



**ORGANIZATION OF MISO STATES, INC.
Board of Directors Meeting
Conference Call Minutes
June 16, 2016**

Approved July 14, 2016

Sally Talberg, President of the Organization of MISO States, Inc. (OMS), called the June 16, 2016 meeting of the OMS Board of Directors to order via conference call at approximately 1:00 p.m. (CST). The following board members or their proxies participated in the meeting:

Ted Thomas, Arkansas
Sherina Maye Edwards, Illinois
Angela Weber, Indiana
Libby Jacobs, Iowa
Noel Darce, proxy for Eric Skrmetta, Louisiana
Sally Talberg, Michigan
Matt Schuerger, Minnesota
David Carr, proxy for Brandon Presley, Mississippi
Daniel Hall, Missouri
Kirk Bushman, Montana
Phil Movish, proxy for Jason R. Williams, City of New Orleans
Jerry Lein, proxy for Brian Kalk, North Dakota
Ken Anderson, Texas
Janet Wheeler, proxy for Mike Huebsch, Wisconsin

Absent
Kentucky
Manitoba
South Dakota

The directors and proxies listed above established the necessary quorum for the meeting of at least nine directors being present.

Others on the call

Chris Miller – FERC

OMS staff and various staff participants from individual state commissions

Approval of Minutes from the May 19, 2016 Board Minutes

The minutes were accepted as submitted.

Treasurer's Report

The May 2016 treasurer's report was accepted as submitted.

Review of the June 2, 2016 Executive Committee Meeting:

This meeting was cancelled.

Executive Director's Report

Tanya Paslawski provided a written report and highlighted the following:

- Update on the 2015 financials and Form 990 preparation and filing;
- Reminder of the Special Board Meeting on June 20, 2016;
- Update on the open OMS staff positions.

BUSINESS

1. FERC Update

Chris Miller provided the FERC update for June. He highlighted the following:

- FERC open meeting update that included: NOPR regarding price formation for organized markets, NOPR on critical energy infrastructure, show cause order issued to MISO on reactive service compensation for retired generators (Docket #EL16-61), and an order in docket #ER12-2302-004 dealing with SSRs was also issued;
- Reminder of the upcoming technical conferences at the end of June;
- The next FERC open meeting is July 23, 2016;

2. MISO Advisory Committee

Commissioner Angela Weber provided this report on the Advisory Committee Meeting on May 25, 2016.

- The 2016 priorities were approved including the changes that OMS requested;
- There was a motion to retire the Stakeholder Governance Working Group. The motion passed;
- The Resource Adequacy Hot Topic that was supposed to be discussed in June was moved to September. Ideas to replace that on the June agenda included: CRS and Locational/Seasonal issues;
- Commissioner Weber will be speaking at the June 28 FERC Technical Conference regarding seams issues.

3. MISO Planning Advisory Committee

Ted Thomas gave the report on the PAC and discussed the following:

- MISO made significant revisions to the executive summary of their clean power plan analysis results. Comments are due by July 1st;
- Feedback on the MTEP '17 new generation siting methodology refinement are due by June 29th;
- Annual PAC futures vote is upcoming. Comments on the weighting of the futures are due by June 29th;
- A new three-year, value-based planning overlay process is being developed by MISO. Initial comments are due July 8th;
- There was a status report on changes to BPM #20 related to corrective action plans for generation shortfalls. Comments are due June 24th;

4. Action Item: Approval of the IRS Form 990

The IRS Form 990 was distributed prior to the meeting for review by the Board.

Angela Weber moved the IRS Form 990 be approved and filed. Ken Anderson seconded. The motion passed by unanimous voice vote.

5. Update: MISO Competitive Retail Solution

Marcus Hawkins provided a recap of what's happened since the last Board meeting. The IMM spoke to the MISO Board Market Subcommittee and asked that they delay filing the current proposal to address his concerns, which they did. MISO is still talking about a July 15th tariff

filing but there is a possibility of further delay. No draft tariff language has been shared with the stakeholders to date.

6. Update: OMS Process Document

Janet Wheeler provided an update on how the process of revising the document was proceeding. There are key decision points that still need to be resolved. A draft document will be posted on Sharepoint.

Sally Talberg asked that the document be ready for consideration at the July Board meeting.

7. Discussion: OMS/MISO Survey Results

Sally Talberg noted that the high level results of the 2016 survey had been released and posted to the MISO website. She reviewed some of those high level results regarding the potential capacity for 2017 & 2018 in the North Central region.

8. Open Mic

There were no open mic comments.

ADJOURNMENT

The meeting of the OMS Board of Directors meeting adjourned at approximately 1:36 p.m. (CST).

Revised 6/14/2016

The Organization of MISO States Board of Directors will hold its monthly meeting via conference call Thursday, June 16, 2016 at 1:00 pm (Central).

- Call-in number is **866-848-2216**. The conference code is **7422895954** followed by the # sign.
- Board members who cannot attend the call should notify Kirk Bushman at kbushman@mt.gov with a copy to Colleen at colleen@misostates.org to designate a proxy for this meeting.

