DLN: 93493317045240

Return of Organization Exempt From Income Tax

2019

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

 \blacktriangleright Go to $\underline{\textit{www.irs.gov/Form990}}$ for instructions and the latest information.

	1 100 VC1			ning 01 01 2010 and anding 12	21 2010					_
			C Name of organization	ning 01-01-2019 , and ending 12-	31-2019		D Employ	or idonti	fication number	_
		pplicable: change	NORTHEAST POWER COORDINATING	COUNCILINC			D Employ	er identi	ilication number	
	me cha	- 1					06-178	4395		
□ Ini	tial ret	urn	Doing business as							
		n/terminated					E Telepho	ne numbe	r	
		d return on pending	1040 AVENUE OF THE AMEDICAC 10	ail is not delivered to street address) Room/ TH F	suite		·			
ш Ар	plicatio	on pending	City or town, state or province, coun	try, and ZIP or foreign postal code			(212) 8	40-1070)	
			NEW YORK, NY 100183703	try, and zir or foreign postal code			c c		16 276 205	
			F Name and address of principa	Lofficar	1 116 3				16,376,205	_
			EDWARD A SCHWERDT	officer.	H(a)		a group re	turn for	□Yes ☑ No	
			1040 AVENUE OF THE AMERICAS	S 10TH FL	H(b)	subordi Are all	inates ? subordina	tes		
r Ta	v-even	npt status:	NEW YORK, NY 100183703		→ ` ´	include	d?		☐ Yes ☐No)
			□ 501(c)(3) □ 501(c)(6) □	(insert no.) 4947(a)(1) or 527	1			•	instructions)	
J W	ebsit	e:▶ NPC	CC.ORG		"(c)	Group	exemption	numbe	r >	
					l Year o	of formati	ion: 2006	M State	e of legal domicile: NY	_
K Forr	n of or	ganization	: 🗹 Corporation 🗌 Trust 🔲 Associ	ciation 🔲 Other ▶	Liteare	n ioiinac	1011. 2000	I State	or regar dofficies. Wi	
Pa	art I	Sum	mary							_
			scribe the organization's mission or	most significant activities:						_
	1	NORTHEA:	ST POWER COORDINATING COUN	CIL, INC. IS RESPONSIBLE FOR PROMO			VING THE	RELIAE	SILITY OF THE	
e Se	+	NIERNAI	IONAL, INTERCONNECTED BULK P	OWER SYSTEMS IN NORTHEASTERN N	IOR I H AMI	ERICA.				—
<u> </u>										_
Ę.	-									_
Activities & Governance				continued its operations or disposed of			of its net a		1	
- ×ರ	l			g body (Part VI, line 1a)				3		16
<u>s</u>	l		, -	the governing body (Part VI, line 1b)				4	+	14
Ĕ	5	Total nun	nber of individuals employed in cal	endar year 2019 (Part V, line 2a) .				5		49
<u>ل</u> ادر	l		·	essary)			•	6		18
•	l			VIII, column (C), line 12				7a		
	b	Net unrel	ated business taxable income fron	Form 990-T, line 39	<u></u>			7b		(
						Prio	r Year		Current Year	
<u>Qı</u>	8	Contribut	tions and grants (Part VIII, line 1h)					0		_
Ravenue	9	Program	service revenue (Part VIII, line 2g)				15,544,	377	16,291,0)68
č	10	Investme	ent income (Part VIII, column (A), li	nes 3, 4, and 7d)			28,	777	85,1	13
_	11	Other rev	enue (Part VIII, column (A), lines !	5, 6d, 8c, 9c, 10c, and 11e)				0		_
	12	Total rev	enue—add lines 8 through 11 (mu	st equal Part VIII, column (A), line 12)			15,573,	154	16,376,2	20!
	13	Grants ar	nd similar amounts paid (Part IX, c	olumn (A), lines 1–3)				0		(
	14	Benefits	paid to or for members (Part IX, co	lumn (A), line 4)				0	י כ	
83	15	Salaries,	other compensation, employee be	nefits (Part IX, column (A), lines 5-10)		10,055,833			10,191,32	
£ (16 a	Professio	nal fundraising fees (Part IX, colun	nn (A), line 11e)				0		(
Expenses	Ь	Total fund	raising expenses (Part IX, column (D), I	ine 25) ▶0						
Δi	17	Other exp	penses (Part IX, column (A), lines :	l1a-11d, 11f-24e)			5,602,	024	5,403,0)4(
	18	Total exp	enses. Add lines 13–17 (must equ	al Part IX, column (A), line 25)			15,657,	857	15,594,3	36
	19	Revenue	less expenses. Subtract line 18 fro	om line 12			-84,	703	781,8	339
S &					Begi	inning o	f Current \	'ear	End of Year	
Net Assets or Fund Balances										_
ASS Ba			ets (Part X, line 16)				10,126,		11,094,6	
<u> </u>			ilities (Part X, line 26)				3,853,	635	4,040,2	26
211	22		s or fund balances. Subtract line 2	1 from line 20			6,272,	557	7,054,3	396
	rt II		ature Block				-1-1			
				ned this return, including accompanyir Declaration of preparer (other than of						ıs
any k	nowle	edge.			-					_
		*****	*			2020.	-11-11			
Sign		Signati	ure of officer			Date	11-11			-
Here		1 IENINITE	FER BUDD MATTIELLO SENIOR VICE PRE	SIDENT AND COO						
			r print name and title	SIDENT AND COO						-
			rint/Type preparer's name	Preparer's signature	Date			PTIN		-
Paid	ł							P0013247	71	
	a pare	er	irm's name MARKS PANETH LLP	•	•		s EIN ► 11	-3518842		_
	On	⊢	Control of the contro			 				_
JJC	JII	' y F	ïrm's address ► 685 THIRD AVENUE			Phon	e no. (212)	503-8800)	
			NEW YORK, NY 10017							
√lay t	he IR	S discuss	this return with the preparer show	n above? (see instructions)				✓	Yes 🗌 No	

