6a	()				
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Net rental income or (loss)					
			Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
	-	b	Less: cost or other basis					
ne			and sales expenses 7b					
evenue		С	Gain or (loss) 7c					
Ř		d	Net gain or (loss)					
Other	8 8	а	Gross income from fundraising events (not					
₹			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18					
			Less: direct expenses8b					
			Net income or (loss) from fundraising events	_				
	9 8	a	Gross income from gaming activities. See					
			Part IV, line 19 9a Less: direct expenses 9b					
			Net income or (loss) from gaming activities					
	10 8	а	Gross sales of inventory, less returns and allowances 10a					
		h	and allowances 10a Less: cost of goods sold 10b					
			Net income or (loss) from sales of inventory					
			The moon of floor hom sales of five fitting	Business Code				
snc	11 :	а						
nnec	i	b						
ella		c						
Miscellaneous Revenue			All other revenue					
			Total. Add lines 11a-11d					
	12		Total revenue See instructions		260 219 816	260 046 369.	0.	173 447.

Form 990 (2019) INC Part IX Statement of Functional Expenses

Secti	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 respor	nse or note to any line in								
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations									
	and domestic governments. See Part IV, line 21									
2	Grants and other assistance to domestic									
	individuals. See Part IV, line 22									
3	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									
5	Compensation of current officers, directors,									
	trustees, and key employees	7,553,816.	3,323,813.	4,230,003.						
6	Compensation not included above to disqualified									
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)									
7	Other salaries and wages	79,825,117.	67,486,694.	12,338,423.						
8	Pension plan accruals and contributions (include									
	section 401(k) and 403(b) employer contributions)	12,122,611.	10,458,196.	1,664,415.						
9	Other employee benefits	9,670,552.	7,970,087.	1,700,465.						
10	Payroll taxes	6,576,581.	5,549,960.	1,026,621.						
11	Fees for services (nonemployees):									
а	Management									
b	Legal	262,340.		262,340.						
С	Accounting	288,900.	129,500.	159,400.						
d	Lobbying									
е	Professional fundraising services. See Part IV, line 17				_					
f	Investment management fees									
g	Other. (If line 11g amount exceeds 10% of line 25,									
	column (A) amount, list line 11g expenses on Sch 0.)	15,484,120.	13,956,545.	1,527,575.						
12	Advertising and promotion	1 200 046	E01 000	522 222						
13	Office expenses	1,329,246.	791,023.	538,223.						
14	Information technology	3,411,673.	3,375,203.	36,470.						
15	Royalties	4 070 757	F11 002	4 250 054						
16	Occupancy	4,870,757.		4,358,954.						
17	Travel	1,220,291.	841,731.	3/8,300.	-					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials									
19	Conferences, conventions, and meetings	1,631,733.	905,903.	725,830.						
20	Interest	1,743,785.		1,743,785.						
21	Payments to affiliates	, , , , , , , , ,		, , , , , , , ,	-					
22	Depreciation, depletion, and amortization	29,015,764.	24,435,198.	4,580,566.						
23	Insurance	2,232,775.			_					
24	Other expenses. Itemize expenses not covered									
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)									
	amount, list line 24e expenses on Schedule O.)									
а	HARDWARE AND SOFTWARE E	27,073,974.		1,486,860.						
b	RELIABILITY ORGANIZATIO	18,947,337.		18,947,337.						
С	DUES AND SUBSCRIPTIONS	2,063,375.		314,075.						
d	ALL OTHER EXPENSES	229,560.	16,319.	213,241.						
е	All other expenses	005 554 005	160 201 161	F.C. 022 142						
25	•	225,554,307.	169,321,164.	56,233,143.	0.					
26	Joint costs. Complete this line only if the organization									
	reported in column (B) joint costs from a combined									
	educational campaign and fundraising solicitation.									
	Check here if following SOP 98-2 (ASC 958-720)				5 000 (2212)					

