

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047
2018
Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **01-01-2018**, and ending **12-31-2018**

- B** Check if applicable
- Address change
 - Name change
 - Initial return
 - Final return/terminated
 - Amended return
 - Application pending

C Name of organization
MIDCONTINENT INDEPENDENT SYSTEM OPERATOR INC

% MELISSA BROWN
Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
720 CITY CENTER DR

City or town, state or province, country, and ZIP or foreign postal code
CARMEL, IN 46032

D Employer identification number
43-1827033

E Telephone number
(317) 249-5400

G Gross receipts \$ 400,001,689

F Name and address of principal officer
John Bear
720 W City Center Dr
Carmel, IN 46032

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status 501(c)(3) 501(c) (4) ◀ (insert no) 4947(a)(1) or 527

J Website: ▶ www.misoenergy.org

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1998

M State of legal domicile DE

Part I Summary

1 Briefly describe the organization's mission or most significant activities
MONITOR AND CONTROL ELECTRIC TRANSMISSION SYSTEM TO PROVIDE NON-DISCRIMINATORY OPEN-ACCESS TO ALL COSTUMERS AND ENSURE SAFE, RELIABLE, AND EFFICIENT OPERATION FOR THE BENEFIT OF ALL

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	10
4 Number of independent voting members of the governing body (Part VI, line 1b)	9
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	1,096
6 Total number of volunteers (estimate if necessary)	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	331,558

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	2,985,317	850,092
9 Program service revenue (Part VIII, line 2g)	353,992,656	379,491,784
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,831,176	19,659,813
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	902,858	0
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	364,712,007	400,001,689
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	153,777,124	169,304,024
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	210,934,883	230,697,665
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	364,712,007	400,001,689
19 Revenue less expenses Subtract line 18 from line 12		0
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	1,382,273,613	1,589,375,925
21 Total liabilities (Part X, line 26)	1,382,273,613	1,589,375,925
22 Net assets or fund balances Subtract line 21 from line 20	0	0

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer _____ Date 2019-11-13

MELISSA BROWN SENIOR VP & CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name _____ Preparer's signature _____ Date _____

Check if self-employed PTIN P00395735

Firm's name ▶ ERNST & YOUNG US LLP Firm's EIN ▶ _____

Firm's address ▶ 111 MONUMENT CIRCLE SUITE 4000 Phone no (317) 681-7000
INDIANAPOLIS, IN 46204

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

MONITOR AND CONTROL AN ELECTRIC TRANSMISSION SYSTEM THAT PROVIDES ALL CUSTOMERS WITH OPEN ACCESS TO THE SYSTEM WITHOUT DISCRIMINATION, AND ENSURE SAFE, RELIABLE, AND EFFICIENT OPERATION FOR THE BENEFIT OF ALL CUSTOMERS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 334,470,361 including grants of \$) (Revenue \$ 379,491,784)
See Additional Data

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 334,470,361

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 23 through 38 regarding compensation, bond issues, escrow accounts, 501(c)(3) organizations, and other IRS requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

<p>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</p>	2a	1,096			
<p>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)</p>			2b	Yes	
<p>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</p>			3a	Yes	
<p>b If "Yes," has it filed a Form 990-T for this year?<i>If "No" to line 3b, provide an explanation in Schedule O</i></p>			3b	Yes	
<p>4a 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)?</p>			4a		No
<p>b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</p>					
<p>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</p>			5a		No
<p>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>			5b		No
<p>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</p>			5c		
<p>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?</p>			6a		No
<p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p>			6b		
7 Organizations that may receive deductible contributions under section 170(c).					
<p>a 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?</p>			7a		
<p>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</p>			7b		
<p>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</p>			7c		
<p>d If "Yes," indicate the number of Forms 8282 filed during the year</p>	7d				
<p>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>			7e		
<p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p>			7f		
<p>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</p>			7g		
<p>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</p>			7h		
8 Sponsoring organizations maintaining donor advised funds.					
<p>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?</p>			8		
<p>9a Did the sponsoring organization make any taxable distributions under section 4966?</p>			9a		
<p>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</p>			9b		
10 Section 501(c)(7) organizations. Enter					
<p>a Initiation fees and capital contributions included on Part VIII, line 12</p>	10a				
<p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	10b				
11 Section 501(c)(12) organizations. Enter					
<p>a Gross income from members or shareholders</p>	11a				
<p>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)</p>	11b				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
<p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year</p>	12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
<p>a 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</p>			13a		
<p>b 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</p>	13b				
<p>c Enter the amount of reserves on hand</p>	13c				
<p>14a Did the organization receive any payments for indoor tanning services during the tax year?</p>			14a		No
<p>b If "Yes," has it filed a Form 720 to report these payments?<i>If "No," provide an explanation in Schedule O</i></p>			14b		
<p>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? If "Yes," see instructions and file Form 4720, Schedule N</p>			15	Yes	
<p>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</p>			16		No

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to 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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (10); 1b Enter the number of voting members included in line 1a, above, who are independent (9); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (DC, IN); 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: Own website, Another's website, Upon request, Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records (MELISSA BROWN, 720 CITY CENTER DRIVE, CARMEL, IN 46032 (317) 249-5400).