Form	990 (2019)				Page 2
Pa	rt III Statement	of Program Service Acc	complishments		
	Check if Sche	dule O contains a response o	note to any line in this Part III .		🗹
1	Briefly describe the	organization's mission:	·		
RESF NOR ^T ENFO OPEF	ONSIBLE FOR PROMO THEASTERN NORTH AN PRCEMENT OF CONTIN LATIONS, AND ASSESS	TING AND IMPROVING THE R MERICA THROUGH THE DEVEL ENT-WIDE AND REGIONAL RI	PCC) IS A 501(C)(6) NOT-FOR-PRO ELIABILITY OF THE INTERNATIONA OPMENT OF REGIONAL RELIABILIT ELIABILITY STANDARDS, COORDIN THE ESTABLISHMENT OF REGIONA	IL, INTERCONNECTED BULK POWE Y STANDARDS AND COMPLIANCE ATION OF SYSTEM PLANNING, DE	R SYSTEMS IN ASSESSMENT AND SIGN AND
2	Did the organization the prior Form 990 o		gram services during the year whic	h were not listed on	☐ Yes ☑ No
	'	ese new services on Schedule			
3	•		gnificant changes in how it conduct	s, any program	
	services?	ese changes on Schedule O.	-		☐ Yes ☑ No
4	Section 501(c)(3) ar		nplishments for each of its three land required to report the amount of gervice reported.		
4a	(Code: See Additional Data) (Expenses \$	including grants of \$) (Revenue \$)
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	See Additional Data				
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	See Additional Data				,
	(Code:) (Expenses \$	including grants of \$) (Revenue \$	
	(FERC) FILED AND APPE AND IMPLEMENTATION IN THE NORTHEAST. W. RELIABILITY STANDARE RISK REQUIREMENTS. I. STANDARDS UNDER DE MODEL LANGUAGE.NPC SECURE. NPCC MAINTA UNAVAILABLE.THE NPC AND OPERATE THE BUL OPERATIONS PERSONN PERSONNEL. THE PROG MAINTAIN STATUS AS A POLICY MAKERS FROM	ROVED REGIONAL DELEGATION AC OF TECHNICALLY EXCELLENT, CLE ORKING WITH STAKEHOLDERS AN OS TO FOCUS THE STANDARDS ON NPCC FACILITATES STAKEHOLDER VELOPMENT OR REVISION. IN ITS C'S INFORMATION TECHNOLOGY INS AN OFFSITE BACKUP SERVER C TRAINING, EDUCATION, AND OF K ELECTRIC SYSTEM. THE TARGET EL, OPERATIONS SUPPORT PERSO IRAM ALSO SUPPORTS NPCC STAFI A NERC CONTINUING EDUCATION U.S. FEDERAL, CANADIAN PROVIN U.S. FEDERAL, CANADIAN PROVIN U.S. FEDERAL, CANADIAN PROVIN	NDARDS PROGRAM WHICH IS REQUIRED SPEEMENT AND NERC RULES OF PROCED AND, MEASURABLE AND ENFORCEABLE M. D OTHER REGIONAL ENTITIES, NPCC SUIDERFORMANCE REQUIREMENTS ESSENTEVIEW, COMMENT ON, AND DEVELOPMENTOR, NPCC STRIVES TO ENSURE CORTIVES TO ENSURE CORTIVES TO ENSURE OF CONTINUITY OF ESSENTIAL OPERATERATOR CERTIFICATION PROGRAM PROFEMENCE OF THE PROGRAM IS BULK PINEL (ENGINEERING AND INFORMATION PROCIDENTIAL OPERATION FOR AUDIENCE OF THE PROGRAM IS BULK PINEL (ENGINEERING AND INFORMATION PROVIDER. IN THE AREA OF TECHNICAL CIAL AND STATE REGULATORY AND/OR ISSUES RELATED TO THE RELIABILITY O	URE. NPCC'S ACTIVITIES INCLUDE DEV ANDATORY STANDARDS FOCUSED ON F PPORTS A RISK-BASED REVIEW OF THE FIAL TO RELIABILITY AND ELIMINATING IENT OF BALLOT RECOMMENDATIONS FONSISTENCY, REMOVE REDUNDANCIES S AND THE ENVIRONMENT IN WHICH TIONS IN THE EVENT THAT ITS PRIMAR VIDES EDUCATION AND TRAINING NECOWER SYSTEM OPERATING PERSONNEIN TECHNOLOGY), SUPERVISORS AND MAS WELL AS THE ADMINISTRATION OF ICOMMITTEES AND MEMBER FORUMS, N GOVERNMENTAL AUTHORITIES AND SE	(ELOPMENT, MAINTENANCE RELIABILITY PERFORMANCE E EXISTING NERC IS NONESSENTIAL OR LOW- FOR ALL NERC RELIABILITY S AND ADOPT FUNCTIONAL HEY OPERATE ARE Y LOCATION IS ESSARY TO UNDERSTAND L - INCLUDING SYSTEM ANAGERS, AND TRAINING RECORDS NECESSARY TO PCC INVITES HIGH LEVEL
4d	Other program consis	ces (Describe in Schedule O.)			
+u	(Expenses \$,	grants of \$) (Revenue \$)

Form	990 (2019)			Page 3
Par	Checklist of Required Schedules		V	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete		Yes	No No
_	Schedule A	1		
	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	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? <i>If "Yes," complete Schedule C, Part II</i>	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D,</i> Part 2	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III 2	8		No
9	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? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 2	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🥞	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2	11c		No
	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 Part X, line 16? If "Yes," complete Schedule D, Part IX 2	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 2	12a	Yes	
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	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 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	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	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17		No
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	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	21		No
Ì			orm QQ	a (2010)

	990 (2019)			Pag
ar	Checklist of Required Schedules (continued)		12	
			Yes	No
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
	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? <i>If "Yes," complete Schedule J </i>	23	Yes	
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the 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		N
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		
	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		N
	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? <i>If "Yes," complete Schedule L,</i> Part III	27		N
	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):			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		l N
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		N
	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		N
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		N
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		N
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		N
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		N
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		N
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		N
	Part V, line 1			
	Part V, line 1	35a		N
		35a 35b		N
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			N
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	35b		N

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .

 ${f b}$ Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .

No

Yes

Yes

14

0

1c

1a

1b

De	tV Statements Regarding Other IRS Filings and Tax Compliance (continued)			rage 3
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	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)? If "Yes," enter the name of the foreign country:	4a		No
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
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).			
а	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		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	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		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	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.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
	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			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No

Par	rt VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No	" respi	onse to i	lines
		8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI			✓
Se	ction	A. Governing Body and Management			
	F	***		Yes	No
1a		the number of voting members of the governing body at the end of the tax year 16			
	body,	re are material differences in voting rights among members of the governing or if the governing body delegated broad authority to an executive committee or ar committee, explain in Schedule O.			
b	Enter	the number of voting members included in line 1a, above, who are independent 1b 14			
2		ny officer, director, trustee, or key employee have a family relationship or a business relationship with any other r, director, trustee, or key employee?	2		No
3		ne organization delegate control over management duties customarily performed by or under the direct supervision icers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did th	ne organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did th	ne organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did th	ne organization have members or stockholders?	6	Yes	
7a	Did th memb	ne organization have members, stockholders, or other persons who had the power to elect or appoint one or more bers of the governing body?	7a	Yes	
b		ny governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or one other than the governing body?	7 b		No
8		ne organization contemporaneously document the meetings held or written actions undertaken during the year by bllowing:			
а	The g	overning body?	8a	Yes	
b	Each	committee with authority to act on behalf of the governing body?	8 b	Yes	
9		ere any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the nization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction	B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	∍.)	
				Yes	No
10a	Did th	ne organization have local chapters, branches, or affiliates?	10a		No
b		s," did the organization have written policies and procedures governing the activities of such chapters, affiliates, branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has tl form?	he organization provided a complete copy of this Form 990 to all members of its governing body before filing the	11a	Yes	
b	Descr	ibe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did th	ne organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were confli	officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to cts?	12b	Yes	
С		ne organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in dule O how this was done	12c	Yes	
13	Did th	ne organization have a written whistleblower policy?	13	Yes	
14	Did th	ne organization have a written document retention and destruction policy?	14	Yes	
15		ne process for determining compensation of the following persons include a review and approval by independent ons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The o	rganization's CEO, Executive Director, or top management official	15a	Yes	
b	Other	officers or key employees of the organization	15b		No
	If "Ye	s" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a		ne organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a lle entity during the year?	16a		No
b	in joir	is," did the organization follow a written policy or procedure requiring the organization to evaluate its participation of venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt is with respect to such arrangements?	16b		
Se	ction	C. Disclosure			
17	List th	ne states with which a copy of this Form 990 is required to be filed▶			
18		on 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s available for public inspection. Indicate how you made these available. Check all that apply.			
		Own website $\ \square$ Another's website $\ ot \!$			
19	policy	ibe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest , and financial statements available to the public during the tax year.			
20		the name, address, and telephone number of the person who possesses the organization's books and records:			