74-2587416 Page **11** INC

	LA	Dalance Sneet					
		Check if Schedule O contains a response or note	to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			11,830,010.	1	1,750,228.
	2	Savings and temporary cash investments			1337982880.	2	1577206635.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			9,007,026.	4	8,373,235.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of these	e perso	ons		5	
	6	Loans and other receivables from other disqualif	ed per	sons (as defined			
		under section 4958(f)(1)), and persons described		6			
ţ	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use				8	
Ř	9	Prepaid expenses and deferred charges		27,792,710.	9	29,594,655.	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	939,209,646.	440 454 500		400 070 460
	b	Less: accumulated depreciation			143,151,593.	10c	133,370,460.
	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			1500764010	15	1750205212
	16	Total assets. Add lines 1 through 15 (must equa			1529764219.	16	1750295213.
	17	Accounts payable and accrued expenses			15,790,794.	17	13,304,702.
	18	Grants payable	5,665,565.	18	5,693,525.		
	19	Deferred revenue			3,003,303.	19	3,093,323.
	20	Tax-exempt bond liabilities			904,226,998.	20 21	1051258859.
	21 22	Escrow or custodial account liability. Complete F Loans and other payables to any current or form			JUE, ZZU, JJU.	21	1031230037.
Liabilities	22	trustee, key employee, creator or founder, substa					
ij		controlled entity or family member of any of thes				22	
Lia	23	Secured mortgages and notes payable to unrelate			54,813,936.	23	50,829,664.
	24	Unsecured notes and loans payable to unrelated			31/013/3301	24	30,023,001
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines					
		of Schedule D	,	. Somprotor arry	458,949,536.	25	504,168,950.
	26	Total liabilities. Add lines 17 through 25			1439446829.	26	1625255700.
		Organizations that follow FASB ASC 958, chec					
es		and complete lines 27, 28, 32, and 33.					
anc	27				90,317,390.	27	125,039,513.
Bal	28	Net assets with donor restrictions		28			
Pu		Organizations that do not follow FASB ASC 95					
Ī.		and complete lines 29 through 33.					
Š	29	Capital stock or trust principal, or current funds			29		
set	30	Paid-in or capital surplus, or land, building, or eq			30		
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc	ome, o	or other funds		31	
Net	32	Total net assets or fund balances			90,317,390.	32	125,039,513.
	33	Total liabilities and net assets/fund balances			1529764219.	33	1750295213.

Form **990** (2019)

ELECTRIC RELIABILITY COUNCIL OF TEXAS

Form 990 (2019) INC 74-2587416 Page 12
Part XI Reconciliation of Net Assets

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI					X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	260				
2							
3							
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	90	, 31'	7,3	90.	
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 on Schedule O)	9		5	5,6	14.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	125	,03	9,5	13.	
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
			_		Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		[
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.	_				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed		·····				
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?			2b	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate		·····				
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?						
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin						
Act and OMB Circular A-133?						Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit	·····				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b			

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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

ELECTRIC RELIABILITY COUNCIL OF TEXAS INC

Employer identification number 74-2587416

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line			Complete ii tile
		(a) Donor advise	d 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 he	ld in donor advise	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?		Yes I
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that gra	nt funds can be u	used only
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for an	y other purpose o	conferring
_	impermissible private benefit?			
Pa	Tt II Conservation Easements. Complete if the org	ganization answered "Yes	s" on Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	,	
	Preservation of land for public use (for example, recreat	tion or education)	Preservation of	a historically important land area
	Protection of natural habitat		Preservation of	a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribu	ition in the form o	
	day of the tax year.			Held at the End of the Tax Ye
а	Total number of conservation easements			2a
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			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or to	erminated by the	organization during the tax
	year ▶			
4	Number of states where property subject to conservation eas	sement is located		
5	Does the organization have a written policy regarding the peri	iodic monitoring, inspect	ion, handling of	
	violations, and enforcement of the conservation easements it			Yes I
6	Staff and volunteer hours devoted to monitoring, inspecting, I	handling of violations, an	d enforcing cons	ervation easements during the year
				
