Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

2010

OMB No 1545-0047

Open to Public Inspection

Process of application process Disson ELECTRIC INSTITUTE INC	_	the 2010	calendar year, or tax year beg C Name of organization	inning 01-01-2010 and ending 12-31-2010)	D Emplo	ver ider	ntification number	
Dough Brances As									
Number and street (or P O box if mail is not delivered to street address) Room/sufe (202) \$08-\$000	_	_	Doing Business As						
Terminated Total Pentest/Lowalis Ave NW A	_				T=	.			
City or town, state or country, and ZIP + 4 WCHRICTON, DC 200042696 F Name and address of principal officer THO MAS R KUHN 701 PEHNSTLVANIA A VE MW WASHINGTON, DC 200042696 Tax-exempt status Solic()(3) ▼ 501(c) (6) ◀ (insert no.)	_			x if mail is not delivered to street address)	Room/suite	(202)	508-5	000	
F Name and address of principal officer THO MAS R KUHN 701 PEINSTUANIA AVE NW WASHINGTON, DC 200042696 TI'NO," attach a list (see instructions) H(b) Are all affiliates micked 9	_		City or town, state or country,	and ZIP + 4		G Gross r	eceipts \$	167,547,750	
THOMAS R KUHN 701 PERNSYLVANIA AVE NW WASHINGTON,DC 200042696 Maching	- App	lication pendi							
## THO MAS R KUHN 701 PRINSYLVANIA AVE NW WASHINGTON, DC 200042696 Tax-exempt status			F Name and address of	principal officer	H(a) Isthisa	group return fo	or affiliates	,₂	
WASHINGTON,DC 200042696				V F N W					
Website:								Yes N	
Potential Pot		v ovemnt stat		M (mark ma)	_				
Part I Summary				(insert no) 4947(a)(1) or 527					
### 1				_					
1 Briefly describe the organization's mission or most significant activities TO PROVIDE A FORUM FOR THE ELECTRIC UTILITY INDUSTRY 2 Check this box				ciation Other -	L Year of for	mation 193	3 M S	tate of legal domicile	
TO PROVIDE A FORUM FOR THE ELECTRIC UTILITY INDUSTRY 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a)	Ра		<u> </u>						
Net unrelated business revenue from Part VIII, column (C), line 12			_	<u>-</u>					
Net unrelated business revenue from Part VIII, column (C), line 12	₫								
Net unrelated business revenue from Part VIII, column (C), line 12									
Net unrelated business revenue from Part VIII, column (C), line 12		2 Check	this box 🛏 if the organization	n discontinued its operations or disposed o	of more than 2!	5% of its r	net ass	ets	
Net unrelated business taxable income from Part VIII, column (C), line 12	.	3 Numb	er of voting members of the gov	verning body (Part VI, line 1a)			3	6	
Net unrelated business revenue from Part VIII, column (C), line 12	{	4 Numb	er of independent voting memb	ers of the governing body (Part VI, line 1b)			4		
Net unrelated business taxable income from Part VIII, column (C), line 12		5 Total	number of individuals employed	i ın calendar year 2010 (Part V, line 2a)			5	20	
Net unrelated business taxable income from Part VIII, column (C), line 12		6 Total	number of volunteers (estimate	ifnecessary)			6	10	
8 Contributions and grants (Part VIII, line 1h)	•	7a Total	unrelated business revenue fro	m Part VIII, column (C), line 12			7a	676,65	
8 Contributions and grants (Part VIII, line 1h)		b Netu	related business taxable inco	ne from Form 990-T, line 34			7b	-275,53	
9 Program service revenue (Part VIII, line 2g)					Prior	r Year		Current Year	
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	ا		• •	'					
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		9 Pro	gram service revenue (Part VII	I, line 2g)		71,374,8	02	78,194,88	
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9861		·			3,932,9	36	3,703,21	
12)	_						0		
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)			_			75,307,7	38	81,898,09	
14 Benefits paid to or for members (Part IX, column (A), line 4)							_	1,039,33	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5- 10) 16a Professional fundraising fees (Part IX, column (A), line 11e)			, ,	, , , , , , , , , , , , , , , , , , , ,					
10) 16a Professional fundraising fees (Part IX, column (A), line 11e)					;_		+		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 36,473,683 41,121,10 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 72,081,681 76,400,40 19 Revenue less expenses Subtract line 18 from line 12 3,226,057 5,497,65	\$, (, (,,		34,471,8	63	34,240,00	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 36,473,683 41,121,10 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 72,081,681 76,400,40 19 Revenue less expenses Subtract line 18 from line 12 3,226,057 5,497,65	<u> </u>	16a Pro	essional fundraising fees (Part	IX, column (A), line 11e)			0		
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 72,081,681 76,400,44 19 Revenue less expenses Subtract line 18 from line 12	ਬੌ	b Tota	fundraising expenses (Part IX, colum	n (D), line 25) ▶ 0					