 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. Isist 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 organizations. List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations. 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 nor any related organization and any related organizations. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. Check this box if neither the organization nor any related organization of the organization from the organization from the organization is both an officer and a director/trustee) Position (do not check more than one box, unless person is both an officer and a director/trustee) Or of the organization of the organization of the organization of the organization from the organization from the organization from the organization and related organization shelow dotted line) 	Form 990 (2019)											Page 7
As Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. ■ 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 organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations for the order in which to list the persons above. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ (B) Name and title ■ (C) Position (do not check more than subject or the organization or any related organization or trustee) and the organization or			Truste	es, I	Key	En	nploy	ees	, Highest Comp	ensated Employ	yees,	
La Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. 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 furrent key employees, if any. See instructions for definition of "key employee." List all of the organization's furrent key employees, if any. See instructions for definition of "key employee." List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 from the organization and any related organizations. 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 organization and any related organization or any current officer, director, or trustee. (A) Name and title (B) Average hours per week (list any hours for related organizations below dotted line) Average hours per beneficer and a director/trustee) List all of the organization or any related organization	Check if Schedule O contains a	response or no	te to an	y line	in t	his	Part VI	١.				. 🗆
■ 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. ■ 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. ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization. ■ List all of the organization which to list the persons above. □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ (B) Average hours per week (list any hours for related organizations below dotted line) ■ (C) Reportable compensation from the organization organization organization organization organizations organi	Section A. Officers, Directors, Tru	istees, Key E	mploy	ees,	an	d H	lighe	st C	Compensated En	nployees		
■ 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, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations. ■ 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. See instructions for the order in which to list the persons above. □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization organization from the organization of related organizations below dotted line) ■ Check this box if neither the organization below dotted line) ■ Check this box if neither the organization or any related organization of from the organization of from the organization or any related organization or any related organization of from the organization of from the organization of from the organization organi	year.		•						, ,		-	n's tax
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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations. ● 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 organization and any related organization. ● List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization. ● List all of the organization than \$10,000 of reportable compensation from the organization nor any related organization and any related organization compensated any current officer, director, or trustee.	of compensation. Enter -0- in columns (D), (E), and (F) if no	compe	nsati	on w	/as	oaid.		.,			
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 from the organization and any related organizations. ■ List all of the organization from the organization and any related organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. ■ 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 organizations. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization nor any related organization nor any related organization nor any related organization nor any neither the organization nor any neither than the organization nor any neither the organization nor any neither the organization nor any neither than the organization n												
■ 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 organization nor any related organization compensated any current officer, director, or trustee. (A) Name and title (B) Average hours per week (list any hours below dotted line) (C) (D) (E) Reportable compensation from the organization (do not check more than one box, unless person is both an officer and a director/trustee) (W-2/1099-MISC) MISC) (F) Estimated amount of other compensation from the organization organization organization and related organizations.												
Average hours per week (list any hours for related organizations) below dotted line) Continue to the person of the order in which to list the persons above. Continue to the order in which to list the persons above.	of reportable compensation from the organiz	ation and any re	elated o	rgani	zatio	ons.			. ,	·	·	
(A) Name and title (B) Average hours per week (list any hours for related organizations below dotted line) (B) Average hours per week (list any hours for related organizations below dotted line) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (B) Average hours per week (list any hours for related organization (W-2/1099-MISC) (B) Reportable compensation from the organization (W-2/1099-MISC) (W-2/1099-MISC) MISC) (F) Estimated amount of other compensation from the organization and related organizations organizations	organization, more than \$10,000 of reportab	le compensatio	n from t								е	
Name and title Average hours per week (list any hours for related organizations below dotted line) Name and title Average hours per week (list any hours for related organizations below dotted line) Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer	☐ Check this box if neither the organizatio	n nor any relate	d organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee.		
it st		Average hours per week (list any hours	than o is b	ne bo oth a direct	o no ox, u n of or/t	t che inles ficer	s pers	on	Reportable compensation from the organization	Reportable compensation from related organizations	Estim amount comper from	ated of other sation the
See Additional Data Table		organizations below dotted	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		` '	rela	ted
	See Additional Data Table											

Form 990 (2019)													Page 8	
Part VII Section A. Officers,	Directors, Trustees	s, Key	Empl	loye	es,	and	Higl	hest Compe	nsate	d Employees	(cont	inued)		
(A) Name and title	(B) Average hours per week (list any hours	than d	one b	ox, ι in of	t ch unle fice	eck moss pers and a ee)	son	(D) Reportab compensa from the	tion e ion	(E) Reportable compensation from related organization	,	(F) Estimated amount of other compensation from the organization and		
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/109 MISC)	79-	(W-2/1099- MISC)		organizat relat organiza	ed	
See Additional Data Table														
1b Sub-Total						•	•	•	Ţ					
c Total from continuation sheet d Total (add lines 1b and 1c) .	•					▶		2,780,8	40		0		513,302	
2 Total number of individuals (ind					bov	e) who	rec	eived more th	an \$10	0,000				
of reportable compensation fro	m the organization 🕨	35										_		
												Yes	No	
3 Did the organization list any fo line 1a? If "Yes," complete Sch			ee, k	ey e •	mpl	oyee,	or hi	ghest comper	sated e	employee on	3		No	
4 For any individual listed on line										the				
organization and related organ individual	izations greater than \$	150,00 • •	0? <i>If</i> •	"Yes	s," c	omple:	te Sc	chedule J for s	uch • •		4	Yes		
5 Did any person listed on line 1a	a receive or accrue cor	npensa	tion f	rom	any	unrela	ated	organization	or indiv	idual for	 	res		
services rendered to the organ	ization?If "Yes," comp	lete Sch	edule	J fo	or su	ıch pei	rson				5		No	
Section B. Independent Con														
1 Complete this table for your five from the organization. Report of											mpens	sation		
-	(A) Name and business addre	ess							Descri	(B) ption of services		(C Comper		
YOH SERVICES LLC								CONS		SERVICES			,117,866	
1500 SPRING GARDEN STREET PHILADELPHIA, PA 19130														
MARKS PANETH LLP								ACCC	DUNTING	SERVICES			310,882	
685 THIRD AVENUE NEW YORK, NY 10017														
GE ENERGY								CONS	SULTING	SERVICES			284,278	