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- 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 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 persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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 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)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(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)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
1c Total from continuation sheets to Part VII, Section A										
1d Total (add lines 1b and 1c)							16,324,114	0	2,204,005	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 554

3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	Yes	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
MONUMENT CONSULTING, 3659 WESTMERRE PKWY RICHMOND, VA 23233	PROFESSIONAL SVCS	12,311,608
ALSTOM GRID, 10865 WILLOWS ROAD REDMOND, WA 98052	SOFTWARE SERVICES	8,497,013
POTOMAC ECONOMICS, 9990 FAIRFAX BLVD FAIRFAX, VA 22030	INDPNDT MRKT MONITOR	6,821,220
SCOTT MADDEN, 2626 GLENWOOD AVENUE RALEIGH, NC 27608	PROFESSIONAL SVCS	3,425,749
TECHNOLOGY SITE PARTNERS, 8188 BUSINESS WAY PLAIN CITY, OH 43064	PROPERTY MANAGEMENT	2,834,969

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 ▶ 69

Part VIII Statement of Revenue

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

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a-1f (Federated campaigns, Membership dues, Fundraising events, etc.) and 1g (Noncash contributions).

Table for Program Service Revenue with 5 columns (A-D) and rows for 2a-2f (COST RECOVERY ADDER, FERC ASSESSMENT, etc.) and 2g Total.

Main table for Other Revenue with 5 columns (A-D) and rows for 3-12 (Investment income, Royalties, Rental income, Net gain, Fundraising events, Gaming activities, Sales of inventory, etc.) and 12 Total revenue.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

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

Do not include amounts reported on lines 6b, 7b, 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.	0	0		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	0	0		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0	0		
4 Benefits paid to or for members.	0	0		
5 Compensation of current officers, directors, trustees, and key employees.	14,200,315	5,562,562	8,637,753	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0	0	0	0
7 Other salaries and wages.	119,089,774	92,510,344	26,579,430	0
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	10,642,443	7,511,951	3,130,492	0
9 Other employee benefits.	16,289,910	13,340,495	2,949,415	0
10 Payroll taxes.	9,081,582	7,011,468	2,070,114	0
11 Fees for services (non-employees)				
a Management.	0	0	0	0
b Legal.	3,289,490	2,420,359	869,131	0
c Accounting.	176,000	0	176,000	0
d Lobbying.	0	0	0	0
e Professional fundraising services. See Part IV, line 17.	0			0
f Investment management fees.	0	0	0	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	46,623,359	39,812,912	6,810,447	0
12 Advertising and promotion.	0	0	0	0
13 Office expenses.	7,338,274	5,399,395	1,938,879	0
14 Information technology.	22,994,545	22,035,552	958,993	0
15 Royalties.	0	0	0	0
16 Occupancy.	14,102,516	10,376,426	3,726,090	0
17 Travel.	6,592,783	3,563,691	3,029,092	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0	0	0	0
19 Conferences, conventions, and meetings.	1,110,500	888,909	221,591	0
20 Interest.	18,527,507	18,527,507	0	0
21 Payments to affiliates.	0	0	0	0
22 Depreciation, depletion, and amortization.	44,605,495	44,605,495	0	0
23 Insurance.	2,122,661	0	2,122,661	0
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 FERC assessment.	57,190,308	57,190,308	0	0
b Regulatory debits.	3,780,125	3,024,100	756,025	0
c Membership/Dues.	569,527	220,485	349,042	0
d Hiring/Retention.	321,153	1,793	319,360	0
e All other expenses.	1,353,422	466,609	886,813	0
25 Total functional expenses. Add lines 1 through 24e.	400,001,689	334,470,361	65,531,328	0
26 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).	0			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	20,593,479	1	29,971,961
	2 Savings and temporary cash investments	1,021,321,016	2	1,218,490,811
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	27,818,607	4	28,731,071
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	49,928	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	11,761,932	9	13,720,247
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	589,423,181		
	b Less accumulated depreciation	480,222,111		
		120,028,679	10c	109,201,070
	11 Investments—publicly traded securities	135,721,333	11	142,770,538
	12 Investments—other securities See Part IV, line 11	0	12	0
	13 Investments—program-related See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
15 Other assets See Part IV, line 11	44,978,639	15	46,490,227	
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,382,273,613	16	1,589,375,925	
Liabilities	17 Accounts payable and accrued expenses	69,621,450	17	85,583,115
	18 Grants payable	0	18	0
	19 Deferred revenue	30,300,120	19	26,301,419
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	274,165,484	24	274,203,576
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	1,008,186,559	25	1,203,287,815
	26 Total liabilities. Add lines 17 through 25	1,382,273,613	26	1,589,375,925
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	0	27	0
	28 Temporarily restricted net assets	0	28	0
	29 Permanently restricted net assets	0	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	0	33	0	
34 Total liabilities and net assets/fund balances	1,382,273,613	34	1,589,375,925	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	400,001,689
2	Total expenses (must equal Part IX, column (A), line 25)	2	400,001,689
3	Revenue less expenses Subtract line 2 from line 1	3	0
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	0
5	Net unrealized gains (losses) on investments	5	0
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	0

