

NOTICE: This report is **mandatory** under the Federal Energy Administration Act of 1974 (Public Law 93-275). Failure to comply may result in criminal fines, civil penalties and other sanctions as provided by law. For further information concerning sanctions and data protections see the provisions on sanctions and the provisions concerning the confidentiality of information in the instructions. **Title 18 U.S.C. 1001 makes it a criminal offense for any person knowingly and willingly to make to any Agency or Department of the United States any false, fictitious, or fraudulent statements as to any matter within its jurisdiction.**

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): _____

Respondent Type (check one)	<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"/> 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: _____

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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					

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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)	

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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: _____

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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: _____

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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						

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**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: _____
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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: _____

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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	

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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: _____

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SCHEDULE 9. COMMENTS

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