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and ent	forcing conservat	ion easements during the year
	> \$			
8	Does each conservation easement reported on line 2(d) above			
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation	on easements in its reven	ue and expense	statement and
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's	financial stateme	ents that describes the
D.	organization's accounting for conservation easements.	Aut Historical Tox		han Oineilan Aasaka
Pa	ct III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form		asures, or Oti	ner Similar Assets.
			unus statement ex	ad balance about ways
ıa	If the organization elected, as permitted under FASB ASC 958			
	of art, historical treasures, or other similar assets held for pub			·
L	service, provide in Part XIII the text of the footnote to its finan			
b	If the organization elected, as permitted under FASB ASC 958			
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in iurth	erance of public service,
	provide the following amounts relating to these items:			• •
	(i) Revenue included on Form 990, Part VIII, line 1			
_	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical trea			gain, provide
	the following amounts required to be reported under FASB AS			•
a	Revenue included on Form 990, Part VIII, line 1			

Sche	edule D (Form 990) 2019 INC							74-25	87416	Pa	ge 2
Pa	rt III Organizations Maintaining C	collections of Art	, Hist	orical Tre	asures, o	r Other S	Similar	Assets	(contin	ued)	
3	Using the organization's acquisition, accessi	on, and other records	s, check	any of the f	ollowing tha	t make sigr	nificant u	se of its			
	collection items (check all that apply):										
а	Public exhibition	d		Loan or excl	nange progra	am					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	how th	ney further th	e organizatio	on's exemp	ot purpos	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations o	f art, hi	storical treas	ures, or othe	er similar a	ssets		_		
	to be sold to raise funds rather than to be ma				lection?				Yes		No
Pa	rt IV Escrow and Custodial Arran		te if the	e organizatio	n answered	"Yes" on F	orm 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod	ian or other intermedi	ary for	contributions	or other as	sets not ind	cluded		_		
	on Form 990, Part X?							<u> </u>	Yes	X	No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing t	table:							
									Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for	escrow or cu	stodial acco	unt liability	/?	LX	Yes		No
	If "Yes," explain the arrangement in Part XIII.									X	
Pa	rt V Endowment Funds. Complete		swered	"Yes" on Fo					<u> </u>		
		(a) Current year	(b) F	Prior year	(c) Two yea	rs back (c	d) Three y	ears back	(e) Four	years t	ack
1a	0 0 ,										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g		•									
2	Provide the estimated percentage of the curr	•	(line 1	g, column (a)) held as:						
а	,		_%								
b	Permanent endowment	%									
С		_%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organizat	tion tha	it are held an	d administe	red for the	organiza	tion	Г		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
_	(ii) Related organizations								3a(ii)		
b	o If "Yes" on line 3a(ii), are the related organiza								3b		
4 Da	Describe in Part XIII the intended uses of the left VI Land, Buildings, and Equipm		vment f	funds.							
Га					E 000		40				
	Complete if the organization answere										
	Description of property	(a) Cost or of		(b) Cost		ı	cumulate	d	(d) Book	value	
		basis (investm	ieiil)	basis (,	depr	eciation		0.45		-
_	Land				<u>7,096.</u>	11 2	02 75	O E	94/ 1,721	200	
b	•				4,957.	41,3			1,/41	.,∠∪	
C	Leasehold improvements				1,456.		$\frac{71,45}{62,61}$		2 222		0.
d				117,59					3,333		
	Other			719,37		UJ ⊿ ,U.	<u>,5</u>	<u> </u>	7,368 3.370		

Schedule D (Form 990) 2019

74-2587416 Page 3

	Investments - Other Securities. Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Descript	tion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
1) Financia	al derivatives			
2) Closely	held equity interests			
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
otal. (Col. (b	o) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.			
	Complete if the organization answered "Yes"			
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	a) must squal Form 000 Port V and (P) line 10)			
Part IX	o) must equal Form 990, Part X, col. (B) line 13.) Other Assets.			
	Complete if the organization answered "Yes"	on Form 990 Part IV line	11d See Form 990 Part X line 15	
		Description		(b) Book value
(1)		·		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Γotal. (Colu	mn (b) must equal Form 990. Part X. col. (B) line	e 15.)		<u> </u>
Part X	Other Liabilities.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	25.
1.	(a) Description of liability			(b) Book value
	eral income taxes			
(2) CR	RAH/QSE SECURITY DEPOSI			503,809,444
	CR. POST RET. BENEFIT OF	BLIGATION		351,982
				7,524
(4) DE	FERRED RENT CREDITS			
(4) DE (5)	FERRED RENT CREDITS			
(4) DE (5) (6)	FERRED RENT CREDITS			
(4) DE (5) (6) (7)	FERRED RENT CREDITS			
(4) DE (5) (6) (7) (8)	FERRED RENT CREDITS			
(4) DE (5) (6) (7)	FERRED RENT CREDITS			→ 504,168,950