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 43-1827033

Name: MIDCONTINENT INDEPENDENT SYSTEM OPERATOR INC

Form 990 (2018)

Form 990, Part III, Line 4a:

ON DECEMBER 19, 2001, THE MIDCONTINENT INDEPENDENT SYSTEM OPERATOR, INC (MISO OR THE COMPANY) BECAME THE NATION'S FIRST REGIONAL TRANSMISSION ORGANIZATION (RTO) APPROVED BY THE FEDERAL ENERGY REGULATORY COMMISSION (THE FERC) AS AN RTO, MISO PROVIDES TRANSMISSION SERVICE ON BEHALF OF ITS MEMBERS WHO OWN TRANSMISSION ASSETS IN ADDITION, MISO IS A NORTH AMERICAN ELECTRIC RELIABILITY CORPORATION (NERC) CERTIFIED RELIABILITY COORDINATOR IN THAT CAPACITY, MISO MONITORS THE FLOW OF ELECTRICITY OVER THE TRANSMISSION SYSTEMS OF ITS MEMBERS WHO OWN TRANSMISSION ASSETS MISO WAS INCORPORATED AS A DELAWARE NON-STOCK, NONPROFIT CORPORATION IN MARCH 1998 THE COMPANY IS GOVERNED BY AN INDEPENDENT BOARD OF DIRECTORS MEMBERSHIP IN MISO IS OPEN TO OWNERS OF ELECTRIC TRANSMISSION FACILITIES AS WELL AS OTHER PARTICIPANTS IN THE ELECTRIC ENERGY MARKET FIFTY TRANSMISSION OWNERS WITH MORE THAN 65,800 MILES OF TRANSMISSION LINES, 191,000 MEGAWATTS OF ELECTRIC GENERATION, AND APPROXIMATELY \$37.9 BILLION IN INSTALLED GROSS TRANSMISSION ASSETS ARE CURRENTLY PARTICIPATING IN MISO ON DECEMBER 15, 2001, THE COMPANY BEGAN PROVIDING RELIABILITY COORDINATION SERVICES TO THE TRANSMISSION-OWNING MEMBERS OF MISO AND THEIR CUSTOMERS ON THE SAME DATE, MISO ALSO BEGAN PROVIDING OPERATIONS PLANNING, GENERATION INTERCONNECTION, MAINTENANCE COORDINATION, LONG-TERM REGIONAL PLANNING, MARKET MONITORING, AND DISPUTE RESOLUTION SERVICES THE COMPANY COMMENCED SUBSTANTIALLY ALL OPERATIONS ON FEBRUARY 1, 2002, THE DATE MISO BEGAN PROVIDING REGIONAL TRANSMISSION SERVICE UNDER ITS FERC-ACCEPTED OPEN ACCESS TRANSMISSION AND ENERGY MARKETS TARIFF (THE TARIFF) ON APRIL 1, 2005, MISO FORMALLY BEGAN OPERATING ITS MARKET-BASED CONGESTION MANAGEMENT SYSTEM WHICH FEATURES THE FOLLOWING - DAY-AHEAD ENERGY MARKET - REAL-TIME ENERGY MARKET - FINANCIAL TRANSMISSION RIGHTS (FTR) MARKET THE DAY-AHEAD AND REAL-TIME ENERGY MARKETS ARE DESIGNED TO RELIABLY MAKE THE MOST EFFICIENT USE OF ALL GENERATION AND TRANSMISSION RESOURCES WITHIN THE REGION BASED ON BIDS AND OFFERS SUBMITTED BY MARKET PARTICIPANTS THE DAY-AHEAD AND REAL-TIME ENERGY MARKETS PRICE TRANSMISSION SYSTEM CONGESTION THROUGH THE USE OF LOCATIONAL MARGINAL PRICING (LMP) ALGORITHMS THE FINANCIAL TRANSMISSION RIGHTS MARKET PROVIDES A MEANS OF HEDGING LMP-BASED CONGESTION COSTS ON JANUARY 6, 2009, MISO BEGAN OPERATING A MARKET FOR ANCILLARY SERVICES THE ANCILLARY SERVICES MARKET INTEGRATES THE PROCUREMENT AND USE OF REGULATION AND CONTINGENCY RESERVES WITH THE EXISTING REAL-TIME ENERGY MARKET MISO ALSO BECAME AN NERC-CERTIFIED BALANCING AUTHORITY ON JANUARY 6, 2009

