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Department of the Treasury

DLN: 93493311025627 OMB No 1545-0047

2016

Open to Public

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private

▶ 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

							Inspection
A Fo	or the	e 2016 ca	alendar year, or tax year beginning 01-01-2016 , and ending 12-31	-2016			_
□ Add	dress c	oplicable change	C Name of organization GEORGIA TRANSMISSION CORPORATION		58-22312		ication number
	me cha tial reti al	-	Doing business as				
☐ Am	ended	ninated Freturn on pending	Number and street (or P O box if mail is not delivered to street address) Room/suit 2100 East Exchange Place	(770) 270			
⊔ Арј	piicatio	ni penamg	City or town, state or province, country, and ZIP or foreign postal code Tucker, GA 30084		G Gross recei	pts \$ 29	92,838,527
			F Name and address of principal officer	H(a) Is this		· · ·	
			R Dale Cooper III	subord			□Yes ☑ No
			Georgia Transmission Corporation 2100 East Exchange Place Tucker, GA 30084	H(b) Are all include	subordinates d?		☐ Yes ☐No
-'		npt status	☐ 501(c)(3)	If "No," H(c) Group			instructions) ▶
J W	ebsite	e:► www	w gatrans com				
∢ Forn	n of or	ganızatıon	☑ Corporation ☐ Trust ☐ Association ☐ Other ►	L Year of format	ion 1996 M	1 State	of legal domicile GA
Pa	rt I	Sumi	mary				
e			cribe the organization's mission or most significant activities ion of Electricity				
Activities & Governance	_						
em	-						
705	2	Check thi	s box $ ightharpoonup igsquare$ if the organization discontinued its operations or disposed of most voting members of the governing body (Part VI, line 1a) \cdot	ore than 25% (of its net ass	ets 3	13
ಶ	l		of voting members of the governing body (Part VI, line 1a)			4	13
Se?			nber of individuals employed in calendar year 2016 (Part V, line 2a)			5	315
			nber of volunteers (estimate if necessary)			6	0
ACI			elated business revenue from Part VIII, column (C), line 12			7a	0
			ated business taxable income from Form 990-T, line 34			7b	0
			·	Prio	r Year		Current Year
ο.	8	Contribut	ions and grants (Part VIII, line 1h)			0	
Ravenue	9	Program :	service revenue (Part VIII, line 2g)		269,766,82	2	279,654,700
۶۸ċ۱	10	Investme	nt income (Part VIII, column (A), lines 3, 4, and 7d)		11,628,21	3	13,183,827
<u> </u>	11	Other rev	renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		ı	0	
	12	Total reve	enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		281,395,03	5	292,838,527
	13	Grants ar	nd sımılar amounts paıd (Part IX, column (A), lınes 1–3)			0	(
	14	Benefits p	paid to or for members (Part IX, column (A), line 4)		15,081,33	8	14,059,091
&	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5–10)		25,026,60	5	26,231,043
Expenses	16a	Professio	nal fundraising fees (Part IX, column (A), line 11e)		ı	0	(
χbe	Ь	Total fundr	alsing expenses (Part IX, column (D), line 25) ▶0				
ш	17	Other exp	penses (Part IX, column (A), lines 11a–11d, 11f–24e)		241,287,09	2	252,548,393
	18	Total exp	enses Add lines 13-17 (must equal Part IX, column (A), line 25)		281,395,03	5	292,838,527
	19	Revenue	less expenses Subtract line 18 from line 12		-	0	(
Net Assets or Fund Balances				Beginning o	f Current Yea	r	End of Year
set alar	20	Total asse	ets (Part X, line 16)	,	,411,972,77	9	2,534,452,297
A B			ilities (Part X, line 26)		,142,775,65	+	2,251,196,078
Fe			s or fund balances Subtract line 21 from line 20		269,197,12		283,256,219
Par	t II		ature Block				
Jnder	pena	alties of pe	erjury, I declare that I have examined this return, including accompanying $\mathfrak s$				
	edge nowle		f, it is true, correct, and complete Declaration of preparer (other than office	er) is based on	all informati	on of v	thich preparer has
					-10-12		
Sign		Signati	ure of officer	Date			
Here	•		poper Assistant Controller				
		17	r print name and title				
		P	rınt/Type preparer's name Preparer's sıgnature Da	te Checl	k 🔲 ıf 🛮 PTI	.N	
Paic		<u> </u>	urm's name		employed		
-	oare	۶۰ -	ırm's name ► Irm's address ►	Phon	s EIN 🕨		
Jse	On	ly ''	5 add. 555 F	Priori	C 110		
∕lay t	he IRS	S discuss	this return with the preparer shown above? (see instructions)			_ ∐ Y	'es 🗌 No

Form	990 (2016)				Page 2
Par	t IIII Statement	of Program Service Acc	omplishments		_
	Check If Scho	edule O contains a response or	note to any line in this Part III		🗆
1	Briefly describe the	organization's mission			
Tran	smission of Electricity				
2	Did the organization	undertake any significant prog	ram services during the year which w	ere not listed on	
	the prior Form 990 o	or 990-EZ?			☐ Yes 🗹 No
	If "Yes," describe the	ese new services on Schedule ()		
3	Did the organization	cease conducting, or make sig	nificant changes in how it conducts, a	ny program	
	services?				🗌 Yes 🗹 No
	If "Yes," describe the	ese changes on Schedule O			
4	Section 501(c)(3) ar		plishments for each of its three larges required to report the amount of grar ervice reported		
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	See Additional Data				
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	-				
	-				
4d	Other program servi	ices (Describe in Schedule O)			
	(Expenses \$	0 including g	rants of \$ 0) (Revenue \$	0)
4e	Total program ser		0	•	<u>, </u>
	,	•			Form 990 (2016)

Section 501(c)(3) organizations.

or X as applicable

Page 3

No

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Form 990 (2016)

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

Did the organization receive or hold a conservation easement, including easements to preserve open space,

b Was the organization included in consolidated, independent audited financial statements for the tax year?

14a Did the organization maintain an office, employees, or agents outside of the United States?

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets?

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

assessments, or similar amounts as defined in Revenue Procedure 98-19?