Agenda

- Call Meeting to Order – Chairman Sally Talberg 1:00
- Attendance, Recognition of Proxies, Declaration of a Quorum – Commissioner Kirk Bushman
- Approval of Minutes from the May 19, 2016 Board meeting – Sally Talberg
- Treasurer's Report/OMS Budget to Actuals for May 2016 – Commissioner Ken Anderson
- Review of Executive Committee meeting on June 2, 2016 – **meeting cancelled**

Administrative Update

1. Report from the Executive Director – Tanya Paslawski 1:05
 - OMS Financial Statements are available
 - Special BOD meeting on June 20 in Detroit
 - Director, Member Services & Advocacy position

Business

1. FERC Update – Patrick Clarey or Chris Miller 1:10
2. MISO Advisory Committee – Angela Weber 1:20
3. Planning Advisory Committee – Ted Thomas 1:25
4. Action Item: Approval of IRS Form 990 – Tanya Paslawski 1:30
- ~~5. Action Item: OMS Communications Plan – Tanya Paslawski 1:35~~
6. Update: MISO Competitive Retail Solution – Marcus Hawkins 1:35
7. Update: OMS Process document – Janet Wheeler 1:40
8. Discussion: OMS/MISO Survey results – Sally Talberg 1:45
9. Open Mic – membership comment opportunity 1:50

Announcements

- Work Group updates can be found on the WG Chairs Project List document on SharePoint at https://misostates.sharepoint.com/sites/Workgroups/_layouts/15/start.aspx#/
- Special OMS Board of Directors meeting: Monday, June 20, 2016 at 2:00 pm ET in Detroit
- Next OMS Executive Committee meeting: Thursday, June 30, 2016 at 1:00 pm CT
- Next regular OMS Board of Directors meeting: Thursday, July 14, 2016 at 1:00 pm CT

Adjourn

2:00

OMS

Organization of MISO States
Report of the Treasurer
Commissioner Ken Anderson, Public Utility Commission of Texas
to the Board of Directors
Report for May 2016

CASH ON HAND

The beginning book balance for the Chase Bank One Checking account on May 1 was \$69,293.57. The total disbursements from the checking account for May 2016 amounted to \$108,304.55. Deposits, interest and adjustments were \$96,624.99 which includes MISO funding of \$96,624.05.

As of May 31, 2016, the Chase Bank One checking account balance was \$60,723.96 (with 6 check payments outstanding) and the book balance was \$57,614.01.



TREASURER'S REPORT
Organization of MISO States
May 31, 2016

Chase Bank One Commercial Checking with Interest

Book Balance as of 4/30/2016		\$	69,293.57
5/6/2016 ACH Midcontinent ISO		\$	96,624.05
5/31/2016 DEP Interest on checking		\$	0.94
Total Deposits			\$ 96,624.99

Checks and Charges

Date	Check #	Descriptions	
05/05/2016	5713	Jennings Strouss	\$ 51,601.25
05/05/2016	5710	100 Court Investors LLC	\$ 1,758.98
05/05/2016	5714	Ryun.Givens & Co. PLC	\$ 1,043.75
05/05/2016	5708	David Carr (MS)	\$ 750.00
05/05/2016	5712	Energy Data LLC	\$ 175.00
05/05/2016	5711	Diversified Management Services (DMS)	\$ 136.50
05/13/2016	Payroll 1	Payroll	\$ 14,542.27
05/19/2016	w/d	VISA (Chase Bank One)	\$ 6,070.51
05/23/2016	5726	Customized Energy Solutions	\$ 3,500.00
05/23/2016	5731	Angela Weber (IN)	\$ 1,179.46
05/23/2016	5729	West/Intercall	\$ 993.15
05/23/2016	5722	Wisconsin PSC (Don Neumeyer)	\$ 904.22
05/23/2016	5719	Minnesota PUC (C. Panait)	\$ 771.37
05/23/2016	5715	Angela Weber (IN)	\$ 665.98
05/23/2016	5717	David Johnston (IN)	\$ 629.70
05/23/2016	5716	Brad Pope (IN)	\$ 623.87
05/23/2016	5720	Nicholas Abraham (MI)	\$ 515.86
05/23/2016	5734	Wisconsin PSC (Don Neumeyer)	\$ 514.47
05/23/2016	5733	Wisconsin PSC (M. Hawkins)	\$ 463.40
05/23/2016	5735	Wisconsin PSC (Lori Sakk)	\$ 444.68
05/23/2016	5724	Consolidated Communications	\$ 394.43
05/23/2016	5728	Ryun.Givens & Co. PLC	\$ 386.25
05/23/2016	5732	Wisconsin PSC (M. Hawkins)	\$ 323.84
05/23/2016	5721	Werner Roth (TX)	\$ 315.88
05/23/2016	5736	Wisconsin PSC (Randy Pilo)	\$ 309.17
05/23/2016	5723	Combined Systems Technology (CST)	\$ 201.40
05/31/2016	Payroll 1	Payroll	\$ 16,189.13
05/05/2016	5709	Melissa Watson (LA)	\$ 589.72
05/23/2016	5727	Michigan State University	\$ 1,150.00
05/23/2016	5718	Iowa OCA (Jennifer Easler)	\$ 699.81
05/23/2016	5730	Adam McKinnie (Missouri)	\$ 442.93
05/23/2016	5725	Crystal Clear Water	\$ 17.57