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

(A) Name and Title	(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)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Barbara Krumsiek DIRECTOR	10 0 0 0	X						156,500	0	0
Michael Curran DIRECTOR	10 0 0 0	X						168,125	0	0
Baljit Dail DIRECTOR	10 0 0 0	X						175,625	0	0
Horace Doggett DIRECTOR	10 0 0 0	X						155,125	0	0
Todd Raba DIRECTOR	10 0 0 0	X						156,500	0	0
John Bear CEO	40 0 0 0	X		X				2,740,916	0	334,825
Mark Johnson DIRECTOR	10 0 0 0	X						146,500	0	0
Thomas M Rainwater DIRECTOR	10 0 0 0	X						155,250	0	0
Phyllis Currie Director	10 0 0 0	X						153,250	0	0
Theresa Wise Director	10 0 0 0	X						96,750	0	0

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

(A) Name and Title	(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)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Keri Glitch VP & Chief Info Security	40 0 0 0			X				446,021	0	112,858
John Carl Goode Chief Information Officer	40 0 0 0			X				1,012,516	0	128,245
David Charles Boyd VP Gov & Regulatory Affair	40 0 0 0			X				465,463	0	106,704
Richard Doying Exec VP Markt Dvlpmnt Strategy	40 0 0 0			X				1,063,381	0	144,410
Stephen Kozey SR VP & Secretary	40 0 0 0			X				971,759	0	140,709
Clair Moeller President	40 0 0 0			X				1,431,082	0	147,504
Andre Porter VP & General Counsel	40 0 0 0			X				629,924	0	126,529
Gregory Powell VP - HUMAN RESOURCES	40 0 0 0			X				604,047	0	118,335
Jennifer Curran VP System Planning	40 0 0 0			X				608,598	0	119,371
Joseph Gardner VP Forward Markets thru 7/9/18	40 0 0 0			X				383,280	0	53,131

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

(A) Name and Title	(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)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Melissa Brown Senior VP & CFO	40 0 0 0			X				642,466	0	123,099
Todd Hillman VP - South Region Executive	40 0 0 0			X				611,500	0	110,978
Todd Ramey VP System Ops and Markets	40 0 0 0			X				617,684	0	116,056
Richard Wayne Schug VP Strategy & Business Develop	40 0 0 0			X				564,927	0	104,583
Jeffrey Mark Bladen Exec Dir System Operations	40 0 0 0					X		418,651	0	46,481
Eric Bruce Stephens Exec Dir Standards & Assurance	40 0 0 0					X		436,483	0	28,961
Shawn McFarlane Exec Dir Market Operations	40 0 0 0					X		412,557	0	49,240
Kevin Caringer Exec Dir Application Devlpmnt	40 0 0 0					X		442,109	0	50,470
Melissa Ann Seymour Exec Dir External Affairs	40 0 0 0					X		414,000	0	41,516
Paul J Bonavia FORMER DIRECTOR	10 0 0 0						X	43,125	0	0

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶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.

OMB No 1545-0047

2018

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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 MIDCONTINENT INDEPENDENT SYSTEM OPERATORINC	Employer identification number 43-1827033
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 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) _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 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 ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 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 filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

(a) Filing organization's totals	(b) Affiliated group totals
----------------------------------	-----------------------------

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a If zero or less, enter -0-
- i** Subtract line 1f from line 1c If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

Yes No

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

	(a)		(b)
	Yes	No	Amount
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			
a 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?			
e 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			
c 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?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	No
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	Yes
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	No

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

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.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
MIDCONTINENT INDEPENDENT SYSTEM OPERATORINC

Employer identification number
43-1827033

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the 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, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | | |
|--|-----|----|
| (i) unrelated organizations | Yes | No |
| (ii) related organizations | | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	4,382,790		4,382,790
b Buildings		76,734,182	36,026,374	40,707,808
c Leasehold improvements		21,753,933	14,489,761	11,399,992
d Equipment		65,814,819	54,414,827	7,264,172
e Other		420,737,457	375,291,149	45,446,308
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				109,201,070

Part VII Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (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, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	

Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
CUSTOMER DEPOSITS	1,102,912,750
MARKET PARTICIPANT LIABILITY	97,075,050
OBLIGATION UNDER CAPITAL LEASE	3,300,015
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	1,203,287,815

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	400,001,689
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d	0	
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	400,001,689
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	0	
c	Add lines 4a and 4b		4c	0
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	400,001,689

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	400,001,689
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d	0	
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	400,001,689
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	0	
c	Add lines 4a and 4b		4c	0
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	400,001,689

Part XIII Supplemental Information

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	
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Part XIII **Supplemental Information (continued)**

Return Reference	Explanation
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Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization MIDCONTINENT INDEPENDENT SYSTEM OPERATORINC	Employer identification number 43-1827033
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Part I Questions Regarding Compensation