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🕏

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX,

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V

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12b

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Yes

Yes

Yes

Yes

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Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
Ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic	21		No

D	ir res to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	
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? If "Yes," complete Schedule I, Parts I and III	22	

Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

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?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

Yes No

Nο

Nο

Νo

Nο

Yes

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Yes

Form 990 (2016)

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orm '	990 (2016)			Page !
Par	t 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			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 21.			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by			
	this return	4	.,	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	F-		
		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	<u> </u>		
3	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
٥-	Did the annual was a second to a second to a second and a second and a second as a second	8		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter	9b		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
	Section 501(c)(12) organizations. Enter	1		
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	1		
2~	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	124		
U	12b			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		<u> </u>
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand]		
.4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

	Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a "No	" respc	nse to l	ines
	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	<u> </u>		✓
Se	ction 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 13	,	163	140
	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	-		
b	Enter the number of voting members included in line 1a, above, who are independent 1b 13	,		
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?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	∍.)	
			Yes	No
.0a	Did the organization have local chapters, branches, or affiliates?	10a		No
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		
.1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
.2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes	
.3	Did the organization have a written whistleblower policy?	13	Yes	
4	Did the organization have a written document retention and destruction policy?	14	Yes	
.5	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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
.6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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		
Se	ction C. Disclosure			
L 7	List the States with which a copy of this Form 990 is required to be filed▶			
.8	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T $(501(c)(3)s$ only) available for public inspection. Indicate how you made these available. Check all that apply			
	☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
.9	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 R Dale Cooper III CPA Georgia Transmission Corporation 2100 East Exchange Place Tucker, GA 300845336 (770) 270	1-7625		

orm 990 (2	2016)	Page 7	7
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	. \square	
Section	A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
			1

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

- List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations
- List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) (B) (C) (D) (F) (E) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from the from related compensation organization (Wanv hours director/trustee) organizations from the for related 2/1099-MISC) (W- 2/1099organization and Highest employe Individual trustee or director Former organizations <u>.6</u> MISC) related Institutional Trustee below dotted organizations employee line) st compensate See Additional Data Table

Page **8**

Section A. Officers, Direct	.ors, Trustees	-, 	<u>-111P</u>	.0,0			<u> </u>	icat compens	ated Employees	<u> </u>	icinaca	
(A) Name and Title	(B) Average hours per week (list any hours	than o	one bo	ox, u an off	ot che unles fficer	neck moss ss pers r and a tee)	rson	(D) Reportable compensation from the organization (V	n compensati from relate W- organizations	Reportable compensation from related organizations (W-		iated of other nsation the
	for related organizations below dotted line)		Institutional Trustee	Officer	Key employee	Highest compensatemployee	Former	2/1099-MISC	(2) 2/1099-MIS	ic)	organizai rela organiz	ted
		į į.	Stee			nsated						
See Additional Data Table			+-	H		<u> </u>	+			-		
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		<u> </u>					'					
1b Sub-Total						>				+		
d Total (add lines 1b and 1c)	•					▶		3,374,924		0		1,254,339
2 Total number of individuals (including of reportable compensation from the			e liste	ed al	bove	e) who) rec	eived more than	\$100,000			
											Yes	No
3 Did the organization list any former of line 1a? <i>If "Yes," complete Schedule 3</i>										3		No
For any individual listed on line 1a, is organization and related organization individual										4	Yes	
5 Did any person listed on line 1a receiv services rendered to the organization									ındıvıdual for	5		No
Section B. Independent Contract			_	_	_	_	_					
Complete this table for your five higher from the organization. Report comper										omper	nsation 	
	(A) and business addre	ess		_	_		_		(B) Description of services		Compe	C) ensation
Georgia System Operations Corporation			_	_	_	_	_	Shared S Operatio	Services and Control ons	Center	3:	1,048,347
2100 East Exchange Place Tucker, GA 30084								Cstru				775 105
Pike Electric Inc PO Box 1000 Dept 517								Construc	ction Services			9,536,105
Memphis, TN 381480517 Aubrey Silvey Construction								Constru	ction Services		-	7,326,043
371 Hamp Jones Rd Carrollton, GA 30117												
Henkels & McCoy 985 Jolly Road 1631 East 25th Street								Engineer	ring Services			3,632,976
Blue Bell, PA 19422 Everything Construction					_		—	Electrica	al Maintenance Service	es		3,214,828
700 Frog Road Locust Grove, GA 30248												
Total number of independent contractor	rs (includina but	t not lim	nited '	to th	iose	listed	abo	ve) who received	more than \$100.	000 of	F	

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 ► 133

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

Part	VΙ	II Statement of	Revenue									rage 3
				a respo	onse or note to any	line in th	ıs Part VII	Ι				\square
						(<i>A</i> Total re	١)	Rela ex fur	(B) ated or empt action	(C) Unrelated business revenue		(D) Revenue cluded from under sections
	1	a Federated campaig	ns	1a				rev	/enue			512-514
ats nts		b Membership dues		1b								
rar		c Fundraising events										
7. G ₽		-		1c								
Contributions, Gifts, Grants and Other Similar Amounts		d Related organization		1d								
<u>a</u>		e Government grants (c	ontributions)	1e								
Sil		f All other contributions and similar amounts n										
uti her		above		1f								
풀문		9 Noncash contribute in lines 1a-1f \$	ons included									
no pu				_								
<u> </u>	<u>با</u> ر	n Total.Add lines 1a-1	lf	• •		- C. I.	0					
골	_				Business		245	240.264	245.04	0.264		
ž.		Network Services Rever Transmission Rental Inc				221000		940,264 035,524	245,94	· ·	0	0
υ CZ		Other Revenues	come			221000		878,912	· · · · · ·	8,912	0	0
٦ ٨		Refund to Members				221000		200,000		0,000	0	0
ð												
ran	•	All other program se	ruco rovonuo	_				0		0	0	0
Program Service Revenue					279,	654,700						
<u> </u>		Total.Add lines 2a-2			<u> </u>	_				F		
		Investment income (i similar amounts) .			nterest, and other	<u> </u>	13,183,82	7	13,183,827	,	0	0
		Income from investm			ond proceeds	•		0	C)	0	0
	5	Royalties				•		0	0)	0	0
			(ı) Rea	I	(II) Personal							
	6a	Gross rents										
	ı	Less rental expenses				-						
	•	Rental income or (loss)		0		0						
		Net rental income o	r (loss)			┪						
			(ı) Securit	ties	(II) Other	1						
	78	Gross amount from sales of				1						
		assets other than inventory										
		,										
		Less cost or other basis and										
		sales expenses Gain or (loss)		0		0						
		d Net gain or (loss)			•	┪						
		Gross income from f		ents	_	1						
ne		(not including \$ contributions reporte		of								
Other Revenue		See Part IV, line 18		a	I							
Re	ı	Less direct expense	s	b								
ē	•	Net income or (loss)	from fundrais	sing ev	ents	_ 						
÷ C	9a	Gross income from G See Part IV, line 19		ies								
_		See Fure IV, IIIIe IS		a	1							
	ı	Less direct expense	s	b		1						
	•	c Net income or (loss)	from gaming	activit	ies							
	10	a Gross sales of invent returns and allowand	tory, less									
		recurris and anoward		а	}							
	ı	Less cost of goods s	sold	b		1						
		Net income or (loss)	from sales of	ınvent	ory ►							
		Miscellaneous			Business Code							
	11	la										
								1			_	
	ı											
	•	=									\neg	
		d All other revenue .						1			\dashv	
	•	Total. Add lines 11a	-11d		•			0				
	12	2 Total revenue. See	Instructions				202.020.77	7	202 020 77	,		-
							292,838,52	/	292,838,527	T	O For	o m 990 (2016)