Total Disbursements - Checks and Charges \$ 108,304.55

CHECKING ACCOUNT BOOK BALANCE at 5/31/2016	\$ 57,614.01
---	--------------

CHASE CHECKING ACCOUNT RECONCILIATION

Bank Balance 5/31/2016		\$	60,723.96
<u>Less Checks Outstanding</u>			
04/12/2016 5680 State of Michigan (Sally Talberg)		\$	209.92
05/05/2016 5709 Melissa Watson (LA)		\$	589.72
05/23/2016 5727 Michigan State University		\$	1,150.00
05/23/2016 5718 Iowa OCA (Jennifer Easler)		\$	699.81
05/23/2016 5730 Adam McKinnie (Missouri)		\$	442.93
05/23/2016 5725 Crystal Clear Water		\$	17.57
Total Outstanding Checks			\$ 3,109.95
Book Balance 5/31/2016		\$	57,614.01



OMS Treasurer Report for Month of May 2016

Chase Bank One Checking Account

Beginning Book Balance	69,293.57	
Total Disbursements	(108,304.55)	
Deposits/Interest/Adjustments	<u>96,624.99</u>	
Ending Book Balance		<u><u>57,614.01</u></u>
Ending Bank Balance	60,723.96	
Outstanding Checks and Deposits	<u>(3,109.95)</u>	

Checking Account Book Balance as of May 31,2016

57,614.01

6 checks outstanding at 5/31/2016

		Budget	2016 YTD Actuals	% of Budget YTD	Budget Category Explanations
INCOME					
1	MISO Grant	\$ 1,155,888.61	\$ 579,744.30	50%	Monthly remittance from MISO
2	Interest - Checking Account and Savings	\$ -	\$ 4.69		Interest paid on Chase Checking Account and Wells
4	Miscellaneous Revenue	\$ -	\$ 1,655.32		Misc. revenue (VISA Rebates, EGEAS Grant, Travel)
TOTAL INCOME		\$ 1,155,888.61	\$ 581,404.31	50%	
Monthly Allotment		\$ 96,324.05			

EXPENSES

		Budget	2016 YTD Actuals	% of Budget YTD	Budget Category Explanations
Personnel Compensation & Benefits					
<i>Includes: salary & taxes, 401(k) match, bar dues, etc...</i>					
5	Compensation - Director Emeritus	\$ 15,000.00	\$ 6,418.23	43%	Bill Smith
5b	Compensation - Executive Director	\$ 140,079.24	\$ 59,008.80	42%	Tanya Paslawski
6	Compensation - Director Member Svcs	\$ 103,287.00	\$ 44,311.45	43%	Talina Mathews
7	Compensation - Office Manager	\$ 81,242.52	\$ 33,888.56	42%	Colleen Dougherty
8	Compensation - PT Office Assistant	\$ 21,154.85	\$ 5,671.67	27%	Amy Schmelzer
9	Compensation - Health Benefits	\$ 36,000.00	\$ 4,277.13	12%	
Total Personnel Compensation & Benefits		\$ 360,763.61	\$ 153,575.84	43%	

		Budget	2016 YTD Actuals	% of Budget YTD	Budget Category Explanations
Other Personnel Expenses					
10	Staff Training	\$ 2,000.00	\$ 6,520.00	326%	Training materials & seminars. Vendors include: New Horizon, Fred Pryor, Intuit)
11	Monthly Payroll & 401(K) Fees *Includes WC Insurance	\$ 8,525.00	\$ 3,057.43	36%	Payroll & 401(k) processing. Vendors: Merit Resources
Total Other Personnel Expenses		\$ 10,525.00	\$ 9,577.43	91%	

		Budget	2016 YTD Actuals	% of Budget YTD	Budget Category Explanations
Office Expenses					
12	Computers <i>Hardware, software & peripherals</i>	\$ 5,000.00	\$ -	0%	OMS Computers, software (programs, licenses & upgrades), monitors, firewall, desktop printers, etc.
13	Computer Support <i>outside maintenance, spam filtering, anti-virus updates, etc</i>	\$ 8,000.00	\$ 3,853.10	48%	Outside computer support (block time), spam filtering & anti-virus subscriptions, etc. Vendor: CST