GE ENERGY PO BOX 643449 PITTSBURGH, PA 15264

PIERCE ATWOOD LLP LEGAL SERVICES 177,368 MERRILLS WHARF 254 COMMERCE STREET PORTLAND, ME 04101

GUIDANCE SOLUTIONS INC WEBSITE 134,005 MAINTENANCE/SOFTWARE 4134 DEL REY AVENUE MARINA DEL REY, CA 90292 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization \blacktriangleright 5

orm 9 Part		(2019) Statement	of R	Revenue						Page 9
ran	V 11				respo	onse or note to any	y line in this Part VIII			🗆
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
, s	1	a Federated campa	aigns	[1 a		L	revenue		312 314
Contributions, Gifts, Grants and Other Similar Amounts		b Membership due:	s.	. [1 b					
Gr.		c Fundraising even		Ļ	1c					
Sifts lar /		d Related organiza		Ļ	1d	<u> </u>				
Contributions, Gifts, Grants and Other Similar Amounts		e Government grantsf All other contribution		Ļ	1e					
ıtior er S		and similar amounts	s not	included	1f					
ight of		g Noncash contribution lines 1a - 1f:\$	ons in	cluded in	1.0					
Sont		h Total. Add lines	1a-1	L f	1g	•				
<u> </u>		Totali / Ida III/es				Business Code				T
	 2a	a REGIONAL ENTITY AS	SSES	SMENTS		900099	15,003,411	15,003,411		
Же	١.	CRITERIA SERVICES	ACCE	CCMENTC		- 300033	1,058,867	1,058,867		
ever	"	CRITERIA SERVICES	ASSE	:SSMENTS		900099				
Program Service Revenue	١	PENALTY SANCTIONS	5			900099	154,000	154,000		
Xer x	١,	WORKSHOPS				900099	74,790	74,790		
an S						300033				
rogr	•	•								
۵	f	· All other program	serv	ice revenue.						
	g	Total. Add lines 2	2a-2	f	>	16,291,068				
	3	Investment income similar amounts) .	(inc	luding divide			85,13	7		85,137
	l	Income from invest				-				
	5	Royalties				1	•			
				(i) Rea	I	(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental expenses	6b							
	С	Rental income								
	۱,	or (loss) d Net rental income	6c	loss)			_			
		- recrement meeting		(i) Securi		(ii) Other				
	7a	Gross amount from sales of	7a							
		assets other than inventory								
	b	Less: cost or	7b							
		other basis and sales expenses								
	c	Gain or (loss)	7c							
		d Net gain or (loss)								
ne	88	Gross income from fu (not including \$		of						
en		contributions reporte See Part IV, line 18			8a					
Other Revenue	۱ ا	b Less: direct expen	ises		8b					
her	، ا	c Net income or (los	ss) fr	om fundraisi	ng ev	ents				
	9a	Gross income from	gami	ing activities.						
		See Part IV, line 19			9a					
	l	${f b}$ Less: direct expen ${f c}$ Net income or (los			9b	ies				
	`	a ivec meanie or (los	33) 11	om gaming i		les >	1			
	10	aGross sales of inver	entor	y, less	10a					
	١,	b Less: cost of good			10a					
		C Net income or (los	ss) fr	om sales of	invent	tory ►				
		Miscellaneo				Business Code				
	•	1a								
		b								+
	'									
	۱,	c								+
		d All other revenue								
		e Total. Add lines 1								
	12	2 Total revenue. S	ee ir	structions .	•		16,376,20	16,291,068	3	0 85,137

For	m 990 (2019)				Page 10
Ρ	art IX Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations must co		_		· · · · · · · · · · · · · · · · · · ·
	Check if Schedule O contains a response or note to an	y line in this Part IX			🗹
	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	1,623,417			
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	6,347,745			
	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	603,636			
9	Other employee benefits	1,056,695			
	Payroll taxes	559,833			
	Fees for services (non-employees):	,			
	Management				
	o Legal	266,666			
		346,012			
	c Accounting	340,012			
	Destruction of the desired and the second se				
	e Professional fundraising services. See Part IV, line 17			ļ	
	Investment management fees	1 007 161			
	3 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,927,164			
12	Advertising and promotion				
13	Office expenses	296,460			
14	Information technology	293,653			
15	Royalties				
16	Occupancy	768,501			
17	Travel	701,749			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings	357,861			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	227,806			
23	Insurance	44,051			
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a EQUIPMENT LEASES	141,701			
	b MISCELLANEOUS EXPENSES	24,465			
	c BANK FEES	5,091			
	d TEMPORARY OFFICE SERV.	1,860			
	e All other expenses				
25	Total functional expenses. Add lines 1 through 24e	15,594,366			
	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).				
					Form 000 (2010)

Form 990 (2019)

1

3

Assets

Fund Balances

٥ 29

Assets

27

28

30

31

32

33

4,171,738

5,888,607

44,439

457,033

532,843

11,094,660

2,875,131

724.702

440,431

4.040.264

0

0

7.054.396

7,054,396

11,094,660

Form 990 (2019)

(B)

End of year

Beginning of year

3.034,964

2,502,121

2,200,020

7,039,214

31,479

244,237

611,242

10,126,192

2,817,673

509.901

526,061

3.853.635

1

2

3

4

5

6 7

8

9

10c

11

12 13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

30

31

32

33

0 29

0

6.272.557

6,272,557

10,126,192

Check if Schedule O contains a response or note to any line in this Part IX .		

1	Cash-non-interest-bea
2	Savings and temporary

ring . Savings and temporary cash investments .

Pledges and grants receivable, net . . . Accounts receivable, net Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled Loans and other receivables from other disqualified persons (as defined under

Notes and loans receivable, net . . .

section 4958(f)(1)), and persons described in section 4958(c)(3)(B). Inventories for sale or use .

Prepaid expenses and deferred charges . 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D

10a 10b

b Less: accumulated depreciation 11 Investments—publicly traded securities . 12 13 Investments—program-related. See Part IV, line 11 14 Intangible assets .

Investments—other securities. See Part IV, line 11 . 15 Other assets. See Part IV, line 11 . . .

16

Total assets. Add lines 1 through 15 (must equal line 34) . Accounts payable and accrued expenses

17 18 Grants payable . 19 Deferred revenue . . . 20

Tax-exempt bond liabilities . Escrow or custodial account liability. Complete Part IV of Schedule D

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

21 Secured mortgages and notes payable to unrelated third parties

22 23 24

Liabilities 25

and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

26 Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds .

Total liabilities and net assets/fund balances .

Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow FASB ASC 958, check here <a> <a> and

Organizations that do not follow FASB ASC 958, check here > 🗹 and

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

3a

3h

Nο

Form 990 (2019)

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

Software Version:

EIN: 06-1784395

Name: NORTHEAST POWER COORDINATING COUNCILING

Form 990 (2019)

CANADIAN PROVINCES OF ONTARIO, OUEBEC, NEW BRUNSWICK AND NOVA SCOTIA.

