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| large full EIA logo | **Form EIA-861** **ANNUAL ELECTRIC POWER INDUSTRY REPORT**  | **Due Date: 2013****Form Approval: OMB No. 1905-0129****Approval Expires: 10/31/2013****Burden: 9 Hours** |
| **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.** Entities that report using the EIA-861 SHORT FORM (EIA-861S) do not complete the Form EIA-861. For information on which entities are required to file the Form EIA-861 or EIA-861S survey forms, see the instructions for the EIA-861S. |
| **SCHEDULE 1. IDENTIFICATION** |
| **Survey Contact** |
| First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Telephone (include extension):\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Fax:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Supervisor of Contact Person for Survey** |
| First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Telephone (include extension):\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Fax:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **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)** | [ ] Federal[ ] Political Subdivision[ ] Municipal Marketing Authority[ ] Cooperative[ ] Independent Power Producer or Qualifying Facility[ ] Transmission  | [ ] State[ ] Municipal[ ] Investor-Owned[ ] Retail Power Marketer (or Energy Service Provider)[ ] Wholesale Power Marketer[ ] DSM Administrator |
| For questions about the Form EIA-861 contact the Survey Managers, preferably by email at **EIA-861@eia.gov**. Jorge Luna-Camara Stephen Scott  Phone: (202) 586-3945 Phone: (202) 586-5140 FAX Number: (202) 287-1938 |

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

 |
| **SCHEDULE 2, PART A. GENERAL INFORMATION** |
| **LINE NO.** |  |
| **1** | **Regional North American Electric Reliability Corporation Region****(not applicable for power marketers) (mark all that apply)** | **[ ] TRE (ERCOT)**  | **[ ] NPCC** | **[ ] SPP** |
| **[ ] FRCC**  | **[ ] RFC** | **[ ] WECC** |
| **[ ] MRO** | **[ ] SERC** |  |
| **1a** | **Name of RTO or ISO** | **[ ] California ISO** **[ ] Electric Reliability Council of Texas** **[ ] PJM Interconnection**  | **[ ] New York ISO****[ ] Southwest Power Pool****[ ] Midwest ISO** | **[ ] ISO New England** **[ ] None** |
| **2** | **(For EIA Use Only) Identify the North American Electric Reliability Corporation where you are physically located** |  |  |
| **3** | **Enter Balancing Authority(s) Responsible for Your Oversight** |  |  |
|  |  |
|  |  |
| **4** | **Did Your Company Operate Generating Plant(s)? (check one)** | **[ ] Yes [ ] No**  |  |
| **5** | **Identify the Activities Your Company Was Engaged in During the Year (check appropriate activities)** | **[ ] Generation from company owned plant**  | **[ ] Buying distribution on other electrical** **systems** |
| **[ ] Transmission**  | **[ ] Wholesale power marketing** |
| **[ ] Buying transmission services on other**  **electrical systems**  | **[ ] Retail power marketing** |
| **[ ] Distribution using owned/leased**  **electrical wires**  | **[ ] Combined Utility Services (electricity plus**  **other services such as gas, water, etc.** **in addition to electric service)** |
| **6** | **Highest Hourly Electrical Peak System Demand**  | **Summer (MW)** |  |
| **Winter (MW)** |  |
| **7** | **Did Your Company Operate Alternative-Fueled Vehicles During the Year?**  | **[ ] Yes [ ] No** |  |
| **Does Your Company Plan to Operate Such Vehicles During the Coming Year?** | **[ ] Yes [ ] No** |  |
|  If "Yes", Please Provide Additional Contact Information.  | **Name:** |
| **Title:** |
| **Telephone: ( )**  | **Fax: ( )** | **Email address:** |
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|

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

 |
| **SCHEDULE 2. PART B. ENERGY SOURCES AND DISPOSITION** |
| **LINE NO.** | SOURCE OF ELECTRICITY**(MWh)** | **LINE NO.** | **DISPOSITION OF ELECTRICITY****(MWh)** |
| **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. GREEN PRICING** |
| **Green Pricing programs** are voluntary programs where customers pay an extra fee to purchase electricity generated from renewable sources. |
| **LINE NO.** | **STATE/TERRITORY:** |  | **RESIDENTIAL** **(a)** | **COMMERCIAL** **(b)** | **INDUSTRIAL** **(c)** | **TRANSPORTATION****(d)** | **TOTAL** **(e)** |
| **1** | **Total Green Pricing Revenue (Thousand Dollars)** |  |  |  |  |  |
| **2** | **Total Green Pricing Sales (MWh)** |  |  |  |  |  |
| **3** | **Total Green Pricing Customers** |  |  |  |  |  |
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|

