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**SCHEDULE 1. IDENTIFICATION**

**Survey Contact**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Telephone (include extension): \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

**Supervisor of Contact Person for Survey**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Telephone (include extension): \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

**Report For**

Entity Name: \_\_\_\_\_  
 Entity ID: \_\_\_\_\_ Reporting Year: \_\_\_\_\_

**Entity and Preparer Information**

Legal Name of Entity: \_\_\_\_\_  
 Current Address of Entity's Principal Business Office: \_\_\_\_\_  
 Preparer's Legal Name (If Different From Entity's Legal Name): \_\_\_\_\_  
 Current Address of Preparer's Office (If Different From Current Address of Entity's Principal Business Office): \_\_\_\_\_

<b>Respondent Type (check one)</b>	<input type="checkbox"/> Federal	<input type="checkbox"/> State
	<input type="checkbox"/> Political Subdivision	<input type="checkbox"/> Municipal
	<input type="checkbox"/> Municipal Marketing Authority	<input type="checkbox"/> Investor-Owned
	<input type="checkbox"/> Cooperative	<input type="checkbox"/> Retail Power Marketer (or Energy Service Provider)
	<input type="checkbox"/> Independent Power Producer or Qualifying Facility	<input type="checkbox"/> Wholesale Power Marketer

For questions or additional information about the Form EIA-861 contact the Survey Manager:

Karen McDaniel  
 Telephone Number: (202) 586-4280  
 FAX Number: (202) 287-1938  
 E-mail: Karen.McDaniel@eia.doe.gov

Entity Name: \_\_\_\_\_  
 Entity ID: \_\_\_\_\_ Reporting Year: \_\_\_\_\_

**SCHEDULE 2, PART A. GENERAL INFORMATION**

LINE NO.					
1	Regional North American Electric Reliability Council (not applicable for power marketers) (mark all that apply)	<input type="checkbox"/> SERC			
		<input type="checkbox"/> ERCOT	<input type="checkbox"/> MRO	<input type="checkbox"/> SPP	
		<input type="checkbox"/> FRCC	<input type="checkbox"/> NPCC	<input type="checkbox"/> WECC	
		<input type="checkbox"/> RFC (formerly ECAR, MAAC, and MAIN)			
2	(For EIA Use Only) Identify the North American Electric Reliability Council where you are physically located				
3	Enter Control Area Operator(s) Responsible for Your Oversight				
4	Did Your Company Operate Generating Plant(s)? (check one)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
5	Identify the Activities Your Company Was Engaged in During the Year (check appropriate activities)	<input type="checkbox"/> Generation from company owned plant	<input type="checkbox"/> Buying distribution on other electrical systems		
		<input type="checkbox"/> Transmission	<input type="checkbox"/> Wholesale power marketing		
		<input type="checkbox"/> Buying transmission services on other electrical systems	<input type="checkbox"/> Retail power marketing		
		<input type="checkbox"/> Distribution using owned/leased electrical wires	<input type="checkbox"/> Bundled Services (electricity plus other services such as gas, water, etc. in addition to electric service)		
6	Highest Hourly Electrical Peak System Demand	Summer (Megawatts)			
		Winter (Megawatts)			
7	Did Your Company Operate Alternative-Fueled Vehicles During the Year?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	Does Your Company Plan to Operate Such Vehicles During the Coming Year?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	If "Yes", Please Provide Additional Contact Information.	Name:			
		Title:			
Telephone: (    )		Fax: (    )	E-mail address:		

Entity Name: \_\_\_\_\_

Entity ID: \_\_\_\_\_

Reporting Year: \_\_\_\_\_

**SCHEDULE 2. PART B. ENERGY SOURCES AND DISPOSITION**

LINE NO.	SOURCE OF ENERGY	MEGAWATT-HOURS	LINE NO.	DISPOSITION OF ENERGY	MEGAWATTHOURS
1	Net Generation		11	Sales to Ultimate Customers	
2	Purchases from Electricity Suppliers		12	Sales for Resale	
3	Exchanges Received (In)		13	Energy Furnished Without Charge	
4	Exchanges Delivered (Out)		14	Energy Consumed By Respondent Without Charge	
5	Exchanges (Net)		15	Total Energy Losses (positive number)	
6	Wheeled Received (In)				
7	Wheeled Delivered (Out)				
8	Wheeled (Net)				
9	Transmission by Others, Losses (negative number)				
10	Total Sources (sum of lines 1, 2, 5, 8, and 9)		16	Total Disposition (sum of lines 11, 12, 13, 14, and, 15)	

**SCHEDULE 2, PART C. CUSTOMER SERVICE PROGRAMS**

**Green Pricing programs** allow customers to purchase power generated from renewable resources and to pay for renewable energy development. Provide the information about these programs by State and customer class.