Form 990, Part III, Line 4a: THE FIRST OF THREE LARGEST PROGRAM SERVICES BY EXPENSE IS COMPLIANCE ENFORCEMENT AND ORGANIZATION CERTIFICATION AND REGISTRATION (CORC).NPCC'S LARGEST PROGRAM AREA AND MOST SIGNIFICANT PORTION OF RESOURCES GOES TO RIGOROUS MONITORING AND ENFORCEMENT OF REGISTERED ENTITIES' COMPLIANCE WITH MANDATORY RELIABILITY STANDARDS FOCUSED ON ENHANCING BULK POWER SYSTEM RELIABILITY. NPCC DEVELOPED AND MAINTAINS A ROBUST SET OF ONLINE TOOLS FOR GATHERING DATA, ANALYSIS, AND TRACKING OF COMPLIANCE INFORMATION TO ASSESS AND IMPROVE RELIABILITY. NPCC'S PROGRAM AREAS ARE CONSISTENT WITH THE ENERGY POLICY ACT OF 2005 (EPACT 2005). THE CORC PROGRAM SCOPE COVERS: 1) THE INDENTIFICATION AND REGISTRATION OF THOSE ENTITIES RESPONSIBLE FOR MEETING THE NORTH AMERICAN ELECTRIC RELIABILITY CORPORATION (NERC) RELIABILITY STANDARDS AND ANY APPROVED REGIONAL STANDARDS; 2) THE IMPLEMENTATION OF THE COMPLIANCE MONITORING AND ENFORCEMENT PROGRAM (CMEP) IN THE UNITED STATES, INCLUDING THE IDENTIFICATION OF ENTITY RISK THROUGH INHERENT RISK ASSESSMENTS AND INTERNAL CONTROLS EVALUATIONS. COMPLIANCE MONITORING. ASSESSMENT AND ENFORCEMENT OF NERC RELIABILITY STANDARDS AND REGIONAL RELIABILITY STANDARDS; AND 3) THE IMPLEMENTATION OF COMPLIANCE MONITORING, ASSESSMENT AND ENFORCEMENT RECOMMENDATIONS IN ACCORDANCE WITH EXECUTED MEMORANDA OF UNDERSTANDING AND/OR AGREEMENTS IN THE

Form 990, Part III, Line 4b:

AND PERFORMANCE ANALYSIS PROGRAM AREA NPCC CONDUCTS OBJECTIVE AND ACCURATE RELIABILITY ASSESSMENTS AND IDENTIFIES RELIABILITY PERFORMANCE TRENDS, ANNUAL AND SEASONAL ASSESSMENTS OF THE FUTURE RELIABILITY OF THE BULK POWER SYSTEM IN THE REGION ARE PERFORMED FOR THE PURPOSE OF ANALYZING AND TRENDING RELIABILITY IMPROVEMENTS AND BENEFITS. NPCC PROMOTES AND CONDUCTS BOTH INTER-AREA AND INTERREGIONAL STUDIES TO

ENHANCE RELIABILITY AND OPERATIONAL EFFECTIVENESS, AND PROVIDES A FORUM FOR THE DISCUSSION AND COORDINATION OF OPERATING ISSUES WITHIN THE

THE SECOND LARGEST PROGRAM SERVICES BY EXPENSE IS RELIABILITY ASSESSMENT AND PERFORMANCE ANALYSIS (RAPA). THROUGH THE RELIABILITY ASSESSMENT

NPCC REGION AND WITH OTHER REGIONS. NPCC ASSESSES COMPOSITE GENERATION AND TRANSMISSION RELIABILITY ASSESSMENT METHODOLOGIES AND METRICS,

LOSS-OF-LOAD EXPECTATION STUDIES AND SIMILAR PROBABILISTIC RESOURCE ASSESSMENT ANALYSES IN ADDITION TO PROVIDING DATA REQUIREMENT SUPPORT IN

THE AREAS DATA COORDINATION, TRANSMISSION AVAILABILITY, GENERATION AVAILABILITY, AND DEMAND AVAILABILITY.

Form 990, Part III, Line 4c:

THE PROGRAMS NECESSARY TO INCREASE THE PHYSICAL AND CYBER SECURITY OF THE ELECTRICITY INFRASTRUCTURE. THIS INCLUDES THE OPERATION AND MAINTENANCE OF TOOLS AND OTHER SUPPORT SERVICES FOR THE BENEFIT OF RELIABILITY COORDINATORS AND OTHER SYSTEM OPERATORS. MAINTAINING THE REAL-

THE THIRD OF THREE LARGEST PROGRAM SERVICES BY EXPENSE IS SITUATION AWARENESS AND INFRASTRUCTURE SECURITY PROGRAM (SAIS). THE SITUATION AWARENESS AND INFRASTRUCTURE SECURITY PROGRAM IS THE COMBINATION OF NEAR REAL TIME AWARENESS OF CONDITIONS ON THE BULK POWER SYSTEM WITH

COMMUNICATION, AWARENESS AND ASSISTANCE IN ADDITION TO THE SAME DURING AN EMERGENCY AMONG THE AREAS.

TIME AWARENESS OF CONDITIONS ON THE INTERCONNECTED BULK POWER SYSTEMS OF THE NPCC RELIABILITY COORDINATOR AREAS (INCLUDING AWARENESS OF

ABNORMAL EVENTS, COMMUNICATING INFORMATION CONCERNING SYSTEM CONDITIONS AND ABNORMAL EVENTS TO, AND FACILITATING REAL-TIME COMMUNICATIONS AMONG, SYSTEM OPERATORS RESPONSIBLE FOR THE RELIABLE OPERATION OF THE BULK POWER SYSTEMS) IS CRITICAL TO MAINTAINING RELIABLE OPERATION WITHIN

NPCC. ON AN ONGOING BASIS, NPCC MONITORS THE OPERATIONAL STATUS OF THE BULK POWER SYSTEM AND COORDINATES NORMAL AND PRE-EMERGENCY

(A) (E) (B) (C) (D) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the

5 m | | 0 | m | 5 m |

(W- 2/1099-

77,000

77,000

(W-2/1099-

0

0

0

0

0

0

0

organization and

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations
BRAD VAN AUKEN DIRECTOR	1.00	Х						0	0	0
CAROL A SEDEWITZ DIRECTOR	1.00	Х						0	0	0
CHRIS FRALICK VICE CHAIRMAN	1.00	Х		х				0	0	0

CAROL A SEDEWITZ		x			l n	
DIRECTOR		^				
CHRIS FRALICK	1.00	V	\ \			
VICE CHAIRMAN		X	X		0	
DANIEL WHYTE	1.00	v			0	
DIRECTOR		^			١	

1.00

1.00

1.00

1.00

1.00

1.00

......

Χ

Χ

Х

Χ

Χ

Χ

......

.

for related

and Independent Contractors

ELISA SPERANZA

JEFFREY FENN PE

.......

DIRECTOR

JEFF HEATH

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

LEKA GJONAJ

LEONARD KULA

MARC BOUCHER

(A) (E) (B) (C) (D) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

DIRECTOR

DIRECTOR

TREASURER

PETER BRANDIEN

ANDREW J FAWBUSH ESQ

ASSISTANT SECRETARY

CHRISTOPHER WEIR CPA

EDWARD A SCHWERDT

PRESIDENT & CEO

HARVEY J REED

CHAIRMAN

	c l	a i i a	u un	CCCC	,, с	ascec,	′ I	(11/ 2/1000	(14/ 2/4000	1 110111 (110
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
MATTHEW PICARDI DIRECTOR	1.00	Х						0	0	0
MICHAEL FORTE VICE CHAIRMAN	1.00	Х		х				0	0	0
MILO BLAIR	1.00	X						0	0	0

MICHAEL FORTE VICE CHAIRMAN	1.00		x		0	0	
MILO BLAIR DIRECTOR	1.00	х			0	0	
TONY O'HARA DIRECTOR	1.00				0	0	
DENIC REDCEDON	1.00						

VICE CHAIRMAN		X	^		J		
MILO BLAIR	1.00	X			0	0	
DIRECTOR		,,			·		
TONY O'HARA	1.00				0		
DIRECTOR		Χ			U		
DENIS BERGERON	1.00	V					
		. v			1 (1)	1 (11	

Χ

Χ

Х

Χ

Χ

0

0

0

0

0

109,614

700,128

138,750

1.00

1.00

1.00

40.00

8.00

......