Part IX	Statement of Functional Expenses	

	1 990 (2016)				Page 10
Pa Sect	rt IX Statement of Functional Expenses ion 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	ınızatıons must comp	olete column (A)	
	Check if Schedule O contains a response or note to any	line in this Part IX			<u> </u>
Do 7b,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
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, line 15 and 16				
4	Benefits paid to or for members	14,059,091			
5	Compensation of current officers, directors, trustees, and key employees	3,005,693			
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	16,213,054			
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9	Other employee benefits	5,680,981			
10	Payroll taxes	1,331,315			
11	Fees for services (non-employees)				
a	Management	400,535			
	Legal				
	Accounting				
	Lobbying				
	Professional fundraising services See Part IV, line 17				
	Investment management fees				
	Other (If line 11g amount exceeds 10% of line 25, column	15,170,866			
12	(A) amount, list line 11g expenses on Schedule O) Advertising and promotion	1,133,104			
	_	3,258,801			
	Office expenses	3,230,001			
	Information technology				
	Royalties	2 4 2 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			
	Occupancy	2,137,775			
	Travel				
	Payments of travel or entertainment expenses for any federal, state, or local public officials •				
19	Conferences, conventions, and meetings	204,669			
20	Interest	73,965,201			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	74,080,265			
23	Insurance	1,147,928			
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 Parity Expense	20,604,359			
i	Transmission Reservation/Control Center Svcs/GPC	12,972,007			
,	Property/Income Taxes	20,725,020			
•	d GSOC Operations	25,389,187			
	e All other expenses	1,358,676			
25	Total functional expenses. Add lines 1 through 24e	292,838,527	0	0	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)				

VII.		Check if Schedule O contains a response or not	e to an	v line in this Part IX			П
		eneek in benedule of contains a response of mee	<u> </u>	y mile in this tare IX	(A) Beginning of year	•	(B) End of year
	1	Cash-non-interest-bearing			44,251,682	1	82,702,647
	2	Savings and temporary cash investments		[2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net	29,168,944	4	29,377,706		
cin	5 6 7	Loans and other receivables from current and for trustees, key employees, and highest compensa II of Schedule L Loans and other receivables from other disquality section 4958(f)(1)), persons described in section contributing employers and sponsoring organizations of the contribution of	ited em fied pei n 4958 tions o	rsons (as defined under (c)(3)(B), and f section 501(c)(9)		5 6 7	
2	8	Inventories for sale or use	14,171,768	8	18,154,925		
۲	9	Prepaid expenses and deferred charges		F	263,970,075	9	281,920,389
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	2,994,810,468			
	b	Less accumulated depreciation	10b	897,644,614	2,035,482,137	10 c	2,097,165,854
	11	Investments—publicly traded securities .			11		
	12	Investments—other securities See Part IV, line	11 .			12	

Page **11**

Liabilities	
ces	

					(A) Beginning of year		(B) End of year
\neg	1	Cash-non-interest-bearing			44,251,682	1	82,702,647
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			29,168,944	4	29,377,706
	5 6	Loans and other receivables from current and fo trustees, key employees, and highest compensa II of Schedule L Loans and other receivables from other disqualif	ted en	nployees Complete Part		5	
s	•	section 4958(f)(1)), persons described in section contributing employers and sponsoring organizations (voluntary employees' beneficiary organizations (Part II of Schedule L	n 4958 tions c	(c)(3)(B), and f section 501(c)(9)		6	
et	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use		•	14,171,768	8	18,154,925
	9	Prepaid expenses and deferred charges			263,970,075	9	281,920,389
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	2,994,810,468			
	b	Less accumulated depreciation	10 b	897,644,614	2,035,482,137	10 c	2,097,165,854
	11	Investments—publicly traded securities .				11	
	12	Investments—other securities $\ \ \mbox{See Part IV, line}$	11 .			12	
	13	Investments—program-related See Part IV, line	11 .		24,928,173	13	25,130,776
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa	al line	34)	2,411,972,779	16	2,534,452,297
	17	Accounts payable and accrued expenses	281,951,859	17	274,510,850		
	18	Grants payable				18	
	19	Deferred revenue	65,132	19	52,105		
	20	Tax-exempt bond liabilities	94,465,000	20	94,465,000		
S	21	Escrow or custodial account liability Complete P		21			
Liabilities	22	Loans and other payables to current and former key employees, highest compensated employees					
<u>:</u> ë		persons Complete Part II of Schedule L $$.				22	
-	23	Secured mortgages and notes payable to unrela-	ted thi	rd parties	1,760,178,206	23	1,876,320,168
	24	Unsecured notes and loans payable to unrelated	third	parties		24	
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17-24) Complete Part X of Schedule D		to related third parties,	6,115,455	25	5,847,955
	26	Total liabilities. Add lines 17 through 25			2,142,775,652	26	2,251,196,078
es		Organizations that follow SFAS 117 (ASC 99 complete lines 27 through 29, and lines 33	58), cl	neck here ▶ ☑ and			
Balances	27	Unrestricted net assets	anu 3	- -	269,197,127	27	283,256,219
8	28	Temporarily restricted net assets			0	28	0
Fund	29	Permanently restricted net assets			0	29	0
리		Organizations that do not follow SFAS 117		-			
٥	30	check here ►			30		
اند	30 31				31		
issi	32	Retained earnings, endowment, accumulated inc		32			
	33	Total net assets or fund balances	269,197,127	33	283,256,219		
ラー	34	Total liabilities and net assets/fund balances .	·		2,411,972,779	34	2,534,452,297
		The state of the s	-				Form 990 (2016)

☐ Both consolidated and separate basis

2c

3a

3b

Yes

No

Form 990 (2016)

consolidated basis, or both

Separate basis

Audit Act and OMB Circular A-133?