		Yes	No		
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input checked="" type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input checked="" type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input checked="" type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input checked="" type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b	Yes			
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2	Yes			
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	4a		No		
	4b	Yes			
	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</p> <p>a The organization?</p> <p>b Any related organization? If "Yes," on line 5a or 5b, describe in Part III</p>	5a		No		
	5b		No		
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</p> <p>a The organization?</p> <p>b Any related organization? If "Yes," on line 6a or 6b, describe in Part III</p>	6a		No		
	6b		No		
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7	Yes			
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8		No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9				

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 instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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
SCHEDULE J, PART I, LINE 1	COMPENSATION PROVIDED BY ORGANIZATION LISTED IN FORM 990, PART VII THE MIDCONTINENT INDEPENDENT SYSTEM OPERATOR, INC PROVIDED CHARTER TRAVEL DURING 2018. NON-QUANTITATIVE FACTORS, AS WELL AS THE COST BENEFIT WERE CONSIDERED FOR EACH TRIP. ALL EMPLOYEES ARE ABLE TO RECEIVE CHARTER TRAVEL. IT IS NOT INCLUDED IN TAXABLE INCOME AS IT IS A BUSINESS EXPENSE. A RESIDENCE (APARTMENT) IN CARMEL IS AVAILABLE FOR OFFICERS THAT DO NOT LIVE IN CARMEL, IN LIEU OF A HOTEL. AFTER A COST-BENEFIT ANALYSIS WAS DONE AND REVEALED IT WAS MORE COST EFFECTIVE. HOUSING IS NOT INCLUDED IN TAXABLE INCOME AS IT IS A BUSINESS EXPENSE.

Return Reference	Explanation
<p>SCHEDULE J, PART I, LINE 4B</p>	<p>PARTICIPATE IN, OR RECEIVE PAYMENT FROM A SUPPLEMENTAL NONQUALIFIED RETIREMENT THE AMOUNT OF EMPLOYER ONTRIBUTIONS CREDITED TO A PARTICIPANT'S SERP ACCOUNT FOR A GIVEN PLAN YEAR SHALL BE EQUAL TO THE FOLLOWING AMOUNTS REDUCED BY THE SUM OF (1) FIXED PERCENTAGE EMPLOYER CONTRIBUTIONS MADE UNDER THE MIDCONTINENT ISO EMPLOYEES' RETIREMENT SAVINGS PLAN EQUAL TO 6% OF AN ACTIVE PARTICIPANT'S COMPENSATION AS DEFINED UNDER THE MIDCONTINENT ISO EMPLOYEES' RETIREMENT SAVINGS PLAN, AND (2) THE EMPLOYER'S OASDI CONTRIBUTION APPLICABLE TO THE PARTICIPANT'S PLAN YEAR COMPENSATION A THE AMOUNT OF EMPLOYER CONTRIBUTIONS CREDITED TO A PARTICIPANT'S ACCOUNT FOR A GIVEN PLAN YEAR SHALL BE EQUAL TO 15% OF THE PARTICIPANT'S PLAN YEAR COMPENSATION B EMPLOYER MAY, AT ITS SOLE DISCRETION, MAKE ADDITIONAL CONTRIBUTIONS FOR ANY ONE PARTICIPANT OR ALL PARTICIPANTS C THE CONTRIBUTION FOR CEO COMPENSATION SHALL BE 20%, REGARDLESS OF AGE RESTRICTIONS FOR THE PURPOSE OF DETERMINING THE EMPLOYER CONTRIBUTION, THE PARTICIPANT'S PLAN YEAR COMPENSATION SHALL BE PRORATED FOR A PARTIAL PLAN YEAR OF ACTIVE PARTICIPATION A PARTICIPANT'S AGE FOR THE PURPOSE OF DETERMINING SUCH EMPLOYER CONTRIBUTIONS SHALL BE DETERMINED AS OF THE END OF THE PLAN YEAR FOR WHICH THE CONTRIBUTIONS ARE MADE THE EMPLOYER MAY, AT ITS SOLE DISCRETION, MAKE ADDITIONAL CONTRIBUTIONS FOR ANY ONE PARTICIPANT OR ALL PARTICIPANTS OF THE PLAN YEAR FOR WHICH THE CONTRIBUTIONS ARE MADE THE EMPLOYER MAY, AT ITS SOLE DISCRETION, MAKE ADDITIONAL CONTRIBUTIONS FOR ANY ONE PARTICIPANT OR ALL PARTICIPANTS PARTICIPANT OR ALL PARTICIPANTS</p>