.

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation amount of other hours per compensation week (list person is both an officer from the from related compensation any hours and a director/trustee) organization organizations from the

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

DIRECTOR OF ENFORCEMENT

	l						,	(11, 2,4,000	(1) 2/4 222	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
JENNIFER B MATTIELLO	40.00							527.050		50.067
SENIOR VP & COO				X				537,958	U	59,967
RUTA SKUCAS ESQ	1.00									
SECRETARY				X					U	0
	40.00									

RUTA SKUCAS ESQ	1.00		x		0	0	
SECRETARY			^		9		
GUY ZITO ASSISTANT VP OF STANDARDS	40.00			Х	265,941	0	
KRISTIN MCKEOWN	40.00						

ASSISTANT VP OF STANDARDS				×	265,941	0	72,385
KRISTIN MCKEOWN	40.00			×	257,165	0	56,823
GENERAL COUNSEL					257,100		30,023

ASSISTANT VP OF STANDARDS							
KRISTIN MCKEOWN	40.00			×	257,165	O	
GENERAL COUNSEL					257,100		
PHILIP FEDORA	40.00						

GENERAL COUNSEL				^	237,103	0	30,823
PHILIP FEDORA	40.00			Х	277,661	C	74.381
ASSISTANT VP OF RELIABILIT				'`	[, ,,551

PHILIP FEDORA	40.00			×	277,661	0	
ASSISTANT VP OF RELIABILIT				^	277,001	3	
ANDREY OKS	40.00						

P OF RELIABILIT	•••••			Х	277,661	0	
	40.00						
				Х	226,555	0	

DIRECTOR OF OPERATIONS COORDINATION				Х	226,555	0	69,142	
DAMASE HEBERT	40.00							

DIRECTOR OF OPERATIONS COORDINATION							<u> </u>
DAMASE HEBERT	40.00						
				X	222,682	0	70,990

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

DLN: 93493317045240

Inspection

Department of the Treasury Internal Revenue Service

EZ)

SCHEDULE C (Form 990 or 990-

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

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

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C. • Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. • Section 527 organizations: Complete Part I-A only. If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B. Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)); Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of the organization **Employer identification number** NORTHEAST POWER COORDINATING COUNCILINC 06-1784395 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") 2 Political campaign activity expenditures (see instructions) 3 Volunteer hours for political campaign activities (see instructions) Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 2 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 ☐ Yes ☐ No Was a correction made? ☐ Yes □ No If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Part I-C Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b......... Did the filing organization file Form 1120-POL for this year? ☐ Yes 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received funds. If none, enter and promptly and -0-. directly delivered to a separate political organization. If none

				enter -0
1				
2				
3				
4				
5				
6				
For Paperwork Reduction Act Notice, see th	e instructions for Form 990 or 990-EZ.	Cat.	No. 50084S Schedule C (Form 990 or 990-EZ) 2019

Return Reference

For e	Form 5768 (election under section 501(h)). ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(:	a)		(b)	=
activi	, , , , , , , , , , , , , , , , , , , ,	Yes	No	A	moun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
C	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total. Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	(5), o	r secti	on		
_			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		<u> </u>	1		No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		<u> </u>	2	Yes	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		N
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."				01(c))(6
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
a	Current year	2a				
b	Carryover from last year	2b				
c	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				_
Pa	art IV Supplemental Information					
	vide the descriptions required for Part l-A, line 1; Part l-B, line 4; Part l-C, line 5; Part II-A (affiliated group list);	Dart II.	Δ lines	1 and	2 (50	

Explanation

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D**

As Filed Data -

DLN: 93493317045240

2019

OMB No. 1545-0047

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.

Open to Public

Schedule D (Form 990) 2019

Cat. No. 52283D

Department of the Treasury

(Form 990)

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

Na	me of the organization		Employer identification number
NOF	RTHEAST POWER COORDINATING COUNCILINC		06-1784395
Ρā	rt I Organizations Maintaining Donor Advi		r Accounts.
	Complete if the organization answered "Ye	s" on Form 990, Part IV, line 6. (a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year	(a) Donor advised funds	(b) Fullus and other accounts
,	Aggregate value of contributions to (during year)		
	Aggregate value of grants from (during year)		
ļ	Aggregate value at end of year		
;	Did the organization inform all donors and donor adviso organization's property, subject to the organization's ex		
5	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	or donor advisor, or for any other purpose o	be used only for
Pa	rt II Conservation Easements.		Tes No
	Complete if the organization answered "Ye	·	
	Purpose(s) of conservation easements held by the organ	nization (check all that apply).	
	Preservation of land for public use (e.g., recreation	n or education) \square Preservation of an	historically important land area
	Protection of natural habitat	\square Preservation of a c	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	qualified conservation contribution in the for	m of a conservation Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements . $% \left({{\bf{r}}_{i}}\right) ={{\bf{r}}_{i}}$.		2b
c	Number of conservation easements on a certified histori	c structure included in (a)	2c
d	Number of conservation easements included in (c) acquistructure listed in the National Register	red after 7/25/06, and not on a historic	2d
1	Number of conservation easements modified, transferre tax year ▶	d, released, extinguished, or terminated by t	the organization during the
Ļ	Number of states where property subject to conservation	n easement is located >	
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds		of violations, Yes No
,	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing co	
	<u> </u>		
•	Amount of expenses incurred in monitoring, inspecting, \$	handling of violations, and enforcing conserv	ation easements during the year
3	Does each conservation easement reported on line $2(d)$ and section $170(h)(4)(B)(ii)$?		70(h)(4)(B)(i)
)	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the organization's financial state	nse statement, and
ar	t III Organizations Maintaining Collections Complete if the organization answered "Ye	of Art, Historical Treasures, or Othe	er Similar Assets.
.a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finar	6 (ASC 958), not to report in its revenue sta public exhibition, education, or research in fu	
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for pub	6 (ASC 958), to report in its revenue statem	
(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, historic following amounts required to be reported under SFAS:	cal treasures, or other similar assets for finar	
а	Revenue included on Form 990, Part VIII, line 1	· · · · · ·	▶\$
b	Assets included in Form 990, Part X		·
	,		· · · · · · · · · · · · · · · · · · ·

