DLN: 93493252002219 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 C Name of organization
GEORGIA TRANSMISSION CORPORATION D Employer identification number B Check if applicable ☐ Address change 58-2231201 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminate E Telephone number ☐ Amended return Number and street (or P O box if mail is not delivered to street address) Room/suite 2100 East Exchange Place □ Application pending (770) 270-7400 City or town, state or province, country, and ZIP or foreign postal code Tucker, GA $\,$ 30084 $\,$ G Gross receipts \$ 322,554,883 F Name and address of principal officer H(a) Is this a group return for Jenny Buttrey CPA □Yes ☑No subordinates? Georgia Transmission Corporation H(b) Are all subordinates 2100 East Exchange Place ☐ Yes ☐No included? Tucker, GA 30084 If "No," attach a list (see instructions) Tax-exempt status ☐ 501(c)(3) **☑** 501(c) (12) **◄** (insert no) 4947(a)(1) or 527 **H(c)** Group exemption number ▶ Website: ► www gatrans com L Year of formation 1996 M State of legal domicile GA **K** Form of organization lacktriangle Corporation lacktriangle Trust lacktriangle Association lacktriangle Other Summary 1 Briefly describe the organization's mission or most significant activities Transmission of Electricity Activities & Governance Check this box ▶ 🔲 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 13 Number of independent voting members of the governing body (Part VI, line 1b) 4 306 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 0 Total number of volunteers (estimate if necessary) . . . 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 **Prior Year Current Year** 0 8 Contributions and grants (Part VIII, line 1h) . . 9 Program service revenue (Part VIII, line 2g) . 295,339,961 305,745,861 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 12,308,756 16,809,022 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 307,648,717 322,554,883 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1–3). 14 Benefits paid to or for members (Part IX, column (A), line 4) . 14,373,662 15,166,656 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 27,573,443 28,656,526 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 265,701,612 278,731,701 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 307,648,717 322,554,883 19 Revenue less expenses Subtract line 18 from line 12 . Net Assets or Fund Balances **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) . 2,650,850,240 2,789,792,363 2,476,995,829 21 Total liabilities (Part X, line 26) . 2,353,220,362 22 Net assets or fund balances Subtract line 21 from line 20 . 312,796,534 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 2019-09-09 Signature of officer Sign Here Jenny Buttrey Assistant Controller Type or print name and title Date Print/Type preparer's name Preparer's signature Check | If Paid self-employed Firm's name Firm's EIN ▶ Preparer Use Only Firm's address ☐ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018) Cat No 11282Y

Form	990 (2018)				Page 2					
Pa	nt III Statement	t 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	ı undertake any sıgnıfıcant 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 these new services on Schedule O									
3	Did the organization									
	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 Addıtıonal Data			,,	r					
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)					
	-									
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)					
4d	Other program serv	ices (Describe in Schedule O)								
	(Expenses \$	0 including g	rants of \$ 0) (Revenue \$	0)					
4e	Total program ser	vice expenses ▶	0							
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Pa	t 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)? If "Yes," complete Schedule A	1	ll	No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	 	No
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? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	 	No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable		_	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
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? If "Yes," complete Schedule D, Part VII	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
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? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	المعا	 V	1

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Yes

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f Yes the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸 12a Yes b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b Nο If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🛸

12a Did the organization obtain separate, independent audited financial statements for the tax year? Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Nο 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Nο Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,

Nο

Nο

Nο

Nο

Nο

Νo

Nο

Νo

Nο

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20b

21

business, investment, and program service activities outside the United States, or aggregate foreign investments

14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 foreign organization? If "Yes," complete Schedule F, Parts II and IV

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

16

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18

18

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a

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Par	Checklist of Required Schedules (continued)			
			Yes	No
3	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
la	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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? If "Yes," complete Schedule L, Part I	25b		
,	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? If "Yes," complete Schedule L, Part II	26		No
,	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? If "Yes," complete Schedule L, Part III	27		No
	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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	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? If "Yes," complete Schedule L, Part IV	28c		No
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
а	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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)? If "Yes," complete Schedule R, Part V, line 2	35b		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
	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? If "Yes," complete Schedule R, Part VI	37		No
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O	38	Yes	
aı	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

b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

 ${f c}$ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

Yes

Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7с **d** If "Yes," indicate the number of Forms 8282 filed during the year 7d | e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

7e 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 7h

Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during 8 9a Did the sponsoring organization make any taxable distributions under section 4966? . . . 9a **b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . 9h Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 . . 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b

11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders . 11a 310,250,560 **b** Gross income from other sources (Do not net amounts due or paid to other sources 11b 20,412,273

against amounts due or received from them)

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b

Section 501(c)(29) qualified nonprofit health insurance issuers.

Is the organization licensed to issue qualified health plans in more than one state?