		Budget	2016 YTD Actuals	% of Budget YTD	Budget Category Explanations
14	Websites <i>misostates.org & OMS Sharepoint site hosting, support, licenses, & domain fees</i>	\$ 8,520.00	\$ 573.99	7%	Website domain fees & hosting costs. Outside support for misostates.org & OMS Sharepoint site. Vendors: DSM, Thor Projects, Microsoft, GoDaddy
15	EGEAS software & licenses	\$ 225,000.00	\$ 65,600.00	29%	EGEAS software costs. Vendors: Ventyx & NG Planning.
16	Employee Cell Phone Reimbursement	\$ 1,800.00	\$ 750.00	42%	\$50/month reimbursements to ED, DED & OM &
17	Furniture/Office Equipment	\$ 2,000.00	\$ 971.94	49%	Deprecable office furniture & equipment. Vendors:
18	Rent, Parking & Office Operating Expenses	\$ 24,000.00	\$ 10,612.48	44%	Office rent, parking & operating expenses. Vendor:
19	Postage, shipping & delivery	\$ 500.00	\$ 393.46	79%	Vendors: USPS, FedEx, King Delivery
20	Printing & copying	\$ 1,500.00	\$ 298.90	20%	Includes: monthly copier contract & toner for desktop
21	Supplies	\$ 3,600.00	\$ 803.70	22%	Consumable office supplies. Vendor: Triplet & Crystal
22	Phone, Fax & Internet	\$ 7,200.00	\$ 3,378.83	47%	Office phone & internet & ipad wifi. Vendors: Enventis,
23	Miscellaneous Office Expenses	\$ 1,500.00	\$ 78.63	5%	Any other office expenses
Total Office Expenses		\$ 288,620.00	\$ 87,315.03	30%	

		Budget	2016 YTD Actuals	% of Budget YTD	Budget Category Explanations
Membership/Program Support Expenses					
24	Teleconferencing	\$ 7,700.00	\$ 3,895.79	51%	Telephone & web conference costs. Vendors: Intercall,

25	Membership Subscriptions	\$ 75,980.00	\$ 18,375.00	24%	Publication subscriptions for OMS members. Vendors:
26	Program Legal	\$ 100,000.00	\$ 117,564.60	118%	Legal expenses on behalf of OMS membership.
27	Program Professional	\$ -	\$ -		Other professional (consulting) expenses incurred on
Total Membership/Program Support Expenses		\$ 183,680.00	\$ 139,835.39	76%	

Organizational (Corp) Expenses

Budget Category Explanations

28	Accounting, Audit & Tax	\$ 6,000.00	\$ 1,842.50	31%	Vendor: Ryun, Givens
29	Corporation <i>registered agent, secretary of state, etc</i>	\$ 200.00	\$ 157.14	79%	Costs associated with the business existence of OMS. Vendors: The Company Corporation, Indiana Secretary
30	OMS Legal	\$ -			Potential legal expenses incurred on behalf of the
31	OMS Professional	\$ -			Other professional (consulting) expenses incurred on
Total Organizational (Corp) Expenses		\$ 6,200.00	\$ 1,999.64	32%	

Insurance Expenses

32	Directors & Officers	\$ 2,500.00	\$ 4,155.00	166%	Vendor: The Novick Group
33	General Office + Umbrella	\$ 1,800.00	\$ 1,745.00	97%	Includes: General office, auto, crime & umbrella
34	Workers Comp	\$ 1,800.00		0%	Vendor: Liberty Mutual
Total Insurance Expenses		\$ 6,100.00	\$ 5,900.00	97%	

Travel Expenses

traveler. Including travel to EGEAS training

35	Consumer Advocate	\$ 30,000.00	\$ 6,516.16	22%	All travel expenses related to Consumer Advcoates
36	Member	\$ 150,000.00	\$ 75,424.17	50%	All travel expenses related to OMS member travel
37	OMS Staff	\$ 75,000.00	\$ 13,782.75	18%	All travel expenses related to OMS staff travel
Total Travel Expenses		\$ 255,000.00	\$ 95,723.08	38%	

Meeting Expenses

Budget Category Explanations

38	Annual Meeting	\$ 20,000.00	\$ 1,500.00	8%	Expenses related to the OMS Annual Meeting.
39	Other Meetings (includes Grid School Tuition/Travel)	\$ 25,000.00	\$ 4,040.79	16%	Expenses related to any other OMS meeting. Includes:
Total Meeting Expenses		\$ 45,000.00	\$ 5,540.79	12%	

40	TOTAL INCOME	\$ 1,155,888.61	\$ 581,404.31	
40	TOTAL EXPENSES	\$ 1,155,888.61	\$ 499,467.20	
41	INCOME-EXPENSES	\$ -	\$ 81,937.11	

CASH FLOW RESERVE SAVINGS

RESERVE SAVINGS

OMS Executive Director Report to the Board

June 16, 2016

Seams Policy

The OMS Board of Directors will have a **special board meeting on June 20th** in Detroit before the start of the MISO Annual Meeting to discuss development of an OMS seams policy.

Filings and Related Items

- OMS Board comments to MISO on Competitive Retail Solution Proposal urging removal of the opt-in provision (5/20/16)
- Request for Clarification, and in the Alternative, Rehearing in the NIPSCO complaint case (EL13-88) (5/25/16)

Activities of Note

- OMS has two open staff positions!
 - Director, Member Services and Advocacy
 - Office Assistant (part time)
- OMS Vice President Angela Weber will be speaking at a FERC Competitive Transmission Development Technical Conference on June 28th on a panel called Interregional Transmission Coordination Issues.
- Tanya had a monthly call with OPSI executive director to discuss current issues in PJM and MISO on June 7th.
- Tanya attended the MARC meeting in Bismarck June 12-14.
- OMS now has a Twitter handle: @OrgOfMISOStates. Follow us!