STATE		RESIDENTIAL (a)	COMMERCIAL (b)	INDUSTRIAL (c)	TRANSPORTATION (d)	TOTAL (e)
	Green Pricing Revenue (thousand dollars)					
	Green Pricing Sales (MWh)					
	Green Pricing Customers					

**SCHEDULE 2, PART D. NET METERING**

**Net Metering programs** allow customers to sell excess power they generate back to the electrical grid to offset consumption. Provide the information about these programs by State and customer class.

STATE		RESIDENTIAL (a)	COMMERCIAL (b)	INDUSTRIAL (c)	TRANSPORTATION (d)	TOTAL (e)
	Net Metering Displaced Energy (MWh)					
	Net Metering Customers					

Entity Name: \_\_\_\_\_

Entity ID: \_\_\_\_\_

Reporting Year: \_\_\_\_\_

**SCHEDULE 3. ELECTRIC OPERATING REVENUE**

LINE NO.	TYPE OF OPERATING REVENUE	THOUSAND DOLLARS
1	Electric Operating Revenue From Sales to Ultimate Customers (Schedule 4, Parts A and B)	
2	Revenue From Unbundled (Delivery) Customers (Schedule 4, Part C)	
3	Electric Operating Revenue from Sales for Resale	
4	Electric Credits/Other Adjustments	
5	Other Electric Operating Revenue	
6	Total Electric Operating Revenue (sum of lines 1, 2, 3, 4, and 5)	

Entity Name: \_\_\_\_\_

Entity ID: \_\_\_\_\_

Reporting Year: \_\_\_\_\_

**SCHEDULE 4. PART A. SALES TO ULTIMATE CUSTOMERS. FULL SERVICE – ENERGY AND DELIVERY SERVICE (BUNDLED)**

	RESIDENTIAL (a)	COMMERCIAL (b)	INDUSTRIAL (c)	TRANSPORTATION (d)	TOTAL (e)
STATE / TERRITORY					
Revenue (thousand dollars)					
Megawatthours Sold and Delivered					
Number of Customers					
STATE					
Revenue (thousand dollars)					
Megawatthours Sold and Delivered					
Number of Customers					
STATE					
Revenue (thousand dollars)					
Megawatthours Sold and Delivered					
Number of Customers					
STATE					
Revenue (thousand dollars)					
Megawatthours Sold and Delivered					
Number of Customers					
STATE					
Revenue (thousand dollars)					
Megawatthours Sold and Delivered					
Number of Customers					

Entity Name: \_\_\_\_\_

Entity ID: \_\_\_\_\_

Reporting Year: \_\_\_\_\_

**SCHEDULE 4. PART B. SALES TO ULTIMATE CUSTOMERS. ENERGY – ONLY SERVICE (WITHOUT DELIVERY SERVICE)**

		RESIDENTIAL (a)	COMMERCIAL (b)	INDUSTRIAL (c)	TRANSPORTATION (d)	TOTAL (e)
STATE/ TERRITORY						
Revenue (thousand dollars)						
Megawatthours Sold						
Number of Customers						
STATE						
Revenue (thousand dollars)						
Megawatthours Sold						
Number of Customers						
STATE						
Revenue (thousand dollars)						
Megawatthours Sold						
Number of Customers						
STATE						
Revenue (thousand dollars)						
Megawatthours Sold						
Number of Customers						
STATE						
Revenue (thousand dollars)						
Megawatthours Sold						
Number of Customers						

Entity Name: \_\_\_\_\_

Entity ID: \_\_\_\_\_

Reporting Year: \_\_\_\_\_

**SCHEDULE 4. PART C. SALES TO ULTIMATE CUSTOMERS. DELIVERY – ONLY SERVICE (AND ALL OTHER CHARGES)**

		RESIDENTIAL (a)	COMMERCIAL (b)	INDUSTRIAL (c)	TRANSPORTATION (d)	TOTAL (e)
STATE/ TERRITORY						
Revenue (thousand dollars)						
Megawatthours Delivered						
Number of Customers						
STATE						
Revenue (thousand dollars)						
Megawatthours Delivered						
Number of Customers						
STATE						
Revenue (thousand dollars)						
Megawatthours Delivered						
Number of Customers						
STATE						
Revenue (thousand dollars)						
Megawatthours Delivered						
Number of Customers						
STATE						
Revenue (thousand dollars)						
Megawatthours Delivered						
Number of Customers						

