

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

SCHEDULE 1. IDENTIFICATION

Survey Contact

First Name: _____ Last Name: _____
 Title: _____
 Telephone (include extension): _____ Fax: _____
 Email: _____

Supervisor of Contact Person for Survey

First Name: _____ Last Name: _____
 Title: _____
 Telephone (include extension): _____ Fax: _____
 Email: _____

Report For

Entity Name: _____
 Entity ID: _____ Reporting Year: _____

Entity and Preparer Information

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

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

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

Karen McDaniel
 Phone: (202) 586-4280
 Email: karen.mcdaniel@eia.gov

Stephen Scott
 Phone: (202) 586-5140
 Email: stephen.scott@eia.gov

FAX Number: (202) 287-1938
 Email: EIA-861@eia.gov

Entity Name: _____

Entity ID: _____

Reporting Year: _____

SCHEDULE 2, PART A. GENERAL INFORMATION

LINE NO.					
1	Regional North American Electric Reliability Corporation Region (not applicable for power marketers) (mark all that apply)	<input type="checkbox"/> TRE (ERCOT)	<input type="checkbox"/> NPCC	<input type="checkbox"/> SPP	
		<input type="checkbox"/> FRCC	<input type="checkbox"/> RFC	<input type="checkbox"/> WECC	
		<input type="checkbox"/> MRO	<input type="checkbox"/> SERC		
1a	Name of RTO or ISO	<input type="checkbox"/> California ISO <input type="checkbox"/> Electric Reliability Council of Texas <input type="checkbox"/> PJM Interconnection	<input type="checkbox"/> New York ISO <input type="checkbox"/> Southwest Power Pool <input type="checkbox"/> Midwest ISO	<input type="checkbox"/> ISO New England <input type="checkbox"/> Other	
2	(For EIA Use Only) Identify the North American Electric Reliability Corporation where you are physically located				
3	Enter Balancing Authority(s) Responsible for Your Oversight				
4	Did Your Company Operate Generating Plant(s)? (check one)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
5	Identify the Activities Your Company Was Engaged in During the Year (check appropriate activities)	<input type="checkbox"/> Generation from company owned plant	<input type="checkbox"/> Buying distribution on other electrical systems		
		<input type="checkbox"/> Transmission	<input type="checkbox"/> Wholesale power marketing		
		<input type="checkbox"/> Buying transmission services on other electrical systems	<input type="checkbox"/> Retail power marketing		
		<input type="checkbox"/> Distribution using owned/leased electrical wires	<input type="checkbox"/> Combined Utility Services (electricity plus other services such as gas, water, etc. in addition to electric service)		
6	Highest Hourly Electrical Peak System Demand	Summer (MW)			
		Winter (MW)			
7	Did Your Company Operate Alternative-Fueled Vehicles During the Year?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	Does Your Company Plan to Operate Such Vehicles During the Coming Year?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	If "Yes", Please Provide Additional Contact Information.	Name:			
		Title:			
Telephone: ()		Fax: ()	Email address:		

Entity Name: _____

Entity ID: _____

Reporting Year: _____

SCHEDULE 2. PART B. ENERGY SOURCES AND DISPOSITION

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

SCHEDULE 2, PART C. GREEN PRICING

Green Pricing programs are voluntary programs where customers pay an extra fee to purchase electricity generated from renewable sources. Renewable Energy Certificates (RECs) are a category of Green Pricing that involves the sale of the renewable attribute created with renewable electricity generation.

LINE NO.	STATE/TERRITORY:	RESIDENTIAL (a)	COMMERCIAL (b)	INDUSTRIAL (c)	TRANSPORTATION (d)	TOTAL (e)
1	Total Green Pricing Revenue (Thousand Dollars)					
2	Total Green Pricing Sales (MWh)					
3	Total Green Pricing Customers					
4	Revenue from RECs (Thousand Dollars)					
5	REC Sales (MWhs)					

Entity Name: _____

Entity ID: _____

Reporting Year: _____

SCHEDULE 2, PART D. NET METERING

Net Metering programs allow customers to sell excess power they generate back to the electrical grid to offset consumption. For net metering applications of 2 MW nameplate capacity and less, provide the information about programs by State and customer class.