Return Reference	Explanation
SCHEDULE J, PART I, LINE 7	Organization provide any non-fixed payments not described in lines 5 and 6 EVERY REGULAR FULL TIME EMPLOYEE HAS THE OPPORTUNITY TO EARN AN INCENTIVE AWARD BASED ON THE ACHIEVEMENT OF CORPORATE GOALS WHEN ELIGIBILITY IS ESTABLISHED, A TARGET PAYOUT FOR SHORT TERM INCENTIVE PERFORMANCE IS ESTABLISHED FOR THE EMPLOYEE THIS TARGET MAY DEPEND ON A NUMBER OF FACTORS INCLUDING THE EMPLOYEE'S ROLE IN THE ORGANIZATION, THE EMPLOYEE'S IMPACT ON ACHIEVING THE LONG TERM GOALS, OR MARKET FACTORS THESE TARGETS MAY BE ADJUSTED FOR INDIVIDUAL EMPLOYEES AT THE DISCRETION OF THE BOARD OR THE CHIEF EXECUTIVE OFFICER FOR NON-OFFICER PLAN PARTICIPANTS



Additional Data

Software ID:
Software Version:
EIN: 43-1827033
Name: MIDCONTINENT INDEPENDENT SYSTEM OPERATOR INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Barbara Krumsiek DIRECTOR	(i)	156,500	0	0	0	0	156,500	0
	(ii)	0	0	0	0	0	0	0
Michael Curran DIRECTOR	(i)	168,125	0	0	0	0	168,125	0
	(ii)	0	0	0	0	0	0	0
Bahjit Dail DIRECTOR	(i)	175,625	0	0	0	0	175,625	0
	(ii)	0	0	0	0	0	0	0
Horace Doggett DIRECTOR	(i)	155,125	0	0	0	0	155,125	0
	(ii)	0	0	0	0	0	0	0
Todd Raba DIRECTOR	(i)	156,500	0	0	0	0	156,500	0
	(ii)	0	0	0	0	0	0	0
John Bear CEO	(i)	796,205	1,594,838	349,873	309,379	25,446	3,075,741	289,240
	(ii)	0	0	0	0	0	0	0
Keri Glitch VP & Chief Info Security	(i)	270,667	127,746	47,608	78,579	34,279	558,879	0
	(ii)	0	0	0	0	0	0	0
John Carl Goode Chief Information Officer	(i)	340,490	401,190	270,836	103,812	24,433	1,140,761	220,253
	(ii)	0	0	0	0	0	0	0
David Charles Boyd VP Gov & Regulatory Affair	(i)	244,701	170,748	50,014	72,864	33,840	572,167	0
	(ii)	0	0	0	0	0	0	0
Jeffrey Mark Bladen Exec Dir System Operations	(i)	230,000	188,651	0	21,111	25,370	465,132	0
	(ii)	0	0	0	0	0	0	0
Thomas M Rainwater DIRECTOR	(i)	155,250	0	0	0	0	155,250	0
	(ii)	0	0	0	0	0	0	0
Richard Doying Exec VP Markt Dvlpmnt Strategy	(i)	387,024	566,422	109,935	119,706	24,704	1,207,791	59,242
	(ii)	0	0	0	0	0	0	0
Stephen Kozey SR VP & Secretary	(i)	364,385	469,421	137,953	113,688	27,021	1,112,468	79,564
	(ii)	0	0	0	0	0	0	0
Clair Moeller President	(i)	402,397	591,221	437,464	125,239	22,265	1,578,586	392,920
	(ii)	0	0	0	0	0	0	0
Andre Porter VP & General Counsel	(i)	335,291	253,914	40,719	99,163	27,366	756,453	0
	(ii)	0	0	0	0	0	0	0
Phyllis Currie Director	(i)	153,250	0	0	0	0	153,250	0
	(ii)	0	0	0	0	0	0	0
Gregory Powell VP - HUMAN RESOURCES	(i)	269,817	234,377	99,853	82,955	35,380	722,382	51,080
	(ii)	0	0	0	0	0	0	0
Jennifer Curran VP System Planning	(i)	300,672	250,630	57,296	89,709	29,662	727,969	16,309
	(ii)	0	0	0	0	0	0	0
Joseph Gardner VP Forward Markets thru 7/9/18	(i)	110,719	200,357	72,204	40,572	12,559	436,411	0
	(ii)	0	0	0	0	0	0	0
Melissa Brown Senior VP & CFO	(i)	356,246	242,413	43,807	103,820	19,279	765,565	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Paul J Bonavia FORMER DIRECTOR	(i)	43,125	0	0	0	0	43,125	0
	(ii)	0	0	0	0	0	0	0
Todd Hillman VP - South Region Executive	(i)	250,171	276,483	84,846	83,519	27,459	722,478	0
	(ii)	0	0	0	0	0	0	0
Todd Ramey VP System Ops and Markets	(i)	281,094	259,946	76,644	85,755	30,301	733,740	27,695
	(ii)	0	0	0	0	0	0	0
Richard Wayne Schug VP Strategy & Business Develop	(i)	236,667	266,250	62,010	72,014	32,569	669,510	14,085
	(ii)	0	0	0	0	0	0	0
Eric Bruce Stephens Exec Dir Standards & Assurance	(i)	238,161	196,344	1,978	17,523	11,438	465,444	0
	(ii)	0	0	0	0	0	0	0
Shawn McFarlane Exec Dir Market Operations	(i)	229,103	180,535	2,919	20,187	29,053	461,797	0
	(ii)	0	0	0	0	0	0	0
Kevin Caringer Exec Dir Application Devlpmnt	(i)	246,575	187,446	8,088	22,353	28,117	492,579	0
	(ii)	0	0	0	0	0	0	0
Melissa Ann Seymour Exec Dir External Affairs	(i)	236,857	177,143	0	21,386	20,130	455,516	0
	(ii)	0	0	0	0	0	0	0