19 Revenue less expenses Subtract line 18 from line 12		17 Oth	er expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		36,473,6	83	41,121,10	
						72,081,6	81	76,400,44	
Beginning of Current Find of Year Year Year		19 Rev	enue less expenses Subtract	ine 18 from line 12				5,497,65	
5.44	5 0 2 0 3 0						t	End of Year	
20 Total assets (Part X, line 16)		20 Tot	al assets (Part X, line 16) .			90,458,6	81	99,239,67	
d=	3 to 1	21 Tot	al liabilities (Part X, line 26) .			70,850,034		79,339,27	
21 Total liabilities (Part X, line 26)	nd Bak		assets or fund balances Subti	sets or fund balances Subtract line 21 from line 20			47	19,900,40	
21 Total liabilities (Part X, line 26)	Fund Bak	22 Net							
次位 20 Total assets (Part X, line 16)	tables Expenses	10) 16a Pro b Tota 17 Oth 18 Tot 19 Rev 20 Tot	essional fundraising fees (Part fundraising expenses (Part IX, colum er expenses (Part IX, column (al expenses Add lines 13-17 enue less expenses Subtract al assets (Part X, line 16)	IX, column (A), line 11e) n (D), line 25) ▶0 A), lines 11a-11d, 11f-24f) (must equal Part IX, column (A), line 25) ine 18 from line 12	Beginning	36,473,6 72,081,6 3,226,0 of Curren ear 90,458,6 70,850,0	0 83 81 57 t 81	41,12 76,40 5,49 End of Year 99,23 79,33	
79,339,2 Total liabilities (Part X, line 26)	nd Bat					19,608,647		19,900,40	
21 Total liabilities (Part X, line 26)	Fund Bak	22 Net							
79,339,2 Total liabilities (Part X, line 26)	iet Asse und Bak			act line 21 from line 20			'		
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my mowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has a mowledge.	Jnder cnowle	penalties o edge and be edge.	perjury, I declare that I have explicitly in the performance of the pe						
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my mowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has a mowledge. ******* 2011-07-22	Par Inder Inowle	penalties o edge and be edge.	perjury, I declare that I have explicitly in perjury, I declare that I have explicitly in the perjury in perjury in the perjury in p		r) is based on a	all informat 11-07-22			
Part II Signature Block Inder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my nowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has a nowledge. ****** Signature of officer Date D	Par Inder Inowle Inowle	penalties of edge and be edge.	perjury, I declare that I have explicitly in perjury, I declare that I have explicitly in the perjury in perjury in the perjury in p		r) is based on a	all informat 11-07-22			
Part II Signature Block Inder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my nowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has a nowledge. Sign ****** 2011-07-22 30HN S SCHLENKER TREASURER/CFO	Par Inder Inowle	penalties of edge and be edge.	**** gnature of officer HN S SCHLENKER TREASURER/CFO		r) is based on a	all informat 11-07-22			
Part II Signature Block Inder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my mowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has a mowledge. Sign	Par Inder Inowle Inowle	penalties of edge and be edge. $\frac{*}{5}$	**** gnature of officer HN S SCHLENKER TREASURER/CFO pe or print name and title	ete. Declaration of preparer (other than office	r) is based on a	11-07-22 te	ion of w		
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my mowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has a mowledge. Signature of officer	Par Inder Inowle Bign Here	penalties o edge and be edge. * * * * * * * * * * * * *	**** gnature of officer WHN S SCHLENKER TREASURER/CFO pe or print name and title	ete. Declaration of preparer (other than office	20: Dar	11-07-22 te Check if self-	ion of w	vhich preparér has a	
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my mowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has a mowledge. 10	Par Inder Inowles Bign Here	penalties o edge and be edge. * * Print/1 prepar Firm's	**** gnature of officer HN S SCHLENKER TREASURER/CFO pe or print name and title ype er's name KAREN GRIES	ete. Declaration of preparer (other than office	20: Dar	11-07-22 te Check if self-	PT PT	vhich preparér has a	
Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my mowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has a mowledge. Signature of officer JOHN S SCHLENKER TREASURER/CFO Type or print name and title Print/Type preparer's name KAREN GRIES Preparer's signature KAREN GRIES Date Check if self- employed PTIN	Par Inder Inowle Bign Here	penalties of edge and be edge. **Signature** **Print/Tigrepart** **Firm's **Firm's	**** gnature of officer HN S SCHLENKER TREASURER/CFO pe or print name and title ype er's name KAREN GRIES name LARSONALLEN LLP	ete. Declaration of preparer (other than office	20: Dar	11-07-22 te Check if self-	PT FII	vhich preparér has a	