STATE/TERRITORY:		RESIDENTIAL (a)	COMMERCIAL (b)	INDUSTRIAL (c)	TRANSPORTATION (d)	TOTAL (e)
Photovoltaic	If Available, Enter the Electric Energy Sold Back to the Utility (MWh)					
	Installed Net Metering Capacity (MW)					
	Number of Net Metering Customers					
Wind	If Available, Enter the Electric Energy Sold Back to the Utility (MWh)					
	Installed Net Metering Capacity (MW)					
	Number of Net Metering Customers					
CHP/Cogen	If Available, Enter the Electric Energy Sold Back to the Utility (MWh)					
	Installed Net Metering Capacity (MW)					
	Number of Net Metering Customers					
Other	If Available, Enter the Electric Energy Sold Back to the Utility (MWh)					
	Installed Net Metering Capacity (MW)					
	Number of Net Metering Customers					
Total	Total Energy Sold Back to the Utility (MWh)					
	Installed Net Metering Capacity (MW)					
	Number of Net Metering Customers					

Entity Name: _____
 Entity ID: _____ Reporting Year: _____

SCHEDULE 3. ELECTRIC OPERATING REVENUE

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

Entity Name: _____

Entity ID: _____

Reporting Year: _____

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

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

Entity Name: _____

Entity ID: _____

Reporting Year: _____

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

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

Entity Name: _____

Entity ID: _____

Reporting Year: _____

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

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

Entity Name: _____

Entity ID: _____

Reporting Year: _____

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

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

Entity Name: _____

Entity ID: _____

Reporting Year: _____

SCHEDULE 5. MERGERS AND/OR ACQUISITIONS

Mergers and/or acquisitions during the reporting period:

<input type="checkbox"/>
<input type="checkbox"/>

Yes

No (If no, skip to Schedule 6)

If Yes, Provide:

Date of merger or acquisition _____

Company merged with or acquired _____

Name of new parent company _____

Address _____

New contact name _____ Telephone No. _____

Email address _____

Entity Name: _____

Entity ID: _____ Reporting Year: _____

SCHEDULE 6. DEMAND-SIDE MANAGEMENT INFORMATION

LINE NO.		
1	Do you have company administered Demand-Side Management Programs? (check Yes or No)	[] Yes [] No

2	If your Demand-Side Management activities are reported on Schedule 6 of another company's form, identify the company.	
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NOTE: If you answered "No," to Line 1 or another Company Reports your Demand-Side Management Activities on their Schedule 6, proceed to Schedule 6, Part D.

SCHEDULE 6. PART A. ACTUAL EFFECTS

		ANNUALIZED INCREMENTAL EFFECTS					ACTUAL ANNUAL EFFECTS					
		RESIDENTIAL	COMMERCIAL	INDUSTRIAL	TRANSPORTATION	Total	RESIDENTIAL	COMMERCIAL	INDUSTRIAL	TRANSPORTATION	Total	
		(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	
	STATE / TERRITORY											
	ENERGY EFFICIENCY											
3	Energy Effects (MWh)											
4	Actual Peak Reduction (MW)											
	LOAD MANAGEMENT											
5	Energy Effects (MWh)											
6	Potential Peak Reduction (MW)											
7	Actual Peak Reduction (MW)											

7b	Were these savings verified through an independent evaluation?	[] Yes [] No
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7c	Are these savings estimates based on a forecast or on the report of one or more independent evaluators?	[] Yes [] No
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Entity Name: _____

Entity ID: _____ Reporting Year: _____

SCHEDULE 6. PART B. ANNUAL COSTS (THOUSAND DOLLARS)