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

		F0111 990) 2019 111C					/ 410	Page
Pai	rt XI	Reconciliation of Revenue per Audited Financial Statement	ts Wit	th Revenue per Re	turn.			
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.						
1	Total r	evenue, gains, and other support per audited financial statements			1	241	<u>,272</u>	<u>.479.</u>
2	Amour	nts included on line 1 but not on Form 990, Part VIII, line 12:		ī				
а	Net un	realized gains (losses) on investments	2a					
b	Donate	ed services and use of facilities	2b					
С	Recov	eries of prior year grants	2c					
d	Other	(Describe in Part XIII.)	2d					
е	Add lir	nes 2a through 2d			2e			0.
3	Subtra	ct line 2e from line 1			3	241	,272	<u>479.</u>
4	Amour	nts included on Form 990, Part VIII, line 12, but not on line 1:						
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other	(Describe in Part XIII.)	4b	18,947,337.				
С	Add lir	nes 4a and 4b			4c	18	,947 ,219	337.
5	Total r	evenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	260	,219	816.
Pa	rt XII	Reconciliation of Expenses per Audited Financial Statemer	nts W	ith Expenses per F	Retur	n.		
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.						
1	Total e	expenses and losses per audited financial statements			1	206	<u>,550</u>	.355 .
2	Amour	nts included on line 1 but not on Form 990, Part IX, line 25:						
а	Donate	ed services and use of facilities	2a					
b	Prior y	ear adjustments	2b					
С	Other	osses	2c					
d		(Describe in Part XIII.)	2d					
е	Add lir	nes 2a through 2d			2e			0.
3	Subtra	ct line 2e from line 1			3	206	<u>,550</u>	355.
4		nts included on Form 990, Part IX, line 25, but not on line 1:						
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other	(Describe in Part XIII.)	4b	19,003,952.				
С	Add lir	nes 4a and 4b			4c		,003,	
5	Total e	expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	225	,554,	307.
Pa	rt XIII	Supplemental Information.						
Prov	ide the o	descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	, lines	1b and 2b; Part V, line 4	; Part	X, line	2; Part X	l,
ines	2d and	4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition	onal int	formation.				
PAI	RT I	7, 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 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 ERCOT FOR REGISTERED MARKET PARTICIPANTS. ADDITIONALLY, AS REQUIRED BY ERCOT PROTOCOLS, ERCOT

Schedule D (Form 990) 2019 INC	74-2587416 Page 5
Part XIII Supplemental Information (continued)	
EXECUTES AUCTIONS FOR CONGESTION REVENUE RIGHTS MONTHLY AND A	NNUALLY AND
DISTRIBUTES PROCEEDS FROM THESE AUCTIONS TO MARKET PARTICIPAN	TS 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. ACCORDING	LY, NO
PROVISION FOR INCOME TAXES OR UNCERTAIN TAX POSITIONS HAS BEE	N REFLECTED
IN THE FINANCIAL STATEMENTS.	
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
RELIABILITY ORGANIZATION PASS-THROUGH REVENUE	18,947,337.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
CHANGE IN DEFERRED PENSION COSTS	56,614.
RELIABILITY ORGANIZATION ASSESSMENT	18,947,338.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	19,003,952.
PART XI, LINE 4B OTHER ADJUSTMENTS	
AFTER ADOPTING ASU NO. 2016-08, RELIABILITY ORGANIZATION PASS	-THROUGH
REVENUE AND RELATED RELIABILITY ORGANIZATION ASSESSMENT EXPEN	SE ARE
REPORTED NET ON THE FINANCIAL STATEMENTS.	

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

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

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.