Par	t III		Program Service A O contains a response	ccomplishments to any question in this l	Part III	
	Brief	ly describe the organ	<u> </u>			<u> </u>
EEI AUT	IS THE	ASSOCIATION OF	AMERICA'S SHAREH	STRY DATA TO ITS ME	TRIC UTILITIES THE INSTITUMBERS, CONGRESS, GOVERN	
2	Did th	ne organization unde rior Form 990 or 990	rtake any significant pr	ogram services during t	he year which were not listed on	┌ Yes ┌ No
	If "Ye	s," describe these n	ew services on Schedu	le O		
3	servi	ces?		significant changes in h	ow it conducts, any program	┌ Yes ┌ No
	If "Ye	s," describe these c	hanges on Schedule O			
4	Secti	on 501(c)(3) and 50	1(c)(4) organizations a		s three largest program service: trusts are required to report the ogram service reported	
4a	(Cod	e) (Expenses \$	ıncludıng grants o	of \$) (Revenue	\$)
	CLIM TRAN	ATE, CLEAN WATER, TOX ISPORTATION, RISK ASSE	ICS RÉLEASE INVENTORY, C	LEAN COAL TECHNOLOGIES, I IT, AND WASTE ACTIVITIES A	S COMPRISED OF A HOST OF ACTIVITIE NATURAL GAS, HYDROPOWER, OTHER F IS THE ASSOCIATION FOR SHAREHOLDE	RENEWABLE FUELS, RAIL
	/6-1) /5		(h	
4b	(Cod) (Expenses \$	including grants o		,
	NORT INCL ECON	TH AMERICAN ELECTRIC JDES ACTIVITIES ASSOCI	RELIABILITY CORPORATION ATED WITH THE IMPLEMENT GENERAL ENERGY POLICY AD	(NERC), AND THE NATIONAL TATION OF THE ENERGY POLI	DLVING THE FEDERAL ENERGY REGULAT ASSOCIATION OF REGULATORY COMMI CY ACT OF 2005 AND RELATED LITIGAT ON FOR SHAREHOLDER-OWNED ELECTE	SSIONERS (NARUC) IT ALSO ION, SUBSIDY ISSUES, MODELING,
4c	(Cod) (Expenses \$	including grants of	, ,	,
	STAN	DARDS BOARD (FASB) IS		S, AND STUDIES AS THE ASS	G WALL STREET OUTREACH, TAX ISSUE OCIATION FOR SHAREHOLDER-OWNED	
	O th	ar program carvicas	(Describe in Schedule	0.)		
-ru		en program services penses \$	•	grants of \$) (Revenue \$)
—— 4е		ıl program service ex		<u>-</u>	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , ,
	1011	p.og.a scriice ex	P			