Consolidated basis

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

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

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

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

Additional Data

Software ID: 16000425 Software Version: v1.00

EIN: 58-2231201

Name: GEORGIA TRANSMISSION CORPORATION

Form 990 (2016) Form 990, Part III, Line 4a:

PRINCIPAL BUSINESS IS PROVIDING TRANSMISSION SERVICES AT 12/31/16, GTC OWNED APPROXIMATELY 3,200 MILES OF TRANSMISSION LINES AND 719 SUBSTATIONS GTC SUCCEEDED TO ALL OF OGLETHORPE'S RIGHTS AND OBLIGATIONS WITH RESPECT TO THE INTEGRATED TRANSMISSION SYSTEM

Compensated Employees, and Independent Contractors (C) (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation amount of other hours per compensation person is both an officer week (list from the from related compensation any hours and a director/trustee) organizations organization from the for related (W-2/1099-(W-2/1099-Highest compen organization and Office Former Individual truste or director Key employee Institutional organizations MISC) MISC) related below dotted organizations line) 쿨

		ō.	शसम		ารสะป			
Raphael Brumbeloe	1	×				0	0	
Director	0	,				Ţ	·	
Gary Drake	0 5	×				0	0	
Director	0	.,					· ·	
David Dunaway	1							ĺ

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

		ΙX	 			I U	l
Director	0	, ,				,	
Gary Drake	0 5						
	•••••	l x				l o	
Director	0					_	
David Dunaway	1						
	•••••	X				0	
Director	0						
	5						

Ronnie Lee

Director Robert L Lewis

Director Steve Rawl

Director Jill Tietjen

Director

Director	0	_ ^			0	0	
ary Drake	0 5	×			0	0	
Pirector	0				,	,	
avid Dunaway	1	×			0	0	
nrector	0	^			9	0	
harles Fendley	5	×			0	0	
Pirector	0	^			,	,	•
lichael Goodroe	2						

Director	0	^				0	2,400
David Dunaway	1	v			0	0	6,800
Director	0	_ ^				0	0,000
Charles Fendley	5					0	15.600
Director	0	_ ^			U	U	15,600
Michael Goodroe	2					0	6 800
Director	0	^				ľ	6,800

6,800

2.400

6,800

6,800

8,600

25,200

0

0

0

Charles Fendley	5						_	0	15,600	
Director	0	0 ^					0	0	13,000	
Michael Goodroe	2	×					0	0	6,800	
Director	0	_ ^								
Otis Jones	3	l ,					0	0	9,400	
Director:		l ^					l	٥	9,400	

Director	0	×			0	0	6,800
Otis Jones	3	×			0	0	9,400
Director	0				,	,	3,100

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless compensation compensation amount of other week (list person is both an officer from the from related compensation from the any hours and a director/trustee) organization organizations for related (W-2/1099-(W-2/1099organization and Highest compensatemplovee Former Individual trustee or director Institutional organizations MISC) MISC) related below dotted organizations employee line)

6,800

8,600

8,000

7.000

96,597

93,177

106,454

81,499

90,218

92,129

0

0

460,320

275,572

406,460

241,889

237,778

241,309

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Tony Tucker

Director

Jack Waters

Director
Everett Williams

Director

Director

Brad Thomas

Jerry Donovan

President, CEO

Keith Daniel

CFO

Vice President

Barbara Hampton

Thomas Parker

Vice President

Russ Schussler

Vice President

Vice President

David Van Winkle

Compensated Employees, and Independent Contractors (C) (D) (E) Name and Title Average Position (do not check more Reportable Reportable than one box, unless hours per compensation compensation person is both an officer week (list from the from related any hours and a director/trustee) organization organizations for related (W- 2/1099-(W- 2/1099-

(F)

Estimated

amount of other

compensation

from the

organization and

related organizations

88,988

90,701

88,696

81,475

75,762

65,245

77,798

224,705

210,146

187,199

187,944

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

	organizations below dotted line)	ndrødual trustee or director	Institutional Trustee	Officer	sey employee	Highest compensated	Former	MISC)	MISC)
John Raese Vice President	40			×				243,303	
Angela Sheffield Vice President	40			×				230,764	
A I I - I -	40								

......

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40

40

40

Controller

Joe Sowell

Angela Farsee

Patrick McGovern

Manager, Human Resources

Manager, System Services

Manager, Transmission Projects

John Raese	40		x			243,303	0	
Vice President	0		^			243,303	0	
Angela Sheffield	40		×			230,764	0	
Vice President	0		^			250,704	Ĭ	
Anne Hicks	40			x		227,535	0	
General Counsel	0			 ^		227,333		
Lynn Huffines	40							

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

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

(Form 990)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493311025627

OMB No 1545-0047

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Employer identification number