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018**Open to Public Inspection**

Department of the Treasury

Name of the organization

MIDCONTINENT INDEPENDENT SYSTEM OPERATORINC

Employer identification number

43-1827033

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 6	MEMBERS OR STOCKHOLDERS MEMBER CAN BE A REPRESENTATIVE OF ONE ENTITY OR MAY BE A SINGLE MEMBERSHIP REPRESENTING SEVERAL ENTITIES THAT SHARE A MEMBERSHIP AND HOLD A SINGLE VOTE APPLICANTS MAY JOIN ONE OF TEN SECTORS TRANSMISSION OWNER, INDEPENDENT POWER PRODUCERS AND EXEMPT WHOLESALE GENERATORS, POWERMARKETERS AND BROKERS, MUNICIPALS, COOPERATIVES, AND TRANSMISSION DEPENDENT UTILITIES, PUBLIC CONSUMER ADVOCATES, STATE REGULATORY AUTHORITIES, ENVIRONMENTAL/OTHER ADVOCATES, ELIGIBLE END USE CUSTOMERS, COMPETITIVE TRANSMISSION DEVELOPERS, OR COORDINATING MEMBERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 7A	POWER TO ELECT OR APPOINT MEMBERS ARTICLE TWO, SECTION V(B)(5) OF THE TRANSMISSION OWNERS AGREEMENT SETS OUT THE VOTING RIGHTS OF ALL MEMBERS OF THE MIDCONTINENT ISO MEMBERS ARE DEFINED IN THE TRANSMISSION OWNERS AGREEMENT AS A PERSON OR BUSINESS ENTITY WHICH IS (I) AN ELIGIBLE CUSTOMER, AS DEFINED IN THE TARIFF, OR (II) AN OWNER, AS DEFINED HEREIN, AND WHICH PAYS TO THE MIDCONTINENT ISO, THE NON-REFUNDABLE MEMBERSHIP FEES AS REQUIRED HEREIN