Form 990 (2010) Page **8** Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (C) (D) (B) (E) (F) Name and Title Average Position (check all Reportable Reportable Estimated that apply) compensation hours compensation amount of other per from the from related compensation Highest compensated employee organızatıon (Worganizations week from the Institutional (W- 2/1099-Э O 2/1099-MISC) organization and ndividual trustee (describe director hours MISC) related employee for organizations mer related Trustee organizations ın Schedule 0) (17) JOSE M DELGADO 1 00 Χ 0 DIRECTOR (18) PETER J DONLEAVY 1 00 Χ 0 DIRECTOR (19) CHRISTOPHER L DUTTON 1 00 Χ 0 DIRECTOR (20) NIEL C ELLERBROOK 1 00 Х 0 DIRECTOR (21) DAVID R EMERY 1 00 Х 0 DIRECTOR (22) JOHN D ERICKSON 1 00 Χ 0 DIRECTOR (23) PAUL J EVANSON 1 00 Χ 0 0 **DIRECTOR** (24) PEGGY Y FOWLER 1 00 Χ 0 DIRECTOR (25) WILLIAM L GIPSON 0 1 00 Х 0 DIRECTOR (26) DAVID GOODIN 1 00 Χ 0 0 DIRECTOR (27) LON R GREENBERG 1 00 Χ 0 DIRECTOR (28) PAUL HANRAHAN 1 00 Χ 0 DIRECTOR (29) MICHAEL J HANSON Χ 0 DIRECTOR (30) WILLIAM D HARVEY Х 0 1 00 DIRECTOR (31) CURTIS L HEBERT JR 1 00 Χ 0 DIRECTOR (32) SHERRILL W HUDSON 0 1 00 Χ 0 DIRECTOR (33) RALPH IZZO 1 00 Χ 0 DIRECTOR (34) WILLIAM D JOHNSON 1 00 Х 0 0 DIRECTOR (35) DAVID W JOOS 1 00 Х 0 0 0 DIRECTOR (36) J LAMONT KEEN 1 00 Χ 0 DIRECTOR (37) THOMAS B KING 1 00 Х 0 DIRECTOR (38) GALE E KLAPPA Χ 0 DIRECTOR (39) STEVEN V LANT 1 00 Х 0 0 DIRECTOR (40) CONSTANCE H LAU 1 00 Χ 0 DIRECTOR (41) JAMES P LAURITO 1 00 Х 0 DIRECTOR (42) MICHAEL H MADISON 1 00 Χ 0 DIRECTOR (43) THOMAS J MAY 1 00 Χ 0 0 DIRECTOR (44) DAVID M MCCLANAHAN 1 00 Х 0 0 0 DIRECTOR (45) TIM MCLEOD 1 00 Χ 0 DIRECTOR (46) JAMES H MILLER 1 00 Х 0 DIRECTOR (47) WILLIAM B MOORE 0 DIRECTOR (48) MICHAEL G MORRIS 1 00 Х 0 0 0 DIRECTOR (49) SCOTT L MORRIS 1 00 Χ 0 DIRECTOR (50) RICHARD A MUENCH 1 00 Х 0 0 DIRECTOR (51) EDWARD R MULLER 1 00 Χ 0 DIRECTOR (52) EILEEN O ODUM Х 0 1 00 0 **DIRECTOR** (53) JAMES S PIGNATELLI 1 00 0 Х DIRECTOR (54) JAMES J PIRO 1 00 Χ DIRECTOR (55) MARY G POWELL 1 00 Х 0 DIRECTOR (56) JOHN PROCARIO 0 DIRECTOR (57) GARY L RAINWATER 1 00 Χ 0 DIRECTOR (58) DAVID M RATCLIFFE 1 00 Χ 0 DIRECTOR (59) STEPHEN P REYNOLDS 1 00 Х DIRECTOR (60) JOSEPH M RIGBY 1 00 Χ 0 DIRECTOR (61) JAMES E ROGERS 1 00 Χ 0 DIRECTOR (62) JOHN W ROWE 1 00 Х 0 DIRECTOR (63) ROBERT W ROWE 1 00 Χ DIRECTOR (64) CHARLES A SCHROCK 1 00 0 Χ DIRECTOR (65) MAYO A SHATTUCK III 1 00 Χ 0 DIRECTOR (66) WILLIAM H SHEPPARD 0 1 00 Х DIRECTOR (67) DONALD J SHIPPAR 1 00 Χ 0 **DIRECTOR** (68) CHARLES W SHIVERY 1 00 Х 0 DIRECTOR (69) VICTOR A STAFFIERI 1 00 Х 0 DIRECTOR (70) JEFFRY E STERBA 