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

2019

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Questions Regarding Compensation

ELECTRIC RELIABILITY COUNCIL OF TEXAS INC

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

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 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	1b		
2	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?	2	X	
3	Indicate which, if any, of the following the 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 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, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a	X	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	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.			
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:			
а	The organization?	5a		Х
b	Any related organization?	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:			
а	The organization?	6a		Х
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	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	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2019

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)	876,334.	0.	0.	37,509.	30,867.	944,710.	0.
BOARD MEMBER; PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SALLIE BETTY DAY	(i)	312,724.	0.	0.	40,600.	31,606.	384,930.	0.
VP, GOVERNANCE, RISK & COM	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JERRY DREYER	(i)	479,410.	0.	0.	40,600.	28,327.	548,337.	0.
SVP, & CIO	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) THERESA GAGE	(i)	365,935.	0.	0.	39,770.	9,283.	414,988.	0.
VP, EXTERNAL AFFAIRS & CORPORATE	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) VICKIE LEADY	(i)	215,099.	0.	0.	31,861.	21,549.	268,509.	0.
ASST, GC AND ASST, CORP, SEC	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) CHERYL MELE	(i)	458,828.	0.	89,177.	40,600.	18,333.	606,938.	0.
SR. VP & COO	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) KENAN OGLEMAN	(i)	343,959.	0.	0.	37,000.	9,899.	390,858.	0.
VP, COMMERCIAL OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) MICHAEL PETTERSON	(i)	346,069.	0.	66,466.	40,600.	27,825.	480,960.	0.
VP AND CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) DWAYNE RICKERSON	(i)	344,562.	0.	0.	39,906.	28,224.	412,692.	0.
VP, GRID PLANNING & OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) CHAD SEELY	(i)	452,185.	0.	0.	39,665.	33,144.	524,994.	0.
SR. VP, GENERAL COUNSEL & GOV	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) MARA SPAK	(i)	244,787.	0.	0.	35,661.	11,055.	291,503.	0.
VP, HUMAN RESOURCES	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) JEYANT TAMBY	(i)	409,399.	0.	66,799.	40,099.	23,353.	539,650.	0.
SR. VP AND CAO	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) SEAN TAYLOR	(i)	239,273.	0.	0.	35,342.	23,574.	298,189.	0.
VP & CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) JOHN MESSER	(i)	202,431.	0.	0.	29,657.	28,388.	260,476.	0.
DIRECTOR, IT APPLICATION DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) MARK RUANE	(i)	241,564.	0.	0.	35,269.	12,816.	289,649.	0.
DIRECTOR, SETTLEMENTS RETAIL & CR	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) DAN WOODFIN	(i)	244,227.	689.	0.	35,508.	18,233.	298,657.	0.
SR. DIRECTOR, SYSTEM OPERATIONS	(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.

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denemis	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(17) BRYAN HANLEY	(i)	233,352.	0.	0.	34,128.	28,404.	295,884.	0.
DIRECTOR, IT INFRASTRUCTURE	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) NATHAN BIGBEE	(i)	234,938.	662.	0.	34,867.	30,736.	301,203.	0.
ASST. GENERAL COUNSEL, REG	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) DAVID FORFIA	(i)	191,951.	0.	130,274.	28,190.	22,820.	373,235.	0.
DIRECTOR IT ARCHITECTURE	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) WARREN LASHER	(i)	222,102.	0.	0.	32,304.	17,299.	271,705.	0.
SENIOR DIRECTOR, SYSTEM PLAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(21) JOEL MICKEY	(i)	233,211.	0.	0.	34,390.	31,129.	298,730.	0.
SR. DIRECTOR WHOLESALE MARKET	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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INC

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 4A:
PURSUANT TO AN AGREEMENT WITH ERCOT, CHERYL MELE RECEIVED A SEVERANCE
PAYMENT OF \$89,177, DAVID FORFIA RECEIVED A SEVERENCE PAYMENT OF \$130,274,
AND MICHAEL PETTERSON RECEIVED A SEVERENCE PAYMENT OF \$66,365.
PART II, COLUMN B(III):
IN ADDITION TO THE SEVERANCE PAYMENTS EXPLAINED ABOVE, JEYANT TAMBY
RECEIVED A RELOCATION PAYMENT OF \$66,799.