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 11B	PROCESS USED TO REVIEW THE FORM 990 AN OUTSIDE ACCOUNTING FIRM PREPARES THE RETURN BASED ON INFORMATION PROVIDED BY THE FILING ORGANIZATION THE CFO, PRESIDENT & CEO, AND LEGAL DEPARTMENT COMPLETE THE INITIAL REVIEW THE BOARD OF DIRECTORS IS THEN PRESENTED WITH COPIES AND ARE GIVEN THE OPPORTUNITY TO ASK QUESTIONS AND PROVIDE COMMENTS TO THE EXECUTIVE TEAM BEFORE THE RETURN IS FILED WITH THE IRS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 12C	MONITORING AND ENFORCEMENT OF COMPLIANCE WITH CONFLICT OF INTEREST CONFLICT OF INTEREST IS ADDRESSED IN SECTION 5 8 OF THE MIDCONTINENT INDEPENDENT SYSTEM OPERATOR HANDBOOK THE HANDBOOK IS REVIEWED AT NEW HIRE ORIENTATION ALL NEW HIRES SIGN AN EMPLOYEE HANDBOOK RECEIPT THAT THEY HAVE READ AND UNDERSTAND THE HANDBOOK THE EMPLOYEE HANDBOOK IS ALSO PART OF THE EMPLOYEE ANNUAL RECERTIFICATION EACH EMPLOYEE MUST CERTIFY THAT HE/SHE HAS REVIEWED AND AGREES TO COMPLY WITH MIDCONTINENT INDEPENDENT SYSTEM OPERATOR POLICIES IN ADDITION, EACH EMPLOYEE, OFFICER, AND DIRECTOR ANNUALLY RECERTIFIES THAT THEY ARE COMPLIANT WITH THE EMPLOYEE HANDBOOK AND ITS CONFLICTS OF INTEREST PROVISIONS EACH YEAR, MIDCONTINENT INDEPENDENT SYSTEM OPERATOR COMPLETES THE RECERTIFICATION PROCESS WITH A SHORT TEST TO ASSURE EMPLOYEES HAVE READ AND UNDERSTAND THE CONTENT OF THE RECERTIFICATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 15A & 15B	<p>PROCESS FOR DETERMINING COMPENSATION THE BOARD RETAINS THE SERVICE OF EXPERT OUTSIDE EXECUTIVE COMPENSATION CONSULTANTS ('THE CONSULTANTS') IN THE REVIEW OF OFFICER COMPENSATION ANNUALLY, THE CONSULTANTS PERFORM A FULL AND INDEPENDENT STUDY OF ALL OFFICER DIRECT COMPENSATION (BASE PLUS INCENTIVES) THE CONSULTANTS CONSIDER THE LEVEL OF COMPENSATION RELATIVE TO THE DUTIES PERFORMED, THE CURRENT COMPETITIVE MARKET FOR SIMILAR SKILLS, KNOWLEDGE, AND RESPONSIBILITY, AND OTHER STRATEGIC NEEDS IDENTIFIED BY THE BOARD OF DIRECTORS THE CONSULTANTS PREPARE AND DELIVER A FULL DETAILED REPORT TO THE HUMAN RESOURCES COMMITTEE OF THE BOARD ('HRC') FOR EACH OFFICER AND KEY EMPLOYEES POSITION THIS REPORT INCLUDES RECOMMENDATIONS FOR DIRECT COMPENSATION CHANGES THE HRC COMBINES THE RECOMMENDATIONS OF THE CONSULTANTS WITH EVALUATIONS OF OFFICER PERFORMANCE TO RECOMMEND APPROPRIATE COMPENSATION LEVELS TO THE BOARD OF DIRECTORS FOR APPROVAL ANNUALLY THE CONSULTANT PREPARES A LETTER OF 'REASONABLENESS' OF THE TOTAL REMUNERATION PACKAGE FOR OFFICERS OF THE COMPANY THIS LETTER IS CONSISTENT WITH THE GUIDELINES OF SECTION 4958 OF THE INTERNAL REVENUE CODE THIS LETTER CERTIFIES THAT IN THE 'REASONED OPINION' OF THE CONSULTANT AS AN 'INDEPENDENT EVALUATION EXPERT' THE COMPENSATION AND BENEFITS PROVIDED TO THE OFFICERS REPRESENT 'REASONABLE COMPENSATION' THE HRC REVIEWS ALL METRICS, RESULTS, AND ACTUAL INCENTIVES FROM MIDCONTINENT INDEPENDENT SYSTEM OPERATOR ANNUAL AND LONG-TERM INCENTIVE PLANS NO INCENTIVES ARE PAID UNTIL RECOMMENDED BY THE HRC AND APPROVED BY THE BOARD THE HRC REVIEWS AND RECOMMENDS ANY NEW OR MODIFIED EMPLOYMENT CONTRACTS WITH THE PRESIDENT, CEO AND OFFICERS, INCLUDING RETENTION AGREEMENTS WHICH THEN MUST BE APPROVED BY THE BOARD FROM TIME TO TIME, THE HRC WILL RETAIN THE SERVICES OF OUTSIDE CONSULTANTS TO EVALUATE AND MAKE RECOMMENDATIONS TO THE LEVEL AND TYPE OF SPECIFIC COMPENSATION AND BENEFIT ITEMS THE HRC ROUTINELY REPORTS TO AND, IF REQUIRED, OBTAINS APPROVAL FROM THE FULL BOARD ON THESE MATTERS</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 19	PROCESS FOR MAKING DOCUMENTS AVAILABLE TO THE PUBLIC THE MIDCONTINENT INDEPENDENT SYSTEM OPERATOR'S GOVERNING DOCUMENTS CAN BE FOUND ON OUR WEBSITE UNDER 'LEGAL' TAB THESE DOCUMENTS ARE THE TARIFF AND THE TRANSMISSION OWNERS AGREEMENT WHICH INCLUDES THE COMPANY'S STANDARDS OF CONDUCT (APPENDIX A) AND THE COMPANY'S BYLAWS (APPENDIX F) THESE DOCUMENTS ARE ALSO FILED WITH AND AVAILABLE ON THE FERC'S WEBSITE AT WWW FERC GOV IN THE LIBRARY THE FINANCIAL STATEMENTS OF THE MIDCONTINENT INDEPENDENT SYSTEM OPERATOR ARE CONTAINED IN THE COMPANY'S ANNUAL REPORT WHICH IS ALSO LOCATED ON OUR WEBSITE AT WWW MISOENERGY ORG

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION OUTSIDE SERVICES TOTAL FEES 30657444

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION ENGINEERING STUDIES TOTAL FEES 6735310

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION ROFR ENGINEERING EXPENSES TOTAL FEES 609996

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION TEMPORARY HELP TOTAL FEES 1125302

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PAYROLL SERVICE TOTAL FEES 197434

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION INDEPENDENT MARKET MONITOR TOTAL FEES 5778758

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION ORGANIZATION OF MISO STATES TOTAL FEES 1348959

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION ERSC TOTAL FEES 170156