Open to Public **Inspection**

	me of the organization DRGIA TRANSMISSION CORPORATION		Em	ployer identification	n number	
GEC	ORGIA TRANSMISSION CORPORATION		58-	2231201		
Pa	Organizations Maintaining Donor Complete if the organization answere	Advised Funds or Other Similar Fund	ls or Ac	counts.		
	Complete if the organization answere	(a) Donor advised funds	(h	Funds and other acc	nunts	
1	Total number at end of year	(a) Bollon davised falles	(5)	yr arias aria ourier acc	Junes	_
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 funds are the organization's property, subject to t		r advised	_	Yes 🗌	— No
6	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?				Yes 🗌	No
Pa	rt III Conservation Easements. Complet	e if the organization answered "Yes" on F	orm 990), Part IV, line 7.		
1	Purpose(s) of conservation easements held by the	e organization (check all that apply)				
	☐ Preservation of land for public use (e g , rec	reation or education)	f an histoi	rically important land	area	
	☐ Protection of natural habitat	☐ Preservation of	f a certifie	ed historic structure		
	☐ Preservation of open space					
2	Complete lines 2a through 2d if the organization heasement on the last day of the tax year	neld a qualified conservation contribution in the		Held at the End	of the Year	-
а	Total number of conservation easements	_	2a			
b	Total acreage restricted by conservation easemen		2b			
c d	Number of conservation easements on a certified Number of conservation easements included in (c)	` '	2c 2d			
u	structure listed in the National Register	acquired after 0/17/00, and not on a historic	Zu			
3	Number of conservation easements modified, trar tax year ▶	sferred, released, extinguished, or terminated	by the or	ganization during the	•	
4	Number of states where property subject to conse	ervation easement is located ►	_			
5	Does the organization have a written policy regard and enforcement of the conservation easements i		ing of viol	ations,	□ No	
6	Staff and volunteer hours devoted to monitoring, •	inspecting, handling of violations, and enforcin	ig conserv	ation easements duri	ng the year	
7	Amount of expenses incurred in monitoring, inspe	cting, handling of violations, and enforcing cor	nservation	easements during th	e year	
8	Does each conservation easement reported on lin and section $170(h)(4)(B)(II)^2$	e 2(d) above satisfy the requirements of section	on 170(h)	(4)(B)(ı) ☐ Yes	□ No	
9	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the organization's financial s				
Par		ions of Art, Historical Treasures, or G	Other Si	milar Assets.		
1a	If the organization elected, as permitted under SF art, historical treasures, or other similar assets he provide, in Part XIII, the text of the footnote to it.	AS 116 (ASC 958), not to report in its revenue eld for public exhibition, education, or research	ın furthei			
b	If the organization elected, as permitted under SF historical treasures, or other similar assets held for following amounts relating to these items	AS 116 (ASC 958), to report in its revenue sta	itement a			
(i) Revenue included on Form 990, Part VIII, line 1			▶ \$		
(i	ii)Assets included in Form 990, Part X			▶ \$		
2	If the organization received or held works of art, I following amounts required to be reported under		financial g	· .		
а	Revenue included on Form 990, Part VIII, line 1	· · · · · · · · · · · · · · · · · · ·		> \$		_
b	Assets included in Form 990, Part X			▶ \$		

Cat No 52283D

Schedule D (Form 990) 2016

d Equipment .

	edule D (Form 990) 2016									Page 2
Par	t IIII Organizations Ma	aintaining Collections o	of Art, Histo	orical Tr	easure	es, or	Other	Similar As	sets (continued)
3	Using the organization's acq items (check all that apply)	uisition, accession, and other	records, chec	k any of	the follo	wing th	at are a	significant u	ise of its	s collection
а	Public exhibition		d	ı 🗆	Loan or	r exchar	nge prog	rams		
b	Scholarly research		e	: 🗆	Other					
С	Preservation for future	e generations								
4	Provide a description of the Part XIII	organization's collections and	explain how	they furth	er the o	organiza	tion's ex	empt purpo	se in	
5		anization solicit or receive do nds rather than to be maintai						ılar	☐ Ye	es 🗆 No
Pa		odial Arrangements. ganızatıon answered "Yes	" on Form 9	90, Part	IV, line	e 9, or	reporte	d an amou		
1a	Is the organization an agent included on Form 990, Part i		intermediary f	or contrib	outions o	or other	assets i	not	☐ Ye	es 🗆 No
						_				
b	If "Yes," explain the arrange	ement in Part XIII and comple	ete the follow	ng table				A	mount	
С	Beginning balance					- ⊢	1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include	an amount on Form 990, Par	t X, line 21, f	or escrow	or custo	odial ac	count lia	bility?	☐ Ye	es 🗌 No
b	If "Yes," explain the arrange	ment in Part XIII Check here	e if the explan	ation has	been pr	rovided	ın Part)	KIII		🗆
Pa		ds. Complete if the organ								
		(a)Currer	t year (b)Prior yeai	· (c)	Two yea	rs back	(d)Three yea	rs back	(e)Four years back
1 a	Beginning of year balance $\ .$									
b	Contributions									
C	Net investment earnings, gair	ns, and losses								
d	Grants or scholarships $\ . \ .$	•								
e	Other expenditures for facilities and programs	es								
f	Administrative expenses .									
g	End of year balance									
2	Provide the estimated percei	ntage of the current year end	l balance (line	1g, colur	nn (a))	held as				
а	Board designated or quasi-e	ndowment >								
b	Permanent endowment ▶									
С	Temporarily restricted endov	wment ▶								
	The percentages on lines 2a	, 2b, and 2c should equal 100)%							
3a	Are there endowment funds organization by	not in the possession of the	organization ti	hat are he	eld and a	adminis	tered fo	r the		Yes No
	(i) unrelated organizations									a(i)
	(ii) related organizations .					•				a(ii)
	` '/'	_			· · ·				Ŀ	3b
4		ended uses of the organizatio	n s endowmer	it iuiias						
Pa	rt VI Land, Buildings, Complete if the ord	and Equipment. ganization answered 'Yes'	on Form 99	0. Part 1	V, line	11a. S	ee Forr	n 990. Par	t X. lın	e 10.
	Description of property	(a) Cost or other basis (investment)	(b)Cost or oth					epreciation		(d)Book value
1a	Land	348,800,136			0					348,800,136
	Buildings	138,251,216			0			60,273,502		77,977,714
	Leasehold improvements	0			0			, ,		

2,365,209,935

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).