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. ELECTRIC RELIABILITY COUNCIL OF TEXAS Open to Public Inspection

Employer identification number

OMB No. 1545-0047

FORM 990, PART I, LINE 1:

Name of the organization 74-2587416

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 MORE THAN 26 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 650+ GENERATION UNITS. ERCOT ALSO PERFORMS FINANCIAL SETTLEMENT FOR THE COMPETITIVE WHOLESALE BULK-POWER MARKET AND ADMINISTERS RETAIL SWITCHING FOR 8 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 MARKET

Employer identification number 74-2587416

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,

ARE ALSO EX-OFFICIO DIRECTORS - ONE REPRESENTS A SUBSEGMENT OF THE CONSUMER

SEGMENT AS PUBLIC COUNSEL AND THE OTHER IS THE CHIEF EXECUTIVE OFFICER OF

ERCOT -- AND NEITHER HAVE ANY RESPECTIVE SEGMENT ALNTERNATES. 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, 2019, ERCOT'S MEMBERSHIP INCLUDED 271 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 CERTIFICATE OF FORMATION AND BYLAWS]. CORPORATE

MEMBERS QUALIFY IN ONE OF SEVEN SEGMENTS: COOPERATIVE; INDEPENDENT

GENERATOR; INDEPENDENT POWER MARKETER; INDEPENDENT RETAIL ELECTRIC

PROVIDER; INVESTOR OWNED UTILITY; MUNICIPAL (I.E. A MUNICIPAL-OWNED UTILITY

OR A RIVER AUTHORITY); OR CONSUMER (WHICH HAS SUBSEGMENTS INCLUDING

COMMERCIAL, INDUSTRIAL AND RESIDENTIAL). ASSOCIATE AND ADJUNCT MEMBERS DO

NOT HAVE THE RIGHT TO VOTE ON ANY MATTER SUBMITTED TO THE GENERAL

MEMBERSHIP, AND ADJUNCT MEMBERS DO NOT HAVE THE RIGHT TO BE ELECTED OR

APPOINTED TO THE ERCOT BOARD, TAC, OR ANY SUBCOMMITTEE OF THE BOARD OR TAC.

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

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

74-2587416

Employer identification number

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 CERTIFICATE OF FORMATION 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 2019 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 AUGUST 11, 2020. THE FINAL VERSION OF THE 2019

Name of the organization ELECTRIC RELIABILITY COUNCIL OF TEXAS INC

Employer identification number 74-2587416

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 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. 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.

ELECTRIC RELIABILITY COUNCIL OF TEXAS Name of the organization **Employer identification number** 74-2587416 INC 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 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. 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 CHIEF EXECUTIVE OFFICER IS SUBJECT TO REVIEW AND APPROVAL BY THE PUBLIC

Schedule O (Form 990 or 990-EZ) (2019) Page 2 Name of the organization ELECTRIC RELIABILITY COUNCIL OF TEXAS **Employer identification number** 74-2587416 INC 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 AMOUNTS. FOR OFFICERS WHO ARE NOT THE DIRECT REPORTS OF THE CEO OR KEY 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 CONSULTANTS. 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).

DEFERRED PENSION COSTS 56,614.

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

Form **8868**

(Rev. January 2020)

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.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