		RESIDENTIAL (a)	COMMERCIAL (b)	INDUSTRIAL (c)	TRANSPORTATION (d)	TOTAL (e)
STATE / TERRITORY						
8	Direct Costs, excluding incentive payments - Energy Efficiency					
9	Direct Costs, excluding incentive payments - Load Management					
10	Incentive Payments – Energy Efficiency					
11	Incentive Payments – Load Management					
12	Indirect Costs					
13	Total Cost (sum of all of the above)					

SCHEDULE 6. PART C. SUPPLEMENTAL INFORMATION

14	Have there been any major changes to your Demand-Side Management programs (e.g., terminated programs, new information or financing programs, or a shift to programs with dual load building objectives and energy efficiency objectives), program tracking procedures, or reporting methods that affect the comparison of demand-side management data reported on this schedule to data from previous years? (check Yes or No)	<input type="checkbox"/> Yes <input type="checkbox"/> No										
15	<i>Does your company currently operate any incentive-based demand response programs (e.g., market incentives, financial incentives, direct load control, interruptible programs, demand bidding/buyback, emergency demand response, capacity market programs, and ancillary service market programs)? (check Yes or No)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No										
16	If the answer to line 15 is "Yes", please disclose the number of participating customers by state & class.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;"></td> <td style="width:15%; text-align: center;">Residential</td> <td style="width:15%; text-align: center;">Commercial</td> <td style="width:15%; text-align: center;">Industrial</td> <td style="width:15%; text-align: center;">Transportation</td> </tr> <tr> <td>State:</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		Residential	Commercial	Industrial	Transportation	State:				
	Residential	Commercial	Industrial	Transportation								
State:												
17	<i>Does your company currently operate any time-based rate programs (e.g., real-time pricing, critical peak pricing, variable peak pricing and time-of-use rates administered through a tariff)? (check Yes or No)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No										
18	If the answer to line 17 is "Yes", please disclose the number of participating customers by state & class.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;"></td> <td style="width:15%; text-align: center;">Residential</td> <td style="width:15%; text-align: center;">Commercial</td> <td style="width:15%; text-align: center;">Industrial</td> <td style="width:15%; text-align: center;">Transportation</td> </tr> <tr> <td>State:</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		Residential	Commercial	Industrial	Transportation	State:				
	Residential	Commercial	Industrial	Transportation								
State:												

Entity Name: _____

Entity ID: _____

Reporting Year: _____

SCHEDULE 6. PART D. ADVANCED METERING

Only customers from Schedule 4A and 4C need to be reported on this schedule. **AMR** – data transmitted one-way, from the customer to the utility. **AMI** – data can be transmitted in both directions, between the delivery entity and the customer.

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

Entity Name: _____

Entity ID: _____

Reporting Year: _____

SCHEDULE 7. DISTRIBUTED AND DISPERSED GENERATION

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

SCHEDULE 7. PART A. NUMBER AND CAPACITY

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

SCHEDULE 7. PART B. CAPACITY by TECHNOLOGY (MW)

		Total (<1MW)			Total (<1MW)		
1	Internal combustion/reciprocating engines		1	Internal combustion/reciprocating engines			
2	Combustion turbine(s)		2	Combustion turbine(s)			
3	Steam turbine(s)		3	Steam turbine(s)			
4	Hydroelectric		4	Hydroelectric			
5	Wind turbine(s)		5	Wind turbine(s)			
6	Photovoltaic		6	Photovoltaic			
7	Storage		7	Storage			
8	Other		8	Other			
9	Total		9	Total			
10	Nature of data reported	Actual	[]	10	Nature of data reported	Actual	[]
		Estimated	[]			Estimated	[]

Entity Name: _____

Entity ID: _____

Reporting Year: _____

SCHEDULE 8. DISTRIBUTION SYSTEM INFORMATION

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

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