SPP Cost Allocation Settlement

The settlement agreement was not filed on June 10th as expected due to some additional last minute discussions. More to come.

MISO TO ROE Docket

The Administrative Law Judge (ALJ) is scheduled to issue his Initial Decision (ID) in the second ROE complaint docket on June 30th. As a reminder, his ID in the first docket recommended a base ROE of 10.32%.

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2015
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ORGANIZATION OF MISO STATES, INC.		D Employer identification number 16-1671529	
	Doing business as		E Telephone number 515-243-0742	
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 955,149.	
	100 COURT AVENUE	315	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	City or town, state or province, country, and ZIP or foreign postal code DES MOINES, IA 50309		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
F Name and address of principal officer: TANYA PASLAWSKI same as C above		H(c) Group exemption number ▶		
I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (4) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: ▶ WWW.MISOSTATES.ORG				
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 2003	
			M State of legal domicile: IA	

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE ORGANIZATION OF MISO STATES, INC. IS TO COORDINATE REGULATORY OVERSIGHT AMONG THE STATES; MAKING		
	2 Check this box <input type="checkbox"/> 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)	3	17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	6
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	829,000.	955,135.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	28.	14.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	829,028.	955,149.
Expenses	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)	365,883.	406,945.
	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)	499,365.	761,946.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	865,248.	1,168,891.
19 Revenue less expenses. Subtract line 18 from line 12	-36,220.	-213,742.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 185,148.	End of Year 46,222.
	21 Total liabilities (Part X, line 26)	67,104.	141,920.
	22 Net assets or fund balances. Subtract line 21 from line 20	118,044.	-95,698.

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			
	TANYA PASLAWSKI, EXECUTIVE DIRECTOR Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name TIM K. DEVRIES, CPA	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00299231
	Firm's name ▶ RYUN, GIVENS & COMPANY, PLC	Firm's EIN ▶ 42-0732909	Phone no. 515-225-3141		
	Firm's address ▶ 2900 100TH STREET, SUITE 301 URBANDALE, IA 50322				

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE ORGANIZATION OF MISO STATES, INC. IS TO COORDINATE REGULATORY OVERSIGHT AMONG THE STATES; MAKING RECOMMENDATIONS TO THE MIDCONTINENT INDEPENDENT SYSTEM OPERATOR, INC. (MISO), THE MISO BOARD OF DIRECTORS, THE FERC, AND RELEVANT GOVERNMENT ENTITIES, AND STATE COMMISSIONS AS

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 [X] 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 [X] 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 \$ 1,110,928. including grants of \$) (Revenue \$) ORGANIZATION ASSISTS MEMBER STATES TO PARTICIPATE IN MISO STAKEHOLDER PROCESS. THIS ASSISTANCE ASSURES BETTER COORDINATION OF ELECTRICITY DELIVERY WITH STATE POLICIES; REIMBURSED TRAVEL EXPENSES FOR PARTICIPANTS IN APPROXIMATELY 50 MEETINGS.

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 1,110,928.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>		X
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i>	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		
Note. All Form 990 filers are required to complete Schedule O	X	

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

Input box for Schedule O

Table with columns for question number, description, and Yes/No checkboxes. Includes rows 1a-14b covering various IRS filing and compliance requirements.

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

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 17		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 17		
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?		X
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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
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?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
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		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	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?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	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		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
12b			
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		
12c			
13	Did the organization have a written whistleblower policy?		X
14	Did the organization have a written document retention and destruction policy?		X
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?		
a	The organization's CEO, Executive Director, or top management official	X	
15a			
b	Other officers or key employees of the organization	X	
15b			
	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?		X
b	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?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **IN**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 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: **ORGANIZATION OF MISO STATES, INC. - 515-243-0742**
100 COURT AVE, SUITE 315, DES MOINES, IA 50309

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, and 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 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			
(1) ELIZABETH (LIBBY) JACOBS PRESIDENT AND DIRECTOR	15.00	X		X			0.	0.	0.	
(2) SALLY TALBERG VICE PRESIDENT AND DIRECTOR	10.00	X		X			0.	0.	0.	
(3) KENNETH W. ANDERSON, JR. TREASURER AND DIRECTOR	10.00	X		X			0.	0.	0.	
(4) KIRK BUSHMAN SECRETARY AND DIRECTOR	10.00	X		X			0.	0.	0.	
(5) ANGELA WEBER AT LARGE DIRECTOR	10.00	X					0.	0.	0.	
(6) TED THOMAS DIRECTOR	5.00	X					0.	0.	0.	
(7) SHERINA MAYE EDWARDS DIRECTOR	5.00	X					0.	0.	0.	
(8) ERIC SKRMETTA DIRECTOR	5.00	X					0.	0.	0.	
(9) REGIS GOSSELIN DIRECTOR	5.00	X					0.	0.	0.	
(10) JIM GARDNER DIRECTOR	5.00	X					0.	0.	0.	
(11) GARY HANSON DIRECTOR	5.00	X					0.	0.	0.	
(12) BETSY WERGIN DIRECTOR	5.00	X					0.	0.	0.	
(13) JASON WILLIAMS DIRECTOR	5.00	X					0.	0.	0.	
(14) BRIAN KALK DIRECTOR	5.00	X					0.	0.	0.	
(15) BRANDON PRESLEY DIRECTOR	5.00	X					0.	0.	0.	
(16) DANIEL HALL DIRECTOR	5.00	X					0.	0.	0.	
(17) MIKE HUEBSCH DIRECTOR	5.00	X					0.	0.	0.	