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

Par	t III	Organizations Maintaining Co	llections of Art, F	listori	cal T	reası	ures, or	r Other	Similar As	sets (cont	inued)
3		g the organization's acquisition, accessio s (check all that apply):	n, and other records,	check	any of	the fo	ollowing t	hat are a	significant u	se of its col	ection
а		Public exhibition		d		Loan	or excha	ange prog	ırams		
b		Scholarly research		е		Othe	r				
С		Preservation for future generations									
4	Provi Part	de a description of the organization's co XIII.	llections and explain l	how the	ey furtl	her th	e organiz	zation's e	kempt purpo	se in	
5		ng the year, did the organization solicit on ts to be sold to raise funds rather than t								☐ Yes	□ No
Pa	rt IV	Escrow and Custodial Arrange Complete if the organization answ X, line 21.		m 990	, Part	IV, li	ine 9, o	r reporte	ed an amou	nt on Forn	n 990, Part
1a		e organization an agent, trustee, custod ded on Form 990, Part X?								Yes	□ No
b	If "Y	es," explain the arrangement in Part XII	I and complete the fo	llowing	table:				Δι	mount	
c		nning balance	·	_				1c			
d	_	•						1d			
		cions during the year									
e		ibutions during the year						1e			
f	Endir	ng balance						1f			
2a	Did t	he organization include an amount on Fo	orm 990, Part X, line	21, for	escrow	or cu	ıstodial a	ccount lia	ability?	☐ Yes	□ No
b	If "Ye	es," explain the arrangement in Part XII	I. Check here if the ex	kplanati	ion has	s been	provide	d in Part :	XIII		
Pa	rt V	Endowment Funds.		•			·				
		Complete if the organization answ	wered "Yes" on For	m 990	, Part	IV, li	ine 10.				
			(a) Current year	(b) P	rior yea	ar	(c) Two y	ears back	(d) Three yea	rs back (e)	Four years back
1a	Beginr	ning of year balance									
b	Contri	butions									
C	Net in	vestment earnings, gains, and losses									
d	Grants	s or scholarships									
е		expenditures for facilities ograms									
f	Admin	istrative expenses									
g	End of	year balance									
2	Provi	de the estimated percentage of the curr	ent vear end balance	(line 1	a. colu	mn (a)) held a	s:			
- а		d designated or quasi-endowment	•	(9, 00.0	(,,e.a a				
h		anent endowment ►									
С		porarily restricted endowment									
За	Are t	percentages on lines 2a, 2b, and 2c shou here endowment funds not in the posse nization by:		ion tha	t are h	eld an	ıd admini	istered fo	r the		Yes No
	-	nrelated organizations								3a(i)	100 100
	• •	related organizations					_			3a(ii)	
b		es" on 3a(ii), are the related organization		on Sche	dule R	?.				3b	
4		ribe in Part XIII the intended uses of the									<u> </u>
Pa	rt VI										
		Complete if the organization answer		m 990	, Part	IV, li	ine 11a.	See Fo	m 990, Pai	rt X, line 1	0.
	Descr	iption of property (a) Cost or ot (investm	her basis (b) Cost						lepreciation		ook value
1a	Land										
		ngs									
		nold improvements			9	74,691			693,034		281,657
		ment				02,846			605,277		97,569
						57,427			1,203,810		153,617
		ines 1a through 1e. (Column (d) must	equal Form 990 Part	Y colu			10(c)		1,203,010		
100	ıı. Aaa	illes ta ullough te. (Column (a) must	equal FULLI 990, Part	A, COIU	ини (В,	,, iine	10(C).)				532,843

Part VII	Investments—Other Securities.	Dar+ T\ / !:-	ne 11h Soo Form 000	Part V lino 12
	Complete if the organization answered "Yes" on Form 990, (a) Description of security or category (including name of security)	(b) Book	(c) Metho	Part X, line 12. d of valuation: -year market value
(1) Financia	al derivatives	value		
	held equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 12.)	•		
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form 990,	Part IV lin	ne 11c. See Form 990	Part Y line 13
	(a) Description of investment	raiciv, iii	(b) Book value	(c) Method of valuation:
				Cost or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
•	n (b) must equal Form 990, Part X, col.(B) line 13.)		•	
Part IX	Other Assets. Complete if the organization answered 'Yes' on Form 990, F	Part IV, line	e 11d. See Form 990, Par	t X, line 15.
(1)	(a) Description			(b) Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities.		<u> </u>	•
1.	Complete if the organization answered 'Yes' on Form 990, F (a) Description of liability	Part IV, line	e 11e or 11f.See Form	990, Part X, line 25. (b) Book value
	income taxes			(b) Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col.(B) line 25.)		•	440,431
	or uncertain tax positions. In Part XIII, provide the text of the footno o's liability for uncertain tax positions under FIN 48 (ASC 740). Check			

Page 4

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019

Part XI

Total expenses and losses per audited financial statements 1 15,594,366 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities . . . 2a

2b Prior year adjustments 2c C 2d d Other (Describe in Part XIII.) . . . Add lines 2a through 2d . 2e 15,594,366 Subtract line 2e from line 1 3 3 4

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . . 4a 4b b Add lines **4a** and **4b** 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 15.594.366 Supplemental Information

5 Part XIII

Provide the 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 XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference Explanation

See Additional Data Table

chedule D (Forn	n 990) 2019	Page 5
Part XIII	Supplemental Info	rmation (continued)
Retur	n Reference	Explanation

Schedule D (Form 990) 2019

Additional Data

Software ID: Software Version:

RECOGNIZING ANY INTEREST AND PENALTIES.

EIN: 06-1784395

Name: NORTHEAST POWER COORDINATING COUNCILINC

Supplemental Information

Supplemental Imormation	
Return Reference	Explanation
PART X, LINE 2:	THE COMPANY FOLLOWS STANDARDS IN ACCOUNTING STANDARDS CODIFICATION (ASC) 740, "INCOME TAXE

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	INVESTMENT INCOME INCLUDED IN NON-OPERATING ACTIVITIES ON FINANCIALS 85,137.

S

SCHEDULE F	State	ement of	Activities	Outside the Un	ited States	OMB No. 1545-0047
(Form 990) Department of the Treasury	► Comp	lete if the organ	ization answered " ▶ Attach	Yes" to Form 990, Part IV, to Form 990. instructions and the latest	line 14b, 15, or 16.	2019 Open to Public Inspection
nternal Revenue Service						
Name of the organization NORTHEAST POWER COO	RDINATING CO	OUNCILINC			Employer ider 06-1784395	ntification number
	nformation Part IV, line		s Outside the	United States. Compl	ete if the organization a	nswered "Yes" on
other assistance, to award the gran	the grantees' ts or assistan s. Describe in	eligibility for t	the grants or assi	substantiate the amour stance, and the selection stance, and the selection stances for monitoring the	•	☐ Yes ☐ No her assistance
3 Activites per Region	n. (The followin	ng Part I, line 3	table can be dupl	icated if additional space i	s needed.)	
(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CANADA		C	0	PROGRAM SERVICES	ALL ACTIVITIES IDENTIFIED IN PART III 4A TO 4D ARE PERFORMED IN SUPPORT OF INTERNATIONAL NORTH AMERICAN, CONTINENT-WIDE RELIABILITY STANDARDS.	6,194,21
3a Sub-total b Total from continuat	ion sheets to		0 0			6,194,21
Part I	55005 10		0 0			6,194,21

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

Cat. No. 50082W Schedule F (Form 990) 2019

	uplicated if addit	(c) Number of		(a) Mannay of as -1-	(f) Amount of	(a) Decembring	(h) Math
ype of grant or assistance	(b) Region	recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other

Sched	lule F (Form 990) 2019		Page 4
Par	Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)		
		☐ Yes	✓ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign		
	Corporations. (see Instructions for Form 5471)	☐Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621).	Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships		
	(see Instructions for Form 8865)	Yes	✓ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form		
	5713; don't file with Form 990)	☐Yes	✓ No

Schedule F	(Form 990) 2019	Page 5
Part V 990 Sche	Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); and Part III, column (c) (estimated number of recipients), as applicable any additional information. See instructions. dule F, Supplemental Information	nethod); Part III (accounting
	Return Reference	Explanation
PART III A	ACCOUNTING METHOD:	