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

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| **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. For net metering applications of 2 MW nameplate capacity and less, provide the information about programs by State and customer class. |
| **STATE/TERRITORY:** |  | **RESIDENTIAL** **(a)** | **COMMERCIAL** **(b)** | **INDUSTRIAL** **(c)** | **TRANSPORTATION****(d)** | **TOTAL****(e)** |
| **Photovoltaic** | **Installed Net Metering Capacity (MW)** |  |  |  |  |  |
| **Number of Net Metering Customers** |  |  |  |  |  |
| **If Available, Enter the Electric Energy Sold Back to the Utility (MWh)** |  |  |  |  |  |
| **Wind** | **Installed Net Metering Capacity (MW)** |  |  |  |  |  |
| **Number of Net Metering Customers** |  |  |  |  |  |
| **If Available, Enter the Electric Energy Sold Back to the Utility (MWh)** |  |  |  |  |  |
| **Other** | **Installed Net Metering Capacity (MW)** |  |  |  |  |  |
| **Number of Net Metering Customers** |  |  |  |  |  |
| **If Available, Enter the Electric Energy Sold Back to the Utility (MWh)** |  |  |  |  |  |
| **Total**  | **Installed Net Metering Capacity (MW)** |  |  |  |  |  |
| **Number of Net Metering Customers** |  |  |  |  |  |
| **If Available, Enter the Electric Energy Sold Back to the Utility (MWh)** |  |  |  |  |  |

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

 |
| **SCHEDULE 3. ELECTRIC OPERATING REVENUE** |
| **LINE NO.** | **TYPE OF OPERATING REVENUE**  | **REVENUE (THOUSAND DOLLARS)** |  |
| **1** | **Electric Operating Revenue From Sales to Ultimate Customers** **(Schedule 4: Parts A, B, and D)** |  |
| **2** | **Revenue From Unbundled (Delivery) Customers (Schedule 4: Part C)**  |  |
| **3** | Electric Operating Revenue from Sales for Resale  |  |
| **4** | **Electric Credits/Other Adjustments** |  |
| **5** | **Revenue from Transmission** |  |
| **6** | **Other Electric Operating Revenue**  |  |
| **7** | **Total Electric Operating Revenue (sum of lines 1, 2, 3, 4, 5 and 6)**  |  |
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| 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 / TERRITORY** |  |  |
| **Revenue** (thousand dollars) |  |  |  |  |  |
| **Megawatthours Sold and Delivered** |  |  |  |  |  |
| **Number of Customers** |  |  |  |  |  |
| **STATE / TERRITORY** |  |  |
| **Revenue** (thousand dollars) |  |  |  |  |  |
| **Megawatthours Sold and Delivered** |  |  |  |  |  |
| **Number of Customers** |  |  |  |  |  |
| **STATE / TERRITORY** |  |  |
| **Revenue** (thousand dollars) |  |  |  |  |  |
| **Megawatthours Sold and Delivered** |  |  |  |  |  |
| **Number of Customers** |  |  |  |  |  |
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|