142,549,181

1,532,231,117

138,156,887

2,097,165,854

832,978,818

4,392,294

Schedule D (Form 990) 2016			Page 3
Part VII Investments—Other Securities. Complete if the o See Form 990, Part X, line 12.	rganization answ	rered 'Yes' on Form 99	90, Part IV, line 11b.
(a) Description of security or category (including name of security)	(b) Book value		od of valuation of-year market value
(1)Financial derivatives	: :		
(3)Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related. Complete if the	organization ans	wered 'Yes' on Form	990, Part IV, line 11c.
See Form 990, Part X, line 13. (a) Description of investment	(b) Book value	(c) Meth	nod of valuation of-year market value
(1)			, ,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	b		
Part IX Other Assets. Complete if the organization answered 'Yes (a) Description	s' on Form 990, Pa	rt IV, line 11d See Form	990, Part X, line 15 (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 answ See Form 990, Part X, line 25.	vered 'Yes' on Fo	rm 990, Part IV, line	11e or 11f.
(a) Description of liability (1) Federal income taxes	(b) Bo	ook value	
(1) Federal income taxes			
Accumulated Provision for Benefits		1,930,173	
Deffered Hedge Settlement		3,486,066	
Gain on Bonds		431,716	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	•	5,847,955	
2. Liability for uncertain tax positions In Part XIII, provide the text of the		ganızatıon's fınancıal sta	
organization's liability for uncertain tax positions under FIN 48 (ASC 740)	Check here if the	text or the roothote has	been provided in Part XIII

Part XI

1

2

а

b

c

d е

3

4

5

1

2

b

d

е 3

а

b

C

Part XIII

5

4

b

Part XII

Schedule D (Form 990) 2016

Page 4

292,838,527

292,838,527

278,779,437

Donated services and use of facilities .

Prior year adjustments

Other (Describe in Part XIII) .

Add lines 2a through 2d .

Add lines 4a and 4b .

Return Reference

See Additional Data Table

Subtract line 2e from line 1 .

Add lines 4a and 4b . .

Other losses .

Net unrealized gains (losses) on investments . . .

Donated services and use of facilities . Recoveries of prior year grants . . .

Total expenses and losses per audited financial statements .

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b .

Other (Describe in Part XIII)

Supplemental Information

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Total revenue, gains, and other support per audited financial statements . . .

Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b.

Other (Describe in Part XIII)

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

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

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

4a 4b Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

2a

2b

2c

2d

4b

Explanation

2a

2b

2c

2d

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

4c

Λ

0

14.059.090

2e

3

2e 3 278,779,437

4c 14,059,090 5 292,838,527

Schedule D (Form 990) 2015

Page 5	Schedule D (Form 990) 2015
inued)	Part XIII Supplemental Information (co
Explanation	Return Reference

Schedule D (Form 990) 2016

Additional Data

Software ID: 16000425
Software Version: v1.00

EIN: 58-2231201

Name: GEORGIA TRANSMISSION CORPORATION

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2	Schedule D, Part X, Line 2 - Schedule D, Part X, Line 2 - Schedule D, Part X, Line 2 - The FASB issued new guidance on Accounting for Uncertainty in Income Taxes GTC adopted this new guidance for the year ended December 31, 2009 Management has examined GTC's tax positions and concluded that GTC has taken no uncertain tax positions that require adjustments to the financial statements to comply with the provisions of this guidance GTC is generally not subject to income tax examinations by federal, state or local tax authorities for years before 2012

upplemental Information	
Return Reference	Explanation
Schedule D, Part XII, Line 4b	Amount represents the financial reporting net income that is reflected as patronage capita "paid" for 2016 to the members For financial reporting purposes, the amount is not yet distributed

Su

Schedule J

(Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

DLN: 93493311025627

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

nternal Revenue
ervice

Name of the organization GEORGIA TRANSMISSION CORPORATION

Part I Questions Regarding Compensation

Vac No.

Рa	Ques	stions Regarding Compensation					
						Yes	No
1a				ny of the following to or for a person listed on Form vide any relevant information regarding these items			
	┌ First-cla	ass or charter travel	Г	Housing allowance or residence for personal use			
	┌ Travel fo	or companions	Г	Payments for business use of personal residence			
	Γ Taxıder	mnıfıcatıon and gross-up payments	Г	Health or social club dues or initiation fees			
	C Discreti	onary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	,	, ,		ion follow a written policy regarding payment or d above? If "No," complete Part III to explain	1b	Yes	
2		nization require substantiation prior to re ustees, officers, including the CEO/Execu		sing or allowing expenses incurred by all Director, regarding the items checked in line 1a?	2	Yes	
3	organızatıon'	's CEO/Executive Director Check all tha	t appl	used to establish the compensation of the y Do not check any boxes for methods f the CEO/Executive Director, but explain in Part III			
	┌ Compen	sation committee	Г	Written employment contract			
	┌ Indepen	dent compensation consultant	Г	Compensation survey or study			
	Form 99	0 of other organizations	Γ	Approval by the board or compensation committee			
4	During the ye or a related o		art VI	I, Section A, line 1a with respect to the filing organization			
а	Receive a se	verance payment or change-of-control p	aymer	nt?	4a		Νo
b	Participate ii	n, or receive payment from, a supplement	al non	nqualified retirement plan?	4b		Νo
c	Participate ii	n, or receive payment from, an equity-bas	sed co	mpensation arrangement?	4c		Νo
	If "Yes" to a	ny of lines 4a-c, list the persons and pro	vide th	ne applicable amounts for each item in Part III			
	Only 501(c)((3), 501(c)(4), and 501(c)(29) organizati	ons m	ust complete lines 5-9.			
5	•	listed on Form 990, Part VII, Section A, on contingent on the revenues of	line 1a	a, did the organization pay or accrue any			
а	The organiza	ition?			5a		
b	Any related o	organization?			5b		
	If "Yes," on I	line 5a or 5b, describe in Part III					
5	•	listed on Form 990, Part VII, Section A, on contingent on the net earnings of	line 1a	a, did the organization pay or accrue any			
а	The organiza	ition?			6 a		
b	Any related o	organization?			6b		
	If "Yes," on I	line 6a or 6b, describe in Part III					
7		listed on Form 990, Part VII, Section A, ot described in lines 5 and 67 If "Yes," de		a, did the organization provide any non-fixed e in Part III	7		
В		nounts reported on Form 990, Part VII, pa					
	-	e initial contract exception described in	Regula	ations section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III				8		
9	If "Yes" on li section 53 4	,	rebutt	table presumption procedure described in Regulations	9		

Page 2						Page Z	
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.							
For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual							
(A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (E) Total of columns (F) Compensation					(F) Compensation in		
	Base (1) compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990