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 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			
(18) WILLIAM H. SMITH, JR DIRECTOR EMERITUS	40.00			X				95,991.	0.	3,840.
(19) TANYA PASLAWSKI EXECUTIVE DIRECTOR	40.00			X				124,417.	0.	4,977.
1b Sub-total								220,408.	0.	8,817.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								220,408.	0.	8,817.

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 **1**

	Yes	No
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>	3	X
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>	4	X
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>	5	X

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
NONE		

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 **0**

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	955,135.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f						
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			14.		14.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
		c Net income or (loss) from fundraising events					
	9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a _____							
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions.				955,149.	0.	14.	0.

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				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	220,408.	220,408.		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	139,336.	139,336.		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	13,577.	13,577.		
9 Other employee benefits	5,524.	4,259.	1,265.	
10 Payroll taxes	28,100.	28,100.		
11 Fees for services (non-employees):				
a Management				
b Legal	201,109.	201,109.		
c Accounting	9,800.		9,800.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion				
13 Office expenses	9,572.		9,572.	
14 Information technology	68,969.	68,969.		
15 Royalties				
16 Occupancy	22,500.		22,500.	
17 Travel	290,029.	290,029.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	64,462.	62,108.	2,354.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	6,043.		6,043.	
23 Insurance	8,090.	1,661.	6,429.	
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 SUBSCRIPTIONS	65,710.	65,710.		
b TELEPHONE	8,698.	8,698.		
c CONFERENCE CALLS	6,595.	6,595.		
d POSTAGE	369.	369.		
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,168,891.	1,110,928.	57,963.	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 if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	97,149.	1	0.
	2 Savings and temporary cash investments	25,337.	2	0.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	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 instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	40,166.	9	26,673.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 64,167.		
	b Less: accumulated depreciation	10b 44,618.	22,496.	10c 19,549.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	185,148.	16	46,222.	
Liabilities	17 Accounts payable and accrued expenses	67,104.	17	141,920.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	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		25	
	26 Total liabilities. Add lines 17 through 25	67,104.	26	141,920.
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	118,044.	27	-95,698.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	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	118,044.	33	-95,698.	
34 Total liabilities and net assets/fund balances	185,148.	34	46,222.	

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	955,149.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,168,891.
3	Revenue less expenses. Subtract line 2 from line 1	3	-213,742.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	118,044.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-95,698.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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.	X	
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? _____		X
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 _____		

Form 990 (2015)

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Name of the organization

ORGANIZATION OF MISO STATES, INC.

Employer identification number

16-1671529

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(4) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization ORGANIZATION OF MISO STATES, INC.	Employer identification number 16-1671529
--	---

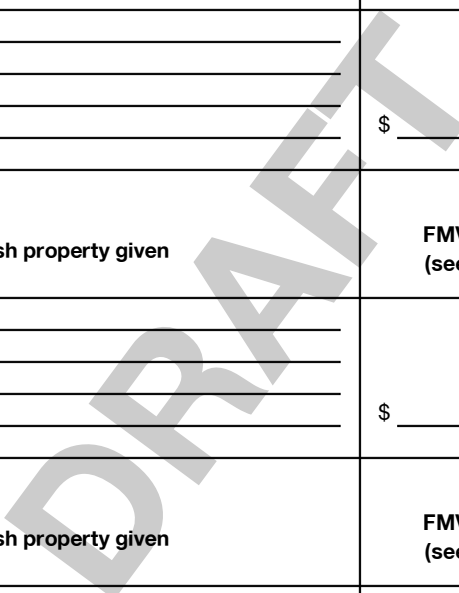
Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MIDCONTINENT INDEPENDENT SYSTEM OPERATOR, INC. 701 CITY CENTER DRIVE CARMEL, IN 46032	\$ 955,135.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ORGANIZATION OF MISO STATES, INC.	Employer identification number 16-1671529
--	---

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____



Name of organization ORGANIZATION OF MISO STATES, INC.	Employer identification number 16-1671529
--	---

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

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.**

▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization ORGANIZATION OF MISO STATES, INC. **Employer identification number** 16-1671529

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 a 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 Tax 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 8/17/06, 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?

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)?

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	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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 on 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:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		64,167.	44,618.	19,549.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				19,549.

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. (Col. (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. (Col. (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	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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	955,149.
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		
	e Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	955,149.
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		
	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	955,149.

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	1,168,891.
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		
	e Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	1,168,891.
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		
	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	1,168,891.

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.

Part X, Line 2:

The Organization has adopted the accounting standard regarding Accounting for Uncertain Tax Positions. This standard provides detailed guidance for financial statement recognition, measurement, and disclosure of uncertain tax positions recognized in the entity's financial statements. It requires an entity to recognize the financial statement benefit of a tax position when it is more likely than not that the position will be sustained upon examination. The adoption of this standard had no material effect on the Organizations financial position, results of operations, or cash flow.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

ORGANIZATION OF MISO STATES, INC.