1 00 Χ 0 DIRECTOR (71) JAMES P TORGERSON 1 00 Х 0 DIRECTOR (72) THOMAS R VOSS Χ 1 00 DIRECTOR (73) JOSEPH L WELCH 1 00 Х 0 DIRECTOR (74) BRUCE A WILLIAMSON 1 00 Χ 0 DIRECTOR (75) GARY J WOLTER 1 00 Х 0 DIRECTOR (76) DENNIS R WRAASE 1 00 Χ 0 DIRECTOR (77) MICHAEL W YACKIRA 1 00 Χ 0 DIRECTOR (78) JOHN F YOUNG 1 00 Х 0 DIRECTOR (79) ROBERT H YOUNG Х 1 00 0 DIRECTOR (80) THOMAS R KUHN 3,084,410 Х 45 00 922,483 PRESIDENT (81) DAVID K OWENS 45 00 Χ 796,385 84,636 **EXECUTIVE VICE PRESIDENT** (82) BRIAN WOLFF 45 00 Х 693,507 0 83,060 EXECUTIVE VICE PRESIDENT (83) LYNN H LEMASTER 45 00 Χ 653,213 73,748 SENIOR VP, POLICY (84) EDWIN R ANTHONY Х 285,738 56,999 45 00 VP, CORP AFFAIRS (85) EDWARD H COMER Χ 45 00 377,020 67,911 VP, GENERAL COUNSEL (86) JOHN J EASTON 45 00 Χ 312,786 57,656 VP, INT'L PROGRAMS (87) MARY D MILLER Х 192,488 45 00 324,219 VP, HUMAN RESOURCES (88) PATRIC D O'KEELEY Х 549,612 45 00 46,835 TREASURER/CFO (89) QUINLAN SHEA 66,092 45 00 Х 306,953 EXEC DIR, ENVIRONMENT (90) RON CLEMENTS 45 00 Χ SENIOR DIRECTOR, GOV AFFA (91) KATHRYN STECKELBERG Х 302,797 45 00 57,337 EXEC DIR, GOV'T RELATIONS (92) JAMES FAMA 45 00 Χ 301,271 69,819 **EXEC DIR, ENERGY DELIVERY** (93) RICHARD MCMAHON Χ 73,562 45 00 326,299 0 EXEC DIR, FINANCE/ENERGY S (94) M SADEGH RAZEGHI 44,852 45 00 Х 225,273 0 CIO (95) JOHN S SCHLENKER 45 00 Χ 217,748 63,649 CONTROLLER (96) MARSHALL BRIER 2 00 Х VP, POLICY (97) WALKER NOLAN 40 00 PAST EXEC VP, POLICY 1b Total from continuation sheets to Part VII, Section A Total (add lines 1b and 1c) 8,757,231 0 1,961,127 d Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization \blacktriangleright 15 Yes Did the organization list any former officer, director or trustee, key employee, or highest compensated employee 3 Νo 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 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Νo **Section B. Independent Contractors** Complete this table for your five highest compensated independent contractors that received more than

HUNTON & WILLIAMS 1900 K STREET WASHINGTON, DC 20006	CONSULTING	7,433,283
VENABLE LLP 575 SEVENTH STREET WASHINGTON, DC 20004	CONSULTING	3,301,688
SKADDEN ARPS 1440 NY AVENUE NW WASHINGTON, DC 20005	CONSULTING	829,728
OCE BUSINESS SERVICES 855 AVENUE OF THE AMERICAS NEW YORK, NY 10001	BUSINESS SERVICE CENTER	474,172
ICF RESOURCES INC 9300 LEE HIGHWAY FAIRFAX, VA 22031	CONSULTING	463,415
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►5) who received more than	
		Form 990 (2010)

(B)

Description of services

(C)

Compensation

\$100,000 of compensation from the organization

(A)

Name and business address