Cahadula 1 (Farm 000) 201 F

See Additional Data Table

Part III Supplemental Information							
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information							
Return Reference	Explanation						
	All Georgia Transmission Corporation officers and qualifying associates are eligible to receive a car allowance. The amount ranges from \$6000 to \$12000. Amounts received are not grossed up for income tax purposes and the respective amount is reflected in box 1, Form W-2 for each individual receiving an allowance. Car allowances are reviewed annually. With respect to the actual car allowance, no documentation is required to be presented to receive the allowance other than required Board approval. Mileage reimbursement is, however, required to be substantiated prior to receipt of funds. Reimbursement is obtained through submission of an authorized Expense Report. For tax year 2016, qualifying associates received a one time gross up						

upinission of all authorized expense Report For tax year 2016, qualifying associates received a one time gross up bonus payment for meeting wellness goals

Schedule J. Part I. Line 3 Georgia Transmission Corporation ("GTC") has a compensation committee that is a subset of the Board of Directors GTC's CEO salary is market

Schedule J (Form 990) 2015

reviewed annually and submitted by Human Resources to the committee for approval. The committee would then present the salary increase recommendation to the Board of Directors for final approval

Schedule J (Form 990) 2015

Software ID: 16000425 **Software Version:** v1.00

EIN: 58-2231201 Name: GEORGIA TRANSMISSION CORPORATION

	rt:	Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees							
(A) Name and Title		(i)	f W-2 and/or 1099-MIS (ii)	(iii)	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(I)-(D)	(F) Compensation in column (B)	
		Base Compensation	Bonus & Incentive	O ther reportable	compensation			reported as deferred on prior Form 990	
1Raphael BrumbeloeDirector	(1)	0	compensation 0	compensation 0	0	0	0	o	
	(11)	0	0	0	0			0	
1Gary DrakeDirector	(1)	0	0	0	0	0	0	0	
	(11)	0	0	0	0			0	
2David DunawayDirector	(1)	0	0	0	0	0	0	0	
	(11)	0	0	0	0			0	
3Charles FendleyDirector	(1)	0	0	0	0	0	0	0	
	(11)	0	0	0	0			0	
4Michael GoodroeDirector	(1)	0	0	0	0	0	0	0	
	(11)	0	0	0	0			0	
5 Otis JonesDirector	(1)	0	0	0	0	0	0	0	
	(11)	0		0	0			0	
6Ronnie LeeDirector	(1)	0	0	0	0	0	0	0	
	(11)	0		0	0			0	
7Robert L LewisDirector	(1)	0	0	0	0	0	0	0	
	(11)	0		0	0			0	
8Steve RawlDirector	(1)	0	0	0	0	0	0	0	
	(11)			0	0			0	
9Jill TietjenDirector	(1)	0	0	-	-	0	0		
33m Heljenbriecko	(II)		0	0	0	0		0	
10Tony TuckerDirector		,	0	0	0	0	0		
10 folly fuckerbilector	(I) (II)		0	0	0	0	0	0	
443- d. Waham Dunahan		-	0	0	0	0	0	0	
11Jack WatersDirector	(1)	0	0	0	0	0	0	0	
	(11)	0	0	0	0	0	0	0	
12Everett WilliamsDirector	(1)	0	0	0	0	0	0	0	
	(11)	0	0	0	0	0	0	0	
13Brad ThomasDirector	(1)	0	0	0	0	0	0	0	
	(11)	0	0	0	0	0	0	0	
14 Jerry Donovan President, CEO	(1)	404,077	16,335	39,907	73,698	22,899	556,916	0	
	(11)	0	0	0	0	0	- 0	0	
15Keith DanielVice President	(1)	260,357	815	14,399	60,186	32,991	368,748	0	
	(11)	0	0	0	0			0	
16Barbara HamptonCFO	(1)	370,578	815	35,067	75,719	30,735	512,914	0	
	(11)	0	0	0	0	. 0	- 0	0	
17 Thomas Parker Vice President	(1)	227,733	815	13,341	59,000	22,499	323,388	0	
	(11)	0	0	0	0			0	
18Russ Schussler Vice President	(1)	226,457	815	10,505	59,103	31,114	327,994	0	
	(11)	0	0	0	0			0	
19 David Van Winkle Vice President	(1)	230,981	815	9,513	58,429	33,700	333,438	0	
	(11)	0	0	0	0			0	
	1] 0] 0	<u> </u>	

(B)(I)-(D) other deferred benefits (i) (ii) (iii) compensation Other Base Bonus & Compensation incentive reportable compensation compensation 21John RaeseVice President 229,890 815 12,598 59,409 29,579 332,291 (II) 221,189 815 8,760 59,613 31,088 321,465

2,110

4,177

4,873

8,064

7,606

(C) Retirement and

57,953

59,000

53,353

52,479

52,508

(E) Total of columns

316,232

306,179

285,909

252,445

265,743

(F) Compensation in

column (B)

reported as deferred

on prior Form 990

(D) Nontaxable

30,743

22,475

22,410

12,766

25,290

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

815

815

815

815

815

(B) Breakdown of W-2 and/or 1099-MISC compensation

224,611

219,712

204,458

178,321

179,524

[(II)

(1)

(II)

(II)

(II)

(III)