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/e-file-providers/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 incom-	e tax retur	ns.	r					
Type or print	TI TOWN TO DEL TARTITUM COMMICTI OF MENAGE								
INC 74-2587416									
File by the due date for filing your return. See Table 1. Number, street, and room or suite no. If a P.O. box, see instructions. 7620 METRO CENTER DRIVE									
instructions	AUSTIN, TX 78744-1613								
Enter the	Return Code for the return that this application is for (file	e a separa	te application for each return)			01			
Applicat	ion	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			08			
Form 472	20 (individual)	03	Form 4720 (other than individual)			09			
Form 990)-PF	04	Form 5227			10			
Form 990	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11			
Form 990	O-T (trust other than above) SEAN TAYLOR, VE	06	Form 8870			12			
Telepl If the	cooks are in the care of \blacktriangleright 7620 METRO CENTED THE NOTE NOTE 1. The none No. \blacktriangleright 512-225-7000 organization does not have an office or place of business is for a Group Return, enter the organization's four digit (s in the Uni Group Exe	Fax No. ▶ited States, check this box	If this is fo	r the whole gro				
the	equest an automatic 6-month extension of time until organization named above. The extension is for the organization year 2019 or tax year beginning tax year entered in line 1 is for less than 12 months, cleans	anization's	d ending	e the exem		n return for			
	Change in accounting period	TIGUN TEASC	on initial letuiti	T III IAI TELUT					
	his application is for Forms 990-BL, 990-PF, 990-T, 4720,	, or 6069, e	enter the tentative tax, less			•			
	y nonrefundable credits. See instructions.			3a	\$	0.			
	his application is for Forms 990-PF, 990-T, 4720, or 6069					•			
	imated tax payments made. Include any prior year overp			3b	\$	0.			
	lance due. Subtract line 3b from line 3a. Include your pa	•				•			
usi	ng EFTPS (Electronic Federal Tax Payment System). See	e instructio	ns.	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. 1-2020)

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

. 2019, and ending	. 20

OMB No. 1545-1878

	For calendar year 2019, or fiscal year beginning			, 20	2019
Department of the Treasury Internal Revenue Service	➤ Go to www.irs.gov/	to the IRS. Keep for the			_0.0
Name of exempt organization	p do to minimolgen	1 01111001020 101 1110	iatost iii oi iii atioiii	Employer id	dentification number
ELECTRIC RELI	ABILITY COUNCIL OF TE	EXAS			87416
Name and title of officer				1 1 = 2 3	707410
SEAN TAYLOR					
VP AND CFO					
Part I Type of	Return and Return Information	(Whole Dollars Only)		
on line 1a, 2a, 3a, 4a, or 5	rn for which you are using this Form 887 a, below, and the amount on that line for ank (do not enter -0-). But, if you entered	the return being filed	with this form was blank, t	then leave lin	ne 1b, 2b, 3b, 4b, or 5b,
1a Form 990 check here	▶ X b Total revenue, if any (F	orm 990 Part VIII cc	lumn (A) line 12)	1h	260.219.816.
2a Form 990-EZ check he	re b Total revenue, if any (nv (Form 990-F7, line	9)	15 _ 2b	
3a Form 1120-POL check					
4a Form 990-PF check he			n 990-PF, Part VI, line 5)		
5a Form 8868 check here					
Part II Declarat	ion and Signature Authorizatio	n of Officer			
debit) entry to the financia return, and the financial in 1-888-353-4537 no later th processing of the electron payment. I have selected	pplicable, I authorize the U.S. Treasury a institution account indicated in the tax pstitution to debit the entry to this accounan 2 business days prior to the payment c payment of taxes to receive confidential personal identification number (PIN) as electronic funds withdrawal.	oreparation software f t. To revoke a paymer (settlement) date. I als al information necessa	or payment of the organizant, I must contact the U.S. so authorize the financial ir ary to answer inquiries and	ation's federa Treasury Finansitutions inv resolve issu	al taxes owed on this ancial Agent at volved in the es related to the
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1 authorize Dr.		rm name		to enter my	Enter five numbers, bu
is being filed wit enter my PIN or As an officer of indicated within	on the organization's tax year 2019 elect h a state agency(ies) regulating charities the return's disclosure consent screen. he organization, I will enter my PIN as m this return that a copy of the return is be nter my PIN on the return's disclosure co	as part of the IRS Fed y signature on the org ing filed with a state a	d/State program, I also auth anization's tax year 2019 e	horize the afo	orementioned ERO to
Officer's signature	, 		Date >		
	tion and Authentication				
•	ur six-digit electronic filing identification your five-digit self-selected PIN.		39341753202 Do not enter all zeros		
	neric entry is my PIN, which is my signating this return in accordance with the reques Returns.				
ERO's signature ▶ BAKE	R TILLY US, LLP		Date ▶ <u>11/</u>	09/20	

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So