Entity Name: \_\_\_\_\_

Entity ID: \_\_\_\_\_

Reporting Year: \_\_\_\_\_

**SCHEDULE 4. PART D. BUNDLED SERVICE BY RETAIL ENERGY PROVIDERS, OR ANY POWER MARKETER THAT PROVIDES  
 "BUNDLED SERVICE"**

		RESIDENTIAL (a)	COMMERCIAL (b)	INDUSTRIAL (c)	TRANSPORTATION (d)	TOTAL (e)
STATE / TERRITORY						
Revenue (thousand dollars)						
Megawatthours Sold and Delivered						
Number of Customers						
STATE						
Revenue (thousand dollars)						
Megawatthours Sold and Delivered						
Number of Customers						
STATE						
Revenue (thousand dollars)						
Megawatthours Sold and Delivered						
Number of Customers						
STATE						
Revenue (thousand dollars)						
Megawatthours Sold and Delivered						
Number of Customers						
STATE						
Revenue (thousand dollars)						
Megawatthours Sold and Delivered						
Number of Customers						



Entity Name: \_\_\_\_\_  
Entity ID: \_\_\_\_\_ Reporting Year: \_\_\_\_\_

**SCHEDULE 5. MERGERS AND/OR ACQUISITIONS**

Mergers and/or acquisitions during the reporting period:  **Yes**  
 **No** (If no, skip to Schedule 6)

If Yes, Provide:  
Date of merger or acquisition \_\_\_\_\_ Address \_\_\_\_\_  
Company merged with or acquired \_\_\_\_\_ New contact name \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Name of new parent company \_\_\_\_\_ Email address \_\_\_\_\_

**SCHEDULE 6. DEMAND-SIDE MANAGEMENT INFORMATION**

If your company is a small utility (end-use sales for ultimate customers and sales for resale less than 150,000 MWh) complete Part A – Incremental Effects, Part B, line 13 – Total Cost, and Parts C and D.

LINE NO.		
1	Do you have company administered Demand-Side Management Programs? (check Yes or No)	[ ] Yes [ ] No
2	If your Demand-Side Management activities are reported on Schedule 6 of another company's form, identify the company.	
NOTE	If you answered "No," to Line 1 or another Company Reports your Demand-Side Management Activities on their Schedule 6, do not complete the rest of this Schedule.	

**SCHEDULE 6. PART A. ACTUAL EFFECTS**

		INCREMENTAL EFFECTS				ANNUAL EFFECTS				
ENERGY EFFICIENCY		RESIDENTIAL (a)	COMMERCIAL (b)	INDUSTRIAL (c)	TRANSPORTATION (d)	RESIDENTIAL (e)	COMMERCIAL (f)	INDUSTRIAL (g)	TRANSPORTATION (h)	
3	Energy Effects (megawatthours)									
4	Actual Peak Reduction (megawatts)									
LOAD MANAGEMENT										
5	Energy Effects (megawatthours)									
6	Potential Peak Reduction (megawatts)									
7	Actual Peak Reduction (megawatts)									
7a	Were these savings verified through an independent evaluation?					[ ] Yes	[ ] No			

Entity Name: \_\_\_\_\_

Entity ID: \_\_\_\_\_

Reporting Year: \_\_\_\_\_

**SCHEDULE 6. PART B. ANNUAL COSTS (THOUSAND DOLLARS AND PERCENTAGES OF TOTAL)**

	(a) Costs (thousand dollars)	(b) Percentage of costs by State		(c) Percentage of costs by State		(d) Percentage of costs by State		(e) Percentage of costs by State	
		State 1:		State 2:		State 3:		State 4:	
8	Direct Costs, excluding incentive payments - Energy Efficiency								
9	Direct Costs, excluding incentive payments - Load Management								
10	Incentive Payments – Energy Efficiency								
11	Incentive Payments – Load Management								
12	Indirect Costs								
13	Total Cost (sum of all above)								

**SCHEDULE 6. PART C. SUPPLEMENTAL INFORMATION**

(To be completed by all respondents)