| 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/TERRITORY** |  |  |
| **Revenue** (thousand dollars) |  |  |  |  |  |
| **Megawatthours Sold** |  |  |  |  |  |
| **Number of Customers** |  |  |  |  |  |
| **STATE/TERRITORY** |  |  |
| **Revenue** (thousand dollars) |  |  |  |  |  |
| **Megawatthours Sold** |  |  |  |  |  |
| **Number of Customers** |  |  |  |  |  |
| **STATE/TERRITORY** |  |  |
| **Revenue** (thousand dollars) |  |  |  |  |  |
| **Megawatthours Sold** |  |  |  |  |  |
| **Number of Customers** |  |  |  |  |  |
| **STATE/TERRITORY** |  |  |
| **Revenue** (thousand dollars) |  |  |  |  |  |
| **Megawatthours Sold** |  |  |  |  |  |
| **Number of Customers** |  |  |  |  |  |
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| 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/TERRITORY** |  |  |
| **Revenue** (thousand dollars) |  |  |  |  |  |
| **Megawatthours Delivered** |  |  |  |  |  |
| **Number of Customers** |  |  |  |  |  |
| **STATE/TERRITORY** |  |  |
| **Revenue** (thousand dollars) |  |  |  |  |  |
| **Megawatthours Delivered** |  |  |  |  |  |
| **Number of Customers** |  |  |  |  |  |
| **STATE/TERRITORY** |  |  |
| **Revenue** (thousand dollars) |  |  |  |  |  |
| **Megawatthours Delivered** |  |  |  |  |  |
| **Number of Customers** |  |  |  |  |  |
| **STATE/TERRITORY** |  |  |
| **Revenue** (thousand dollars) |  |  |  |  |  |
| **Megawatthours Delivered** |  |  |  |  |  |
| **Number of Customers** |  |  |  |  |  |
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| 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/TERRITORY** |  |  |
| **Revenue** (thousand dollars) |  |  |  |  |  |
| **Megawatthours Sold and Delivered** |  |  |  |  |  |
| **Number of Customers** |  |  |  |  |  |
| **STATE/TERRITORY** |  |  |
| **Revenue** (thousand dollars) |  |  |  |  |  |
| **Megawatthours Sold and Delivered** |  |  |  |  |  |
| **Number of Customers** |  |  |  |  |  |
| **STATE/TERRITORY** |  |  |
| **Revenue** (thousand dollars) |  |  |  |  |  |
| **Megawatthours Sold and Delivered** |  |  |  |  |  |
| **Number of Customers** |  |  |  |  |  |
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| 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Company merged with or acquired \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name of new parent company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_New contact name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone No. \_\_\_\_\_\_\_\_\_\_\_Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Entity Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Entity ID:\_\_\_\_\_\_\_ | Reporting Year:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **SCHEDULE 6. DEMAND-SIDE MANAGEMENT INFORMATION** |
| **2** | **If your Demand-Side Management activities are reported on Schedule 6 of another company’s form, identify the company.** |  |
|  |  |
|   | **SCHEDULE 6. PART A. ACTUAL EFFECTS** |
|   |  | **ANNUALIZED INCREMENTAL EFFECTS** |   | **ACTUAL ANNUAL EFFECTS** |
|   | **RESIDENTIAL**  | **COMMERCIAL**  | **INDUSTRIAL**  | **TRANSPORTATION** |   **Total** |  | **RESIDENTIAL**  | **COMMERCIAL**  | **INDUSTRIAL**  | **TRANSPORTATION** | **Total** |
|   | **(a)** | **(b)** | **(c)** | **(d)** | **(e)** | **(f)** | **(g)** | **(h)** | **(i)** | **(j)** |
|   | **STATE / TERRITORY** |  |  |  |  |  |  |  |  |  |  |  |  |
|   | **ENERGY EFFICIENCY** |   |   |   |  |  |  |   |   |   |   |  |
| **3** | **Energy Effects (MWh)** |   |   |   |  |  |   |   |   |   |  |
| **4** | **Actual Peak Reduction (MW)** |   |   |   |  |  |   |   |   |   |  |
|  | **LOAD MANAGEMENT** |   |   |   |  |  |   |   |   |   |  |
| **5** | **Energy Effects (MWh)** |   |   |   |  |  |   |   |   |   |  |
| **6** | **Potential Peak Reduction (MW)** |   |   |   |  |  |   |   |   |   |  |
| **7** | **Actual Peak Reduction (MW)** |   |   |   |  |  |   |   |   |   |  |
| **7a** | **Were these savings verified through an independent evaluation?** | **[ ] Yes [ ] No** |
| **7b** | **Are these savings estimates based on a forecast or on the report of one or more Independent evaluators?** | **[ ] Yes [ ] No** |