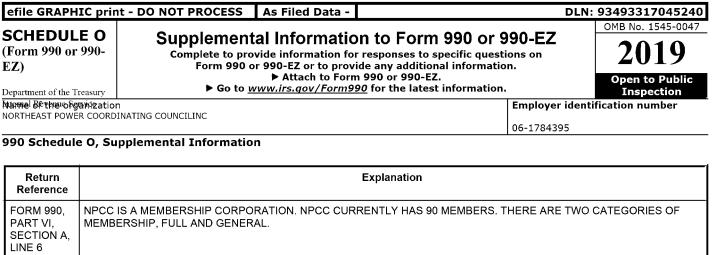
efil	le GRAPHIC p	rint - DO NOT PROCESS	As Filed Dat	ta -	DLN: 93	49331	7045	240
	nedule J	C	ompensat	tion Information	OI	MB No.	1545-0	0047
(Form 990)		For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.				2019		
-	tment of the Treasury al Revenue Service	→ Go to <u>www.irs.go</u>	<u>ov/Form990</u> for	r instructions and the latest infor	mation.	Open i Insp	to Pul ectio	
Nar	me of the organiz				Employer identifica			
NOF	RTHEAST POWER CO	OORDINATING COUNCILINC			06-1784395			
Pa	rt I Questi	ions Regarding Compensa	ntion		100 270 1000			
							Yes	No
1a				of the following to or for a person liste ny relevant information regarding the				
	_	s or charter travel	님	Housing allowance or residence for	•			
		r companions		Payments for business use of perso				
	_	nification and gross-up payment	ts 📙	Health or social club dues or initiati				
	LI Discretion	nary spending account		Personal services (e.g., maid, chau	meur, cner)			
b				n follow a written policy regarding pay ove? If "No," complete Part III to exp		1b		
2				or allowing expenses incurred by all	ma 1a2	2		
	directors, truste	ees, officers, including the CEO/	executive Directo	or, regarding the items checked on Li	ne la?			
3	organization's (CEO/Executive Director. Check a	ll that apply. Do	ed to establish the compensation of t not check any boxes for methods CEO/Executive Director, but explain				
	✓ Compens	sation committee		Written employment contract				
		lent compensation consultant	✓	Compensation survey or study				
	✓ Form 990	of other organizations	✓	Approval by the board or compensa	ation committee			
4	During the year related organiza		990, Part VII, Se	ection A, line 1a, with respect to the f	filing organization or a			
а	Receive a sever	rance payment or change-of-cor	ntrol payment? .			4a		No
b	Participate in, c	or receive payment from, a supp	lemental nonqua	lified retirement plan?		4b	Yes	
C				nsation arrangement?		4c		No
	If "Yes" to any	of lines 4a-c, list the persons an	d provide the ap	plicable amounts for each item in Par	t III.			
	Only E01(a)(3	3), 501(c)(4), and 501(c)(29) organizations	must complete lines E-0				
5				the organization pay or accrue any				
		contingent on the revenues of:	,					
а	The organizatio	n?				5a		
b		anization?				5b		
6		ed on Form 990, Part VII, Section contingent on the net earnings o		the organization pay or accrue any				
а	The organizatio	n?				6a		
b						6b		
	If "Yes," on line	e 6a or 6b, describe in Part III.						
7				the organization provide any nonfixe art III		7		
8	subject to the i	nitial contract exception describe	ed in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," d		8		_
9				e presumption procedure described in		9		
For I	Danarwark Padi	uction Act Notice, see the Ins	structions for Fo	orm 990 Cat No	50053T Schedule 3	/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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990
EDWARD A SCHWERDT RESIDENT & CEO	(i)	449,575	210,100	40,453	68,600	41,014	809,742	0
	(ii)	0	0	0	0	0	0	0
JENNIFER B MATTIELLO ENIOR VP & COO	(i)	371,274	142,800	23,884	33,600	26,367	597,925	0
	(ii)	0	0	0	0	0	0	0
GUY ZITO SSISTANT VP OF	(i)	214,718	49,900	1,323	26,811	45,574	338,326	0
TANDARDS	(ii)	0	0	0	0	0	0	0
KRISTIN MCKEOWN ENERAL COUNSEL	(i)	207,877	49,100	188	25,657	31,166	313,988	0
LINERAL COUNSEL	(ii)	0	0	0	0	0	0	0
PHILIP FEDORA SSISTANT VP OF	(i)	221,485	54,800	1,376	27,769	46,612	352,042	0
ELIABILIT	(ii)	0	0	0	0	0	0	0
ANDREY OKS IRECTOR OF OPERATIONS	(i)	185,089	41,300	166	23,187	45,955	295,697	0
OORDINATION	(ii)	0	0	0	0	0	0	0
DAMASE HEBERT	(i)	184,815	37,700	167	23,355	47,635	293,672	0
NFORCEMENT	(ii)	0	0	0	0	0	0	0
	(,							

Schedule J (Form 990) 2019						
Part III Supplemental Information						
Provide the information, explanation, or	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.					
Return Reference	Explanation					
	Explanation EDWARD A. SCHWERDT IS A PARTICIPANT IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN. NPCC CONTRIBUTED \$35,000 TO THE PLAN IN 2019.					



Return Explanation
Reference

FORM 990,	THE MEMBERS FROM EACH VOTING SECTOR VOTE TO ELECT DIRECTORS IN THEIR RESPECTIVE SECTOR. A
PART VI,	DIRECTOR SHALL BE ELECTED BY A VOTE OF THE MAJORITY OF THE MEMEBERS IN THE RESPECTIVE SECT
SECTION A,	OR. A DIRECTOR MAY BE REMOVED FOR CAUSE BY AT LEAST TWO THIRDS OF THE MEMBERS IN THEIR RES
LINE 7A	PECTIVE SECTOR.

Return Explanation

FORM 990,

PART VI,

SECTION B,

ORS FOR REVIEW, COMMENT AND APPROVAL.

LINE 11B

Return Explanation
Reference

FORM 990, ALL NPCC REPRESENTATIVES ARE REQUIRED TO COMPLETE AND SUBMIT A CONFLICT OF INTEREST QUESTION ONNAIRE ANNUALLY, AND WHEN A POTENTIAL CONFLICT ARISES. THE NPCC CONFLICTS TEAM MANAGES THE SECTION B, E CONFLICT OF INTERESTS REPORTING, MONITORING AND RESOLUTION PROCESSES.

Return Explanation
Reference

FORM 990,	EACH YEAR, THE MANAGEMENT DEVELOPMENT AND COMPENSATION COMMITTEE PERFORMS A COMPREHENSIVE
PART VI,	PERFORMANCE REVIEW OF THE PRESIDENT AND CEO AND MAKES RECOMMENDATIONS TO THE FULL BOARD OF
SECTION B,	DIRECTORS WITH REGARD TO MERIT AND VARIABLE COMPENSATION.
LINE 15A	

Return Explanation
Reference

FORM 990, PART VI, SECTION C, LINE 19

Return Explanation
Reference

LINE 11G

FORM 990, PART IX. ADMINISTRATIVE AND CONSULTANT FEES 1,927,164.

Return Explanation

Reference FORM 990. THE PROCESS OF OVERSEEING THE AUDIT AND SELECTION OF INDEPENDENT ACCOUNTANT HAS NOT BEEN CHANGED FROM PRIOR YEAR.

PART XII, LINE 2C:

990 Schedule O, Supplemental Information