14	Have there been any major changes to your Demand-Side Management programs (e.g., terminated programs, new information or financing programs, or a shift to programs with dual load building objectives and energy efficiency objectives), program tracking procedures, or reporting methods that affect the comparison of demand-side management data reported on this schedule to data from previous years? (check Yes or No)	[ ] Yes	[ ] No					
15	Does your company currently operate any incentive-based demand response programs (e.g., direct load control, interruptible programs, demand bidding/buyback, emergency demand response, capacity market programs, and ancillary service market programs)? (check Yes or No)	[ ] Yes	[ ] No					
16	If the answer to line 15 is “Yes”, please disclose the number of participating customers by class.							
	Residential		Commercial		Industrial		Transportation	
17	Does your company currently operate any time-based rate programs (e.g., real-time pricing, critical peak pricing, variable peak pricing and time-of-use rates)? (check Yes or No)	[ ] Yes	[ ] No					
18	If the answer to line 17 is “Yes”, please disclose the number of participating customers by class.							
	Residential		Commercial		Industrial		Transportation	

Entity Name: \_\_\_\_\_

Entity ID: \_\_\_\_\_

Reporting Year: \_\_\_\_\_

**SCHEDULE 6. PART D. ADVANCED METERING (To be completed by all respondents)**

State 1	Number of Meters (a)	RESIDENTIAL (b)	COMMERCIAL (c)	INDUSTRIAL (d)	TRANSPORTATION (e)	TOTAL (f)
	Number of AMR Meters					
	Number of AMI Meters					
	Energy Served Through AMI Meters (MWh)					

**SCHEDULE 7. DISTRIBUTED AND DISPERSED GENERATION**

If your company owns and/or operates a distribution system, please report information on known distributed generation capacity on the system. Such capacity may be utility or customer-owned.

**SCHEDULE 7. PART A. NUMBER AND CAPACITY**

LINE NO.	DISTRIBUTED GENERATORS (COMMERCIAL AND INDUSTRIAL GRID CONNECTED/SYNCHRONIZED GENERATORS) (a)		LINE NO.	DISPERSED GENERATORS (COMMERCIAL AND INDUSTRIAL GENERATORS NOT CONNECTED/SYNCHRONIZED TO THE GRID) (b)	
		<1 MW			<1 MW
1	Number of generators (N)		1	Number of generators (N)	
2	Total combined capacity (MW)		2	Total combined capacity (MW)	
3	Percent of capacity that consists of backup-only units		3	Percent of capacity that consists of backup-only units	
4	Percent of capacity owned by respondent		4	Percent of capacity owned by respondent	
5	Nature of data reported	Actual	5	Nature of data reported	Actual
		Estimated			Estimated
6	State		6	State	

**SCHEDULE 7. PART B. TYPES OF GENERATORS (% of total capacity)**

1	Internal combustion/reciprocating engines		1	Internal combustion/reciprocating engines	
2	Combustion turbine(s)		2	Combustion turbine(s)	
3	Steam turbine(s)		3	Steam turbine(s)	
4	Hydroelectric		4	Hydroelectric	
5	Wind turbine(s)		5	Wind turbine(s)	
6	Other		6	Other	
7	Nature of data reported	Actual	7	Nature of data reported	Actual
		Estimated			Estimated

Entity Name: \_\_\_\_\_

Entity ID: \_\_\_\_\_

Reporting Year: \_\_\_\_\_

**SCHEDULE 8. DISTRIBUTION SYSTEM INFORMATION**

If your company owns a distribution system, please identify the names of the counties (parish, etc.) by State in which the electric wire/equipment are located.

LINE NO.	STATE (U.S. POSTAL ABBREVIATION) (a)	COUNTY (PARISH, ETC.) (b)	LINE NO.	STATE (U.S. POSTAL ABBREVIATION) (a)	COUNTY (PARISH, ETC.) (b)
1			20		
2			21		
3			22		
4			23		
5			24		
6			25		
7			26		
8			27		
9			28		
10			29		
11			30		
12			31		
13			32		
14			33		
15			34		
16			35		
17			36		
18			37		
19			38		

Entity Name: \_\_\_\_\_

Entity ID: \_\_\_\_\_

Reporting Year: \_\_\_\_\_

**SCHEDULE 9. COMMENTS**

SCHEDULE (a)	PART (b)	LINE NO. (c)	COLUMN (d)	NOTE(S) (e)