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|  |  |
|  |  |
| Entity Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Entity ID:\_\_\_\_\_\_\_ | Reporting Year:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **SCHEDULE 6. PART B. ANNUAL COSTS (THOUSAND DOLLARS)** |
|  | **RESIDENTIAL**  | **COMMERCIAL**  | **INDUSTRIAL** | **TRANSPORTATION** | **TOTAL**  |
| **(a)** | **(b)** | **(c)** | **(d)** | **(e)** |
| **STATE / TERRITORY**  |   |  |  |  |  |  |  |
| **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 of the above)** |   |   |   |   |   |
| **SCHEDULE 6. PART C. SUPPLEMENTAL INFORMATION** |
| **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., market incentives, financial incentives, 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 state & class.** |   |   | **Residential**  | **Commercial**  | **Industrial**  | **Transportation** |
| **State:** |   |   |   |   |
| **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 administered through a tariff)? (check Yes or No)*** | **[ ] Yes [ ] No** |
| **18** | **If the answer to line 17 is “Yes”, please disclose the number of participating customers by state & class.** |   |   | **Residential**  | **Commercial**  | **Industrial**  | **Transportation** |
| **State:** |   |   |   |   |
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| Entity Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| Entity ID:\_\_\_\_\_\_\_ |  | Reporting Year:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

 |
|  SCHEDULE 6. PART D. ADVANCED METERING |
| Only customers from Schedule 4A and 4C need to be reported on this schedule. AMR – data transmitted one-way, *from the customer to the utility.**AMI – data can be transmitted in both directions, between the delivery entity and the customer.* |
| State/ Territory |  | RESIDENTIAL**(a)** | COMMERCIAL**(b)** | INDUSTRIAL**(c)** | TRANSPORTATION**(d)** | TOTAL**(e)** |
| Number of AMR Meters |  |  |  |  |  |
| **Number of AMI Meters** |  |  |  |  |  |
| Energy Served Through AMI Meters (MWh) |  |  |  |  |  |
| State/ Territory |  | RESIDENTIAL**(a)** | COMMERCIAL**(b)** | INDUSTRIAL**(c)** | TRANSPORTATION**(d)** | TOTAL**(e)** |
| Number of AMR Meters |  |  |  |  |  |
| **Number of AMI Meters** |  |  |  |  |  |
| Energy Served Through AMI Meters (MWh) |  |  |  |  |  |
| State/ Territory |  | RESIDENTIAL**(a)** | COMMERCIAL**(b)** | INDUSTRIAL**(c)** | TRANSPORTATION**(d)** | TOTAL**(e)** |
| Number of AMR Meters |  |  |  |  |  |
| **Number of AMI Meters** |  |  |  |  |  |
| Energy Served Through AMI Meters (MWh) |  |  |  |  |  |

 |  | **OMB No. 1905-0129** |
|  |  | **Approval Expires: 10/31/2013****Burden: 9.0 hrs**  |

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

 |
| **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)** |
|  |  | **Total (<1MW)** |  |  | **Total (<1MW)** |
| **1** | **Number of generators (N)** |  | **1** | **Number of generators (N)** |  |
| **2** | **Total combined capacity (MW)** |  | **2** | **Total combined capacity (MW)** |  |
| **3** | **Capacity that consists of backup-only units** |  | **3** | **Capacity that consists of backup-only units** |  |
| **4** | Capacity owned by respondent |  | **4** | Capacity owned by respondent |  |
| **5** | **Nature of data reported** | Actual  | [ ] | **5** | **Nature of data reported** | Actual  | **[ ]** |
| Estimated  | [ ] | Estimated  | **[ ]** |
| **6** | State/Territory |  | **6** | State/Territory |  |
| **SCHEDULE 7. PART B. CAPACITY by TECHNOLOGY (MW)** |
|  |  | ***Total* (<1MW)** |  |  | **Total (<1MW)** |
| **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** | **Photovoltaic** |  | **6** | **Photovoltaic** |  |
| **7** | **Storage** |  | **7** | **Storage** |  |
| **8** | **Other** |  | **8** | **Other** |  |
| **9** | **Total** |  | **9** | **Total** |  |
| **10** | **Nature of data reported** | Actual  | **[ ]** | **10** | **Nature of data reported** | Actual  | **[ ]** |
| Estimated  | **[ ]** | **Estimated**  | **[ ]** |
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| Entity Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| Entity ID:\_\_\_\_\_\_\_ |  | Reporting Year:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| 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/TERRITORY****(U.S. POSTAL ABBREVIATION)****(a)** | **COUNTY****(PARISH, ETC.)****(b)** | **LINE NO.** | **STATE/TERRITORY****(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** |  |  |
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| Entity ID:\_\_\_\_\_\_\_ |  | Reporting Year:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

 |
| SCHEDULE 9. COMMENTS |
| **SCHEDULE (a)** | **PART****(b)** | **LINE NO.****(c)** | **COLUMN****(d)** | **NOTE(S)****(e)** |
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