Employer identification number

16-1671529

Form 990, Part I, Line 1, Description of Organization Mission:

RECOMMENDATIONS TO THE MIDCONTINENT INDEPENDENT SYSTEM OPERATOR, INC.

(MISO), THE MISO BOARD OF DIRECTORS, THE FERC, AND RELEVANT GOVERNMENT

ENTITIES, AND STATE COMMISSIONS AS APPROPRIATE; AND INTERVENING IN

PROCEEDINGS BEFORE THE FERC AND IN RELATED JUDICIAL PROCEEDINGS TO

EXPRESS THE POSITIONS OF THE ORGANIZATION OF MISO STATES.

Form 990, Part III, Line 1, Description of Organization Mission:

APPROPRIATE; AND INTERVENING IN PROCEEDINGS BEFORE THE FERC AND IN

RELATED JUDICIAL PROCEEDINGS TO EXPRESS THE POSITIONS OF THE

ORGANIZATION OF MISO STATES.

Form 990, Part VI, Section A, line 6:

THE ORGANIZATION OF MISO STATES, INC. (OMS) IS A NONPROFIT, SELF-GOVERNING

ORGANIZATION OF REPRESENTATIVES FROM EACH STATE WITH REGULATORY

JURISDICTION OVER ENTITIES PARTICIPATING IN THE MIDCONTINENT INDEPENDENT

TRANSMISSION SYSTEM OPERATOR, INC. (MISO), A REGIONAL TRANSMISSION

ORGANIZATION AS DEFINED BY THE FEDERAL ENERGY REGULATORY COMMISSION (FERC).

OMS MEMBER STATES, PROVINCES, AND OTHER GOVERNMENTAL ENTITIES ARE ARKANSAS,

CITY OF NEW ORLEANS, ILLINOIS, INDIANA, IOWA, KENTUCKY, LOUISIANA,

MANITOBA, MICHIGAN, MINNESOTA, MISSOURI, MISSISSIPPI, MONTANA, NORTH

DAKOTA, SOUTH DAKOTA, TEXAS, AND WISCONSIN.

Form 990, Part VI, Section A, line 7a:

THE ORGANIZATION'S MEMBERS CAN APPOINT OR ELECT DIRECTORS WHO IN TURN ELECT

THE OFFICERS OF THE ORGANIZATION.

Name of the organization ORGANIZATION OF MISO STATES, INC.	Employer identification number 16-1671529
---	--

Form 990, Part VI, Section B, line 11:

THE BOARD OF DIRECTORS WILL REVIEW A COPY OF THE FORM 990 AT A BOARD MEETING PRIOR TO THE FORM 990 BEING FILED.

Form 990, Part VI, Section B, Line 15:

THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS REVIEW AND APPROVE THE SALARIES FOR THE EXECUTIVE DIRECTOR. THE SALARY RECOMMENDATION IS THEN APPROVED BY THE ENTIRE BOARD OF DIRECTORS.

Form 990, Part VI, Section C, Line 18:

FORM 990 AND FORM 1023 ARE AVAILABLE TO THE PUBLIC ON THE ORGANIZATION OF MISO STATES' WEBSITE.

Form 990, Part VI, Section C, Line 19:

ALL GOVERNING DOCUMENTS AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC ON THE ORGANIZATION OF MISO STATES' WEBSITE.

FORM 990. PART XII, LINE 2C

THE BOARD OF DIRECTORS FOR THE ORGANIZATION ARE RESPONSIBLE FOR THE OVERSIGHT OF THE AUDIT AND ARE RESPONSIBLE FOR THE SELECTION OF THE INDEPENDENT AUDITORS. THIS PROCESS HAS REMAINED UNCHANGED FROM THE PRIOR YEARS.

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number

Type or print	Name of exempt organization or other filer, see instructions. ORGANIZATION OF MISO STATES, INC.	Employer identification number (EIN) or 16-1671529
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 100 COURT AVENUE, No. 315	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. DES MOINES, IA 50309	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

ORGANIZATION OF MISO STATES, INC.

• The books are in the care of ▶ **100 COURT AVE, SUITE 315 - DES MOINES, IA 50309**
Telephone No. ▶ **515-243-0742** Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **August 15, 2016**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2015** or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

NP-20

State Form 51062 (R7 / 8-13)

Indiana Department of Revenue
Indiana Nonprofit Organization's Annual Report
For the Calendar Year or Fiscal Year
Beginning 01 01 2015 and Ending 12 31 2015

Check if: Change of Address
Amended Report
Final Report: Indicate Date Closed

Due on the 15th day of the 5th month following the end of the tax year.
NO FEE REQUIRED.

Name of Organization

Telephone Number

ORGANIZATION OF MISO STATES INC

515 243 0742

Address

County

Indiana Taxpayer Identification Number

100 COURT AVENUE NO 315

City

State

ZIP Code

Federal Identification Number

DES MOINES, IA 50309

16 1671529

Printed Name of Person to Contact

Contact's Telephone Number

TANYA PASLAWSKI

515 243 0742

If you are filing a federal return, attach a completed copy of Form 990, 990EZ, or 990PF.

Note: If your organization has unrelated business income of more than \$1,000 as defined under Section 513 of the Internal Revenue Code, you must also file Form IT-20NP.

Current Information

- 1. Have any changes not previously reported to the Department been made in your governing instruments...
2. Indicate number of years your organization has been in continuous existence. 13
3. Attach a schedule, listing the names, titles and addresses of your current officers.
4. Briefly describe the purpose or mission of your organization below.

SEE STATEMENT 1

Email Address:

I declare under the penalties of perjury that I have examined this return, including all attachments, and to the best of my knowledge and belief, it is true, complete, and correct.

EXECUTIVE DIRECTOR

Signature of Officer or Trustee

Title

Date

Name of Person(s) to Contact

Daytime Telephone Number

Important: Please submit this completed form and/or extension to:
Indiana Department of Revenue, Tax Administration
P.O. Box 6481
Indianapolis, IN 46206-6481
Telephone: (317) 232-0129

Extensions of Time to File

The Department recognizes the Internal Revenue Service application for automatic extension of time to file, Form 8868. Please forward a copy of your federal extension, identified with your Nonprofit Taxpayer Identification Number (TID), to the Indiana Department of Revenue, Tax Administration by the original due date to prevent cancellation of your sales tax exemption.

Reports post marked within thirty (30) days after the federal extension due date, as requested on Federal Form 8868, will be considered as timely filed. A copy of the federal extension must also be attached to the Indiana report.

If Form NP-20 or extension is not timely filed, the taxpayer will be notified by the Department pursuant to I.C. 6-2.5-5-21(d), to file Form NP-20. If within sixty (60) days after receiving such notice the taxpayer does not file Form NP-20, the taxpayer's exemption from sales tax will be canceled.



THE ORGANIZATION OF MISO STATES IS TO COORDINATE REGULATORY OVERSIGHT AMONG THE STATES; MAKING RECOMMENDATIONS TO THE MIDWEST INDEPENDENT SYSTEM OPERATOR, INC. (MISO), THE MISO BOARD OF DIRECTORS, THE FERC, OTHER RELEVANT GOVERNMENT ENTITIES, AND STATE COMMISSIONS AS APPROPRIATE; AND INTERVENING IN PROCEEDINGS BEFORE THE FERC AND IN RELATED JUDICIAL PROCEEDINGS TO EXPRESS THE POSITIONS OF THE ORGANIZATION OF MISO STATES.

DRAFT

Name and AddressTitle

ELIZABETH (LIBBY) JACOBS
100 COURT AVENUE, No. 315
DES MOINES, IA 50309

PRESIDENT AND DIRECTOR

SALLY TALBERG
100 COURT AVENUE, No. 315
DES MOINES, IA 50309

VICE PRESIDENT AND DIRECTOR

KENNETH W. ANDERSON, JR.
100 COURT AVENUE, No. 315
DES MOINES, IA 50309

TREASURER AND DIRECTOR

KIRK BUSHMAN
100 COURT AVENUE, No. 315
DES MOINES, IA 50309

SECRETARY AND DIRECTOR

ANGELA WEBER
100 COURT AVENUE, No. 315
DES MOINES, IA 50309

AT LARGE DIRECTOR

TED THOMAS
100 COURT AVENUE, No. 315
DES MOINES, IA 50309

DIRECTOR

SHERINA MAYE EDWARDS
100 COURT AVENUE, No. 315
DES MOINES, IA 50309

DIRECTOR

ERIC SKRMETTA
100 COURT AVENUE, No. 315
DES MOINES, IA 50309

DIRECTOR

REGIS GOSSELIN
100 COURT AVENUE, No. 315
DES MOINES, IA 50309

DIRECTOR

JIM GARDNER
100 COURT AVENUE, No. 315
DES MOINES, IA 50309

DIRECTOR

GARY HANSON
100 COURT AVENUE, No. 315
DES MOINES, IA 50309

DIRECTOR

BETSY WERGIN
100 COURT AVENUE, No. 315
DES MOINES, IA 50309

DIRECTOR

JASON WILLIAMS
100 COURT AVENUE, No. 315
DES MOINES, IA 50309

DIRECTOR

BRIAN KALK
100 COURT AVENUE, No. 315
DES MOINES, IA 50309

DIRECTOR

BRANDON PRESLEY
100 COURT AVENUE, No. 315
DES MOINES, IA 50309

DIRECTOR

DANIEL HALL
100 COURT AVENUE, No. 315
DES MOINES, IA 50309

DIRECTOR

MIKE HUEBSCH
100 COURT AVENUE, No. 315
DES MOINES, IA 50309

DIRECTOR

WILLIAM H. SMITH, JR
100 COURT AVENUE, No. 315
DES MOINES, IA 50309

DIRECTOR EMERITUS

TANYA PASLAWSKI
100 COURT AVENUE, No. 315
DES MOINES, IA 50309

EXECUTIVE DIRECTOR

DRAFT