Note. See the instructions for additional information the organization must report on Schedule O 13a Enter the amount of reserves the organization is required to maintain by the states in

13b which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c

14a

14b

15

No

Nο

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14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

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: VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response 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	lines
ction	n A. Governing Body and Management	
		 N1 -

	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI			✓					
Se	ction A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 13								
	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	b Enter the number of voting members included in line 1a, above, who are independent 1b 13								
2	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? .									
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .									
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	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?								
b	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?								
8	8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following								
а	a The governing body?								
b	b Each committee with authority to act on behalf of the governing body?								
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 Revenue	e Code	e.)						
			Yes	No					
10a	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							
11a	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								
12a	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						
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done									
13 Did the organization have a written whistleblower policy?									
14	Did the organization have a written document retention and destruction policy?	14	Yes						
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a	Yes						
	Other officers or key employees of the organization	15h	Vec						

	persons other than the governing body?	′	163	
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?	8 b	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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
Ь	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?	11a	Yes	
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	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
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)			
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?	16a		No
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			

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 List the States with which a copy of this Form 990 is required to be filed▶ 17

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Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest

State the name, address, and telephone number of the person who possesses the organization's books and records ▶Jenny Buttrey CPA Georgia Transmission Corporation 2100 East Exchange Place Tucker, GA 30084 (770) 270-7214

☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

policy, and financial statements available to the public during the tax year

orm 990 (2018)										Page 7
Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	ıploy	ees	, Highest Comp	ensated Employ	rees,
	Check if Schedule O contains a	response or no	te to an	y line	ın t	this	Part VI	١.			🗆
Section	A. Officers, Directors, Tru	istees, Key E	mploy	ees	, an	id H	lighe	st C	Compensated En	nployees	
ear • List all f compens	e this table for all persons require of the organization's current of ation Enter -0- in columns (D), (ficers, directors, E), and (F) if no	trustee	s (wl nsatı	neth on v	er ir vas į	ndıvıdu Daid	als (or organizations), re	gardless of amount	-
	of the organization's current key		•								
ho receive	organization's five current high of reportable compensation (Box of and any related organizations										
f reportabl	of the organization's former office e compensation from the organiz	ation and any r	elated o	rganı	zatı	ons	•'			·	•
rganızatıor	of the organization's former dire n, more than \$10,000 of reportab	le compensation	n from t	he or	gan	ızatı	on and	an	y related organization	ns	2
ompensate	s in the following order individua ed employees, and former such p	ersons	•								
_ Check	this box if neither the organizatio	n nor any relate	ed orgar	nizatio	on c	omp	ensate	d ar	ny current officer, di	rector, or trustee	Г
	(A) Name and Title	(B) Average hours per week (list any hours for related		ne b	ox, ι n of or/t	t che unles ficer rust	s pers and a ee)	on	(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
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former			related organizations
See Addition	al Data Table						Ŀ				
					l	1		l			

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

Page 8

(A) Name and Title		(B) Average hours per week (list any hours for related	than c	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(E) Reportable compensatior from related organizations (1) 2/1099-MISC	w-	(F) Estimated amount of other compensation from the organization and		
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-1113C		related organizations		
See /	Addıtıonal Data Table						_				-			
											1			
											1			
											\dashv			
											1			
	1b Sub-Total													
c Total from continuation sheets to Part VII, Section A								0	1	,236,651				
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 F	1/4									Yes	No No	
3	Did the organization list any former of line 1a? If "Yes," complete Schedule J	•		ee, ke	ey er •	nple	oyee,	or his	ghest compensated	employee on	3		No.	
4	For any individual listed on line 1a, is organization and related organization individual									n the	4			
5	Did any person listed on line 1a receiv									ıvıdual for	•	103		
	services rendered to the organization	•	ete Sch	edule	J fo	rsu	ich pei	rson			5		No	
	ction B. Independent Contract Complete this table for your five high	est compensate									nper	nsation		
	from the organization Report comper	(A)	alendar	year	end	ıng	with o	r wit	hin the organizatio	n's tax year (B)		(c)	
Georg	Name a system Operations Corporation	nd business addre	:55							ription of services vices and Control		Compen		
2100	East Exchange Place													
	r, GA 30084 y Silvey Construction								Constructio	n Services		9,	552,127	
	371 Hamp Jones Rd Carrollton, GA 30117													
Irby Construction Engineering Services								7,	452,527					
817 S State St Jackson, MS 39201														
Pike Electric Inc Construction Services							6,	348,491						
Memp	x 1000 Dept 517 his, TN 38148													
Everything Construction Electrical Contractor - Construction/Maintenance								4,	996,793					
Locus	700 Frog Road Locust Grove, GA 30248 2. Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of													

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 ▶ 141

		(2018)											Page 9
Part	VIII												
		Check if Schedul	le O contains	a respo	onse or r	note to any	(his Part VIII A) revenue	Rel ex fu	(B) ated or xempt nction evenue	(C) Unrelat busine revenu	ced ess	(D) Revenue excluded from ax under sections 512 - 514
	18	Federated campaig	ns	1a		L			10	venue			
nts Ints	1	b Membership dues		1 b									
Gra not	١,	c Fundraising events		1c									
, (S		d Related organizatio		1d									
<u>.</u> 		e Government grants (c		1e									
ıs,	١,	F All other contributions	, gifts, grants,										
# # # # # # # # # # # # # # # # # # #		and similar amounts n above		1f									
	,	g Noncash contribution	ons included										
Contributions, Gifts, Grants and Other Similar Amounts		ın lınes 1a - 1f \$											
<u>ہ</u> ک		h Total. Add lines 1a	-1f	•		. •		0					
ı						Business	Code	274	704.020	274 7	24.020	(
P.L		Network Services Rever					221000		794,828		94,828		
Program Service Revenue		b Transmission Rental Income					221000		513,458		13,458	(
ACE	-	Other Revenues					221000		537,575		37,575	(
Ser	d	Refund to Members					221000	-1,	100,000	-1,1	00,000	(0
E E	e								_				
ogr	f	All other program se	ervice revenue	<u> </u>					0		0	(0
Δ	g	Total. Add lines 2a-2	2f		>	305,7	45,861						
		Investment income (i	ncluding divid	lends, ı	nterest,	and other		16 900 03	12	16 000 03	2		0
	l	similar amounts). Income from investm		· omnt b	and proc	eeds ►		16,809,02	0	16,809,02	0	0	0
			ent of tax-ext			. •	<u> </u>		0		0	0	0
		,	(ı) Rea		(II) F	Personal	<u> </u> 		+				
	6a	Gross rents											
	ŀ	Less rental expenses					-						
	ו	,											
	ď	Rental income or (loss)		0		0)						
	d	Net rental income o	r (loss)			. •	1						
			(ı) Securi	ties	(11)	Other							
	7a	Gross amount from sales of											
		assets other than inventory											
	l h	Less cost or					-						
	_	other basis and sales expenses											
	•	Gain or (loss)		0		O							
		Net gain or (loss)				<u> </u>	ļ						
a	8a	Gross income from f (not including \$		ents of									
¥		contributions reporte											
ě		See Part IV, line 18 Less direct expense		a b			-						
ř.		: Net income or (loss)			ents .		J						
Other Revenue	9a	Gross income from g		ıes			1						
O		See Part IV, line 19		a									
	b	Less direct expense	.s	ь			1						
	l	: Net income or (loss)			ies .	· •	J						
	10	Gross sales of invent											
		returns and allowand	ces	a									
	b	Less cost of goods s	sold	ь			1						
	٠	: Net income or (loss)	from sales of	invent	ory .	. •	J						
		Miscellaneous	Revenue		Busin	ess Code							
	11	a											
	b	•											
									_				
	٥	:											
											1		
		All other revenue .									1		
		Total. Add lines 11a				>			0				
	12	Total revenue. See	Instructions	• •	• •	• •		322,554,88	33	322,554,88	3	0	0
													Form 990 (2018)

Form 990 (2018)				Page 1 0
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	anızatıons must com	plete 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, 'b, 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	0			
2 Grants and other assistance to domestic individuals See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0			
4 Benefits paid to or for members	15,166,656			
5 Compensation of current officers, directors, trustees, and key employees	4,103,258			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	17,667,977			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	0			
9 Other employee benefits	5,559,516			
10 Payroll taxes	1,325,775			
11 Fees for services (non-employees)				
a Management	0			
b Legal	342,539			1
c Accounting	0			
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			+
	0		B	
f Investment management fees g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	17,345,566			
12 Advertising and promotion	92,912			
13 Office expenses	3,880,896			
14 Information technology	0			
15 Royalties	0			
16 Occupancy	0			
17 Travel	853,626			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	152,787			
20 Interest	87,140,809			<u> </u>
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	86,473,964			+
22 Depreciation, depletion, and amortization	1,140,958			
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)	1,140,536			
a Parity Expense	16,462,375			
b Control Center Svs/Trans Reserve	12,916,518			
c Property/Other Taxes	22,224,816			
d GSOC OPS/SS Charges	28,390,206			
e All other expenses	1,313,729			
25 Total functional expenses. Add lines 1 through 24e	322,554,883	0	0	
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)				

Page **11**

2.789.792.363

2,059,141,581

2,476,995,829

312.796.534

312,796,534

2,789,792,363

Form **990** (2018)

0

0

5.423.607

317,939,588

0

0

0

26.053 94,465,000

15

16

17

18

19

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21

22

23

24

25

26

27 28

29

30

31 32

33

34

0

0 14

2.650.850.240

437,898,033

39,079

94,465,000

1,815,003,691

2.353,220,362

297.629.878

297,629,878

2,650,850,240

5,814,559

Form 990 (2018)

14

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17 18

19

20

21

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32

33

34

Liabilities 22

Fund Balances

Assets or 30

Net

Investments-program-related See Part IV, line 11

Total assets.Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

Intangible assets

Other assets See Part IV, line 11 .

Grants payable . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Unrestricted net assets

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17 - 24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34.

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

Retained earnings, endowment, accumulated income, or other funds

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total liabilities. Add lines 17 through 25 .

	beginning or year		End of year
1 Cash-non-interest-bearing	0	1	0
2 Savings and temporary cash investments	32,559,371	2	41,466,464
3 Pledges and grants receivable, net	0	3	0
4 Accounts receivable, net	31,157,058	4	35,851,042
Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
6 Loans and other receivables from other disqualified persons (as defined under			

	"	Accounts receivable, net	•			, T	1 00,000.,00
	5	Loans and other receivables from current and for trustees, key employees, and highest compensations and II of Schedule L	ated en	nployees Complete	0	5	0
(0	6	Loans and other receivables from other disquali section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L	n 4958 ations o (see in	(c)(3)(B), and of section 501(c)(9) structions) Complete	0	6	0
ets	7	Notes and loans receivable, net		0	7	0	
Assets	8	Inventories for sale or use			15,631,865	8	15,802,437
Ø	9	Prepaid expenses and deferred charges			310,451,054	9	254,830,054
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	3,458,113,988			
	ь	Less accumulated depreciation	10b	1,041,465,255	2,235,997,210	10c	2,416,648,733
	11	Investments—publicly traded securities .		0	11		
	12	Investments—other securities See Part IV, line	0	12			
	13	Investments—program-related See Part IV, line	e 11 .		25,053,682	13	25,193,633

3a

3b

Yes

Yes (2018)

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

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

Audit Act and OMB Circular A-133?

Additional Data

Software ID: 18007995

Software Version: v1.00 **EIN:** 58-2231201

Name: GEORGIA TRANSMISSION CORPORATION

Form 990 (2018)

Form 990, Part III, Line 4a: Principal Business is providing transmission services. At 12/31/18, Georgia Transmission Corporation owned approximately 3,459 miles of transmission lines and 742. substations Georgia Transmission Corporation succeeded to all of Oglethorpe's rights and obligations with respect to the Integrated Transmission System

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

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

	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Raphael Brumbeloe Director	1	×				_		6,800	0	0
David Dunaway Director	2	x						8,100	0	0
Charles Fendley Director	0	×						13,000	0	0
Made at Cardon	2	l	l	I	I	i I				1

6,800

10,800

6,900

6,800

9,300

9,200

26,300

0

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Michael Goodroe Director

Otis Jones

Director Ronnie Lee

Director Robert L Lewis

Director Steve Rawl

Director **Brad Thomas**

Director Jill Tietjen

Director

and Independent Contractors

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

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

<u> </u>	l dilly libura	""	u un	CCLC	/1 / CI	usicc,	·	organization	organizations	iroin the
	for related organizations below dotted line)	organizations 이 글로 (등) ## (호 리큐큐 호 MISC) pelow dotted (일본) 왕 (후 리큐큐 호 MISC)		(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations				
Tony Tucker Director	0	х						6,900	0	0
Jack Waters Director	0	х						9,300	0	0
Everett Williams Director	0	x						8,000	0	0
Jerry Donovan	40			х				521,072	0	61,219

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436,763

320,937

269,503

261,915

255,411

234,202

69,593

72,388

75,172

64,694

70,530

62,179

0

40

40

40

40

40

0 40

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Director	
Jerry Donovan	
President, CEO	
Barbara Hampton	
CFO	

Keith Daniel

Vice President

Vice President

Vice President

Vice President

Angela Farsee

Manager, Human Resources

Angela Sheffield

John Raese

David Van Winkle

and Independent Contractors

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

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

	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	10	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Joe Sowell Manager, Bulk System Planning	40			×				217,893	0	64,026
Russ Schussler Vice President	40			х				211,258	0	59,858
Lynn Huffines Controller	40				×			245,452	0	60,857

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0

0

191,656

184,331

174,418

172,936

168,973

243,585

51,281

42,884

50,892

63,329

49,889

39,134

69,445

Russ Schussler	40		×			211,258
Vice President	0					211,255
Lynn Huffines	40			×		245,452
Controller	0			 ^		243,432
Robert Casey	40			×		192,703
Manager, Member Planning Sycs				l ^		192,703

40

40

40

40

40

40

.

and Independent Contractors

Angela Battle

Jay Horsley

Craig Heighton

Jason Snodgrass

Lynn Watkins

Anne Hicks

Manager, Rates

General Counsel

Manager, Transmission Projects

Dir, Safety & Technical Training

Director, Supply Chain Management

Director, External Affairs

......

and Independent Contractors (A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Average Estimated than one box, unless amount of other hours per compensation compensation

week (list

................

......

40

Nathan Lovett

Michael Fourman

Manager, Relay and Controls Design

Manager, Substation Maintenance

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

person is both an officer

Х

Х

from the

186,029

185,637

from related

compensation

51,742

60,026

	any hours					ustee		organization	organizations	from the organization and related organizations	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC) (V	(W- 2/1099- MISC)		
Patrick McGovern Manager, System Services	40					x		198,279	0	42,136	
James Etheridge Manager, Transmission Line Maint	40					х		192,369	0	55,377	
	- 10		I	1		I -					

			l		X		198,279	0	1
Manager, System Services	0						·		
James Etheridge	40				v		192,369	0	
Manager, Transmission Line Maint	0				<		192,309	0	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

(Form 990)

Department of the Treasury

Supplemental Financial Statements

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

► Attach to Form 990.
Go to <u>www.irs.gov/Form990</u> for the latest information

DLN: 93493252002219OMB No 1545-0047

2018

Open to Public Inspection

terna	al Revenue Service Go to <u>www.irs.go</u>	ov/rorm990 for the latest information.	Inspection
	me of the organization RGIA TRANSMISSION CORPORATION		Employer identification number 58-2231201
Pa	rt I Organizations Maintaining Donor Advis		
	Complete if the organization answered "Yes	s" on Form 990, Part IV, line 6. (a) Donor advised funds	(b)Funds and other accounts
ı	Total number at end of year	(a) Donor advised lunds	(B) runds and other accounts
,	Aggregate value of contributions to (during year)		
2	Aggregate value of grants from (during year)		
,	Aggregate value at end of year		
•	·		
•	Did the organization inform all donors and donor advisor organization's property, subject to the organization's exc		Vised runds are the Yes No
,	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?		
Pa	Conservation Easements. Complete if th	e organization answered "Yes" on Form	າ 990, Part IV, line 7.
L	Purpose(s) of conservation easements held by the organ	nzation (check all that apply)	
	\square Preservation of land for public use (e g , recreation	or education)	historically important land area
	Protection of natural habitat	Preservation of a c	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a deasement on the last day of the tax year	qualified conservation contribution in the for	m of a conservation Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic	structure included in (a)	2c
d	Number of conservation easements included in (c) acquirestructure listed in the National Register	red after 7/25/06, and not on a historic	2d
3	Number of conservation easements modified, transferred tax year ▶	d, released, extinguished, or terminated by t	he organization during the
1	Number of states where property subject to conservation	n easement is located >	
5	Does the organization have a written policy regarding th and enforcement of the conservation easements it holds		of violations, \[\sum \text{Yes} \text{No} \]
5	Staff and volunteer hours devoted to monitoring, inspect	ting, handling of violations, and enforcing co	nservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, ▶ \$	handling of violations, and enforcing conserv	ation easements during the year
3	Does each conservation easement reported on line 2(d) and section $170(h)(4)(B)(II)^{2}$	above satisfy the requirements of section 17	70(h)(4)(B)(ı)
•	In Part XIII, describe how the organization reports conse balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easement	footnote to the organization's financial state	
ar	t III Organizations Maintaining Collections		er Similar Assets.
	Complete if the organization answered "Yes		toward and halance sheet works of
La	If the organization elected, as permitted under SFAS 110 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finance.	public exhibition, education, or research in fi	
b	If the organization elected, as permitted under SFAS 111 historical treasures, or other similar assets held for publ following amounts relating to these items		
(i) Revenue included on Form 990, Part VIII, line 1		> \$
(i	i)Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS 1		ncial gain, provide the
а	Revenue included on Form 990, Part VIII, line 1		▶ \$

b Assets included in Form 990, Part X

Par	t III	Organizations Ma	aintaining Collection	ns of Art, I	Histori	ical Tı	reasu	ires, oi	Other	Similar As	ssets (con	tinued)
3		ng the organization's acq ns (check all that apply)	uisition, accession, and c	ther records	, check	any of	the fo	llowing t	hat are a	significant i	use of its co	llection
а		Public exhibition			d		Loan	or excha	ange prog	ırams		
b		Scholarly research			е		Other	r				
С		Preservation for future	e generations									
4		vide a description of the XIII	organization's collections	and explain	how the	ey furtl	ner the	e organiz	ation's ex	kempt purpo	se in	
5			anızatıon solıcıt or receiv nds rather than to be ma							ular	☐ Yes	□ No
Pa	rt IV		odial Arrangements ganization answered "		m 990	, Part	IV, lı	ne 9, oi	r reporte	ed an amou	unt on Forr	n 990, Part
1a		ne organization an agent uded on Form 990, Part I	, trustee, custodian or ot X?	ther intermed	liary for	contri	bution	s or othe	er assets I	not	☐ Yes	□ No
ь	If "Y	es," explain the arrange	ement in Part XIII and co	mplete the fo	llowing	table				A	mount	
c		inning balance		'				l	1c			
d	Add	itions during the year							1d			
е	Dıst	ributions during the year	r						1e			
f	End	ing balance							1f			
2a	Dıd	the organization include	an amount on Form 990	. Part X. line	21. for	escrow	or cu	stodial a	ccount lia	ability?	☐ Yes	 □ No
			ment in Part XIII Check									
	rt V		ds. Complete if the or									
			· · · · · · · · · · · · · · · · · · ·	urrent year		rior yea				(d)Three yea		Four years back
1a	Begin	ning of year balance .										
b	Contr	ibutions										
C	Net ır	nvestment earnings, gair	ns, and losses									
d	Grant	s or scholarships										
е		expenditures for facilities	es									
f	Admıı	nistrative expenses .										
g	End o	f year balance										
2	Prov	vide the estimated perce	ntage of the current year	end balance	(line 1	g, colu	mn (a))) held a	s			
а	Boa	rd designated or quasi-e	ndowment 🟲									
b	Perr	manent endowment 🕨										
c	Tem	porarily restricted endov	wment 🟲									
За	Are	· =	, 2b, and 2c should equa not in the possession of		tion tha	t are h	eld an	d admını	stered fo	r the		Yes No
	-	unrelated organizations									3a(i)	+
	(ii)	related organizations .									3a(ii)	
b		, ,,	lated organizations listed	•			? .				3b	
4	Des	cribe in Part XIII the inte	ended uses of the organiz	zation's endo	wment	funds						
Pa	rt VI			Vocil or F	000	n	T\ / '	no 11-	Cc	000 c	- ایا ∨ سس	
	Desc	ription of property	ganization answered " (a) Cost or other basis (investment)		or other					rm 990, Pa lepreciation		Book value
12	Land			0		393 30	94,848					393,394,848
	Buildi			0			72,172			66,585,636		86,486,536
		ehold improvements		0		100,0	0			00,383,030		0
		ment		0		2,790,84				968,201,103		1,822,639,201
u	-quiP	ment i i i	İ	- 1	•	, , -	-,,	i				_,,

120,806,664

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

114,128,148

2,416,648,733

6,678,516

Part VII	Investments—Other Securities. Complete if th See Form 990, Part X, line 12.	ne organizati 	on answ ——	ered "Yes" on Form 99 	0, Part IV, line 11b.
	(a) Description of security or category (including name of security)		(b) Book value	(c) Metho Cost or end-of	d of valuation -year market value
	al derivatives	· · · ·			
A)					
В)					
C)					
D)					
E)					
F)					
(G)					
(H)					
otal. (Colum Part VIII	on (b) must equal Form 990, Part X, col (B) line 12)	•			
rart VIII	Complete if the organization answered 'Yes' on F				
	(a) Description of investment	(b) Boo	ok value		od of valuation -year market value
(1)					
(2)					
3)					
4)					
5)					
6)					
7)					
8)					
(9)					
Total. (Colum Part IX	on (b) must equal Form 990, Part X, col (B) line 13) Other Assets. Complete if the organization answered	▶ d 'Ves' on Form	990 Par	t IV line 11d. See Form 9	200 Part V line 15
	(a) Description		1 9 9 0 , Fai	tiv, ille iiu See ioilii i	(b) Book value
1)					
2)					
3)					
4)					
5)					
6)					
(7)					
8)					
9)	(1) (5) (20) (1) (7) (7)				
Part X	omn (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.	answered 'Ye			1e or 11f.
1) Federal i	(a) Description of liability		(b) Bo	ok value	
	d Provision for Benefits			2,489,216	
Deferred He Gain on Bon	dge Settlement			2,861,802 72,589	
4)				,	
5)					
(6)					
7)					
(8)					
(9)					
 Fotal. (Colum	nn (b) must equal Form 990, Part X, col (B) line 25)	<u> </u>		5,423,607	
2. Liability fo	or uncertain tax positions. In Part XIII, provide the text o			janization's financial state	ments that reports the

Page 4

322,554,883

307,388,227

15,166,656

322.554.883

Schedule D (Form 990) 2018

2e e 3 3

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

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

Donated services and use of facilities . . .

Add lines 2a through 2d . .

Return Reference

Other (Describe in Part XIII)

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

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

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 . . .

Supplemental Information

Schedule D (Form 990) 2018

Part XI

1

d

3 4

b

5

Part XIII

See Additional Data Table

322,554,883 4 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 . 4a 4b b

Add lines **4a** and **4b** 4c Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 322,554,883 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. 1 307,388,227 2 Amounts included on line 1 but not on Form 990, Part IX, line 25

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

2a 2b

2c 2d

4a 4b

Explanation

2e

3

4c

5

15,166,656

Schedule D (Form 990) 2018	Page 5
Part XIII Supplemental Info	nation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

Additional Data

Software ID: 18007995
Software Version: v1.00

EIN: 58-2231201

Name: GEORGIA TRANSMISSION CORPORATION

Supplemental Informati

Supplemental Information	
Return Reference	Explanation
Schedule D, Part X, Line 2	The FASB issued new guidance on Accounting for Uncertainty in Income Taxes GTC adopted the is 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 adjustmen 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 the provisions of the subject to income tax.

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 2018 to the members For financial reporting purposes, the amount is not yet distributed

Su

efil	e GRAPHIC pi	rint - DO NOT PROCESS	As Filed Data	a -	DLN: 934	19325	2002	219
Sch	nedule J	Co	40	1B No	1545-0	0047		
(Form 990)		For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.						3
D	▶ Attach to Form 990.							
•	tment of the Treasurv al Revenue Service	P Go to <u>www.ns.go</u>	101	mistructions and the latest mion		Insp	to Pul	n
	ne of the organization				Employer identificat	ion nu	ımber	
	7.017. 110 113510	SIV CORR GRATION			58-2231201			
Pa	rt I Questi	ons Regarding Compensa	tion					
1 a				the following to or for a person liste y relevant information regarding the			Yes	No_
	☐ First-class	s or charter travel		Housing allowance or residence for	personal use			
	☐ Travel for	companions		Payments for business use of perso	nal residence			
		nification and gross-up payment	s 🔲	Health or social club dues or initiati	on fees			
	✓ Discretion	nary spending account		Personal services (e g , maid, chau	ffeur, chef)			
b		xes in line 1a are checked, did t all of the expenses described abo		ollow a written policy regarding payn	nent or reimbursement	1b	Yes	
2				or allowing expenses incurred by all		2	Yes	
	directors, truste	ees, officers, including the CEO/E	executive Director	r, regarding the items checked in line	e 1a ⁷			
3	organization's C	CEO/Executive Director Check al	I that apply Dor	d to establish the compensation of t not check any boxes for methods CEO/Executive Director, but explain				
	☑ Compens	ation committee	✓	Written employment contract				
	☐ Independ	ent compensation consultant	✓	Compensation survey or study				
	☐ Form 990	of other organizations	\checkmark	Approval by the board or compensa	ition committee			
4	During the year related organiza		990, Part VII, Se	ction A, line 1a, with respect to the f	iling organization or a			
а	Receive a sever	ance payment or change-of-con	trol payment?			4a		No
b	Participate in, o	r receive payment from, a suppl	emental nonqual	ıfıed retırement plan?		4b		No
c	•	r receive payment from, an equ		-		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons and	d provide the app	olicable amounts for each item in Par	t III			
	Only 501(c)(3	s), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-9.				
5	For persons liste		n A, line 1a, did	the organization pay or accrue any				
а	The organization	n?				5a		
b	Any related orga					5b		
	-	5a or 5b, describe in Part III						
6		ed on Form 990, Part VII, Section on tingent on the net earnings of		the organization pay or accrue any				
а	The organization					6a		
b	Any related orga					6b		
_	•	6a or 6b, describe in Part III						
7	payments not d	escribed in lines 5 and 6? If "Yes	s," describe in Pa		a	7		
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," d	escribe	8		
9	If "Yes" on line 53 4958-6(c)?	8, did the organization also follo	w the rebuttable	presumption procedure described in	Regulations section	9		
For F	Paperwork Redu	uction Act Notice, see the Ins	tructions for Fo	orm 990. Cat No	50053T Schedule J	(Form	990)	2018

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

			Schedule J (Fo	orm 990) 2018

Serioudies (Form 550) Edic	rage 3							
Part III Supplemental Information								
Provide the information, explanation, or	Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information							
Return Reference Explanation								
	All Georgia Transmission Corporation Officers and qualifying associates are eligible to receive a car allowance. The amounts range from \$6000 to \$12000. Amounts preceived are not grossed up for prome tax purposes and the respective amount is reflected as part of gross wages, box 1. Form W-2 for each respective individual							

obtained through submission of an authorized Expense Report. For tax year 2018, qualifying associates received a one-time gross up bonus payment for meeting

Page 3

All Georgia Transmission Corporation Officers and qualifying associates are eligible to receive a car allowance. The amounts range from \$6000 to \$12000. Amounts received are not grossed up for income tax purposes and the respective amount is reflected as part of gross wages, box 1, Form W-2 for each respective 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

Schedule 1 (Form 990) 2018

wellness goals

Return Reference	Explanation
·	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 Human Resources to the committee for approval. The committee would then present the salary increase recommendation to the Board of Directors for final approval.

2018 Schedule 1

Software ID: 18007995
Software Version: v1.00

EIN: 58-2231201

Name: GEORGIA TRANSMISSION CORPORATION

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

Form 990, Schedul	e J,	Part II - Officers, D	irectors, Trustees, K	ey Employees, and I	lighest Compensate	d Employees		
(A) Name and Title		(B) Breakdown	of W-2 and/or 1099-MISC	Compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
Raphael Brumbeloe Director	(1)	6,800		0	0	0	6,800	0
David Dunaway	(11)	0 100	0	0	0	0	0	0
Director	(1)	8,100 	0			0	8,100	0
Charles Fendley	(1)	13,000	0	0	0	0	12.000	0
Director	(11)		0	0		0	13,000	
Michael Goodroe Director	(1)	6,800	0	0	0	0	6,800	0
Director	(11)	0	0	0	0	0		0
Otis Jones Director	(1)	10,800	0	0	0	0	10,800	0
Director	(11)	0	0	0	0	0	0	0
Ronnie Lee Director	(1)	6,900	0	0	0	0	6,900	0
Director	(11)	0	0	0	0	0		0
Robert L Lewis Director	(1)	6,800	0	0	0	0	6,800	0
Director	(11)	0	0	0	0	0	0	0
Steve Rawl Director	(1)	9,300	0	0	0	0	9,300	0
	(11)	0	0	0	0	0	0	0
Brad Thomas Director	(1)	9,200	0	0	0	0	9,200	0
	(11)	0	0	0	0	0	0	0
Jill Tietjen Director	(1)	26,300	0	0	0	0	26,300	0
	(11)	0	0	0	0	0	0	0
Tony Tucker Director	(1)	6,900	o	0	0	0	6,900	0
	(11)	0	0	0	0	0	0	0
Jack Waters Director	(1)	9,300	0	0	0	0	9,300	0
	(11)	0	0	0	0	0	0	0
Everett Williams Director	(1)	8,000	0	0	0	0	8,000	0
	(11)	0	0	0	0	0	0	0
Jerry Donovan President, CEO	(1)	460,553	22,652	37,866	36,500	24,719	582,290	0
	(11)	0	0	0	0	0	0	0
Barbara Hampton CFO	(1)	398,981	777	37,005	36,500	33,093	506,356	0
	(11)	0	0	0	0	0	0	0
Keith Daniel Vice President	(1)	295,764	777	24,396	36,500	35,888	393,325	0
	(11)	0	0	0	0	0	0	0
David Van Winkle Vice President	(1)	254,028 	777	14,698	36,500	38,672	344,675	0
	(11)	0	0	0	0	0	0	0
John Raese Vice President	(1)	246,947 	777	14,191	36,500	28,194	326,609	0
	(11)	0	0	0	0	0	0	0
Angela Sheffield Vice President	(1)	242,777 	777	11,858	36,500	34,030	325,942	0
	(11)	0	0	0	0	0	0	0
Angela Farsee Manager, Human Resources	s (1)	225,782	777	7,643	36,219	25,961	296,382	0
	(11)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (D) Nontaxable (E) Total of columns (F) Compensation in (C) Retirement and other deferred benefits (B)(i)-(D)column (B) (i) Base Compensation (iii) reported as deferred on compensation Bonus & incentive Other reportable prior Form 990 compensation compensation Joe Sowell (1) 209,274 777 7,842 30,960 33,065 281,918 Manager, Bulk System Planning 200,634 Russ Schussler 777 9,847 32,898 26,960 271,116 Vice President Lynn Huffines 238,374 777 6,301 36,500 24,357 306,309 Controller Robert Casey 182,573 777 9,352 28,151 23,130 243,983 Manager, Member Planning 189,141 Angela Battle 777 1,738 30,142 12,741 234,539 Manager, Transmission Projects Jay Horsley 174,367 777 9,187 27,858 23,035 235,224 Dir, Safety & Technical Training Craig Heighton 166,401 777 7,240 27,355 35,975 237,748 Director, External Affairs Jason Snodgrass 171,092 777 1,067 27,350 22,539 222,825 Director, Supply Chain Management Lynn Watkıns 165,342 777 2,855 26,329 12,805 208,108 Manager, Rates Anne Hicks (1) 236,528 3,158 3,899 36,500 32,945 313,030 General Counsel 191,771 Patrick McGovern 777 5,731 30,268 11,868 240,415 Manager, System Services James Etheridge 182,179 777 9,413 29,365 26,012 247,746 Manager, Transmission Line Maint Nathan Lovett 180,570 777 4,682 28,635 23,107 237,771 Manager, Relay and Controls Design 176,683 Michael Fourman 777 8,177 28,353 31,674 245,664 Manager, Substation

Maintenance

ef	ile GRAPHIC print - DO NOT	PROCESS As	Filed Data -									DLN: 934	932520	02219
	te: To capture the full conte	nt of this docum	ent, please select l	andscape mode	: (11" x 8.	5") wh	ien pi	rinting.						
	chedule K	Sur	oplemental Inf	ormation o	n Tax-F	xem	nt B	onds			OMB No 1545-0047			
(Form 990) Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions,												20	18	
		•		nd any additional		in Part	t VI.							
	artment of the Treasury rnal Revenue Service			Attach to Form 990 gov/Form990 for		nformat	tion.						o Public ection	
Nan	ne of the organization	0.11		<u> </u>						Empl	oyer iden	tıficatıon nu		
GEU	ORGIA TRANSMISSION CORPORATI	ON								58-2	231201			
P	art I Bond Issues									•				
	(a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued		(e) Issue price (f) Description of purpose			e (g) 🗅	(g) Defeased		,	(i) Pool				
												behalf o issuer	Tin	ancing
										Yes	No	Yes N	o Yes	No
A	Development Authority of Burke		121342NL9	05-01-2015	94,4	65,000	Polluti	on Control	Bonds		×		.	X
	County Georgia Transmission Corporation													
	Vogtle Project													
P	art II Proceeds								_		_			
1	Amount of bonds retired				<u> </u>	4	0		3		С		D	
<u>-</u>	Amount of bonds legally defease						0							
_	Total proceeds of issue					94,465	— Ť							
4	Gross proceeds in reserve funds					34,403	0							
- -5	Capitalized interest from proceed						0							
<u>-</u>	Proceeds in refunding escrows .						0							
7	Issuance costs from proceeds .						0							
8	Credit enhancement from procee						0							
9	Working capital expenditures fro	om proceeds					0							
10	Capital expenditures from proce-	eds					0							
11	Other spent proceeds						0						-	
12	Other unspent proceeds						0							
13	Year of substantial completion .													
					Yes	No		Yes	No	Yes	No	Υe	s	No
14	Were the bonds issued as part o	of a current refunding	ıssue [?]		х									
15	Were the bonds issued as part o	of an advance refundi	ng issue?	•		Х								
16	Has the final allocation of proceeds been made?				Х									
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?													
P	art III Private Business Us											•		
					-	4			3		С		D	
_					Yes	No		Yes	No	Yes	No	Ye	s	No
1	Was the organization a partner i financed by tax-exempt bonds?					×								
2	Are there any lease arrangemen			bond-financed		Х								
Ear	property?					No 50	11025					chedule K	(Form O	2012

C

d

6

Part IV

C

Page 2

D

D

Schedule K (Form 990) 2018

No

Yes

Yes

C

No

Yes

C

No

Yes

Yes

Χ

Χ

Χ

Χ

Yes

В

No

No

Are there any management or service contracts that may result in private business use of If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside 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

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

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 nongualified bonds of

counsel to review any research agreements relating to the financed property?

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)

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

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

Rebate not due yet?

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?

hedge with respect to the bond issue?

Arbitrage

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

If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside

Α

No

Х

Х

Х

Χ

Χ

Yes

Χ

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 Yes

Α

No

Explanation

Yes

Х

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

No

Yes

В

No

Yes

No

Yes

No

Page 3

No

D

D

Nο

Yes

Schedule K (Form 990) 2018

Yes

Schedule K (Form 990) 2018

(GIC)?

period?

Part V

Part VI

Arbitrage (Continued)

Were gross proceeds invested in a guaranteed investment contract

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

if self-remediation is not available under applicable regulations?

the GIC satisfied?

requirements of section 148? . . .

Return Reference

efile GRAPH	IIC print -	DO NOT PROCESS	As Filed