1Angela Sheffield Vice President

2Anne HicksGeneral Counsel

3Lynn HuffinesController

Manager, Human Resources

Manager, System Services

Manager, Transmission

4Angela Farsee

5Patrick McGovern

6Joe Sowell

Projects

(A) Name and Title

efile GRAPHIC print - DO NOT	PROCESS As	Filed Data -									DLN: 9	934933	31102	5627
Schedule K	C		luformation o	Тоу Г		-4 D) a mala				OMB	No 154	5-0047	·
(Form 990)			Information o					criptions		2016				
	Complete ii tiii		s, and any additional i	information			-iovide des	scriptions,				1 U I	. U	
Department of the Treasury	▶Informatio	n ahout Schedule	► Attach to Form 990 K (Form 990) and its		isatи	ww.i	rs.gov/for	m990.				en to P		
Internal Revenue Service Name of the organization		n about benedule	K (101111 550) unu ks	mse decions	7 13 ac <u>41</u>		13190171011	<u></u>	Em	ployer ider				
GEORGIA TRANSMISSION CORPORATI	ON								58	-2231201				
Part I Bond Issues									I					
(a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date Issued		(d) Date issued	(e) Issue p	orice	(f) Descripti	on of purpose	(g)	Defeased					
												alf of uer	finar	ncing
									Ye	s No	Yes			No
A Development Authority of Burke		121342NL9	04-01-2012	94,4	65,000	Pollut	ion Control	Revenue Bon	ds	Х		X		×
County Georgia Transmission														
Corporation Vogtle Project														
Part III Proceeds		l							<u> </u>		ļ.			<u> </u>
				1	1		E	3		С			D	
1 Amount of bonds retired						0								
2 Amount of bonds legally defease	ed					0								
3 Total proceeds of issue				94,465,000										
4 Gross proceeds in reserve funds						0								
5 Capitalized interest from procee						0								
6 Proceeds in refunding escrows .						0								
7 Issuance costs from proceeds .						0								
8 Credit enhancement from proce						0								
9 Working capital expenditures from						0								
10 Capital expenditures from proce						0								
11 Other spent proceeds						0								
Other unspent proceeds						0								
13 Year of substantial completion .														
14 Were the bonds issued as part of	of a current refunding			Yes X	No		Yes	No	Yes	No		Yes	+	No
				^	X								+	
				X	X								+	
 Has the final allocation of proceeds been made?						+							+	
proceeds?	<u> </u>			Х										
Part IIII Private Business Us	e					Т		, 1			<u> </u>			
				Yes	No	\dashv	Yes	No No	Yes	C No		Yes	D 	No
Was the organization a partner financed by tax-exempt bonds?				163	X		103	140	163	140		103		110
2 Are there any lease arrangement property?	nts that may result in	private business us			Х									
For Panerwork Peduction Act Notice			<u> </u>	Cat	No 50	193F		· · · · · · · · · · · · · · · · · · ·			chadul	o K (Eo	rm 99(1) 2016

Page 2

D

Schedule K (Form 990) 2016

Nο

Yes

0 %

0 %

0 %

Х

Χ

Х

Yes

В

Nο

C

Nο

Yes

counsel to review any management or service contracts relating to the financed property? Are there any research agreements that may result in private business use of bond-financed C Χ If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside d counsel to review any research agreements relating to the financed property?

Α

No

Х

Χ

Х

Χ

Χ

Yes

Х

Enter the percentage of financed property used in a private business use by entities other than

a section 501(c)(3) organization or a state or local government Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3)

organization, or a state or local government

Penalty in Lieu of Arbitrage Rebate? . . . If "No" to line 1, did the following apply?

Rebate not due yet?

hedge with respect to the bond issue?

Exception to rebate?

If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed Is the bond issue a variable rate issue?

Was the hedge superintegrated?

Arbitrage

Part IV

c

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Does the bond issue meet the private security or payment test? . . .

Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

Schedule K (Form 990) 2016

period?

Part V

Part VI

D

D

No

Yes

Schedule K (Form 990) 2015

Yes

Page 3

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under

requirements of section 148? . . .

applicable regulations?

Yes

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

No

Yes

No

Yes

Yes

No

No

Yes

Yes

No

No

efile GRAPH	IIC print	- DO NOT PROCESS As Filed Data -	DL	N: 93493311025627			
SCHEDUL	FΩ	Supplemental Information to Form 99	90 or 990-F7	OMB No 1545-0047			
(Form 990 or EZ)	· 990-	Complete to provide information for responses to speci. Form 990 or 990-EZ or to provide any additional in Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and www.irs.gov/form990.	ide information for responses to specific questions on 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) and its instructions is at				
Internal Revenue Se Name of the org GEORGIA TRANSM 990 Schedule	ISSION COR	plemental Information	Employer ide 58-2231201	ntification number			
Return Reference		Explanation					
Form 990, Part VI, Section A, Line 6	Georgia Transmission Corporation ("GTC") is a tax exempt 501(c)(12) entity whose membershi p consists of 38 EMCs in the state of Georgia and Oglethorpe Power Corporation, a Not for Profit Electric Membership Corporation						

Return Explanation

Line 7a

Form 990,
Part VI,
Section A.

The corporation has members who elect members of the governing body as provided for in its bylaws

Return Explanation
Reference

Form 990,
Part VI,
Section A,
Line 7b

Certain decisions of the governing body are subject to approval by members as provided for in its bylaws

Return

Reference	Explanation
Form 990, Part VI, Section B, Line 11b	The preparer is a licensed CPA in the state of Georgia. Information is accumulated from the eGTC financial statements and supporting detail for the respective tax year. Form 990 is prepared and documented accordingly. For 2016, a draft of form 990 will be reviewed by an additional CPA, internal to GTC. All comments from the review process are documented, addressed and if appropriate, any necessary changes are made to the Form 990. Once changes are made, the draft form 990 is discussed with the reviewer to ensure all review points are concluded to the Form 990 is also submitted to and discussed with the Board. An youbsequent comments and requested changes will be reviewed and addressed accordingly. The final version of the Form 990 will be e-filed.

Explanation

Return

Retui Refere	
Form 990 Part VI,	Georgia Transmission Corporation ("GTC") maintains a corporate policy that provides guidel ines and standards for the employees and directors of GTC to avoid conflicts of interest o
Section I	! '

Line 12c n a businesslike and ethical manner. At time of hiring, all employees are required to revi ew this policy and sign an acknowledgement that they have received and understand the poli cy Audit coordinates the mail out and receipt of questionnaires annually to all associate s and board members, which require these individuals to disclose any potential conflicts o f interest. An audit is performed of all disclosures to determine whether an actual confli ct of interests exists and what actions need to be taken, Results of the audit are reporte d to the Audit committee of the Board

Return Explanation
Reference

Form 990,
Part VI,
Section B,
Line 15

Georgia Transmission Corporation ("GTC") has a compensation committee that is a subset of the Board of Directors GTC's CEO salary is market reviewed annually and submitted by Huma in Resources to the committee for approval. The committee would then present the salary inc

Return Explanation

Form 990,
Part VI,
Section C,
Line 19

Currently, Georgia Transmission Corporation publishes its financial statements in pdf form at on its website, www gatrans com Any governing documents and conflict of interest policy are available on the intercompany document retrieval system, but are available upon reque st by the general public

Return Explanation
Reference

distributed

Form 990, Amount represents the financial reporting net income that is reflected as patronage capita

Part XI, Line I "paid" for 2016 to the members. For financial reporting purposes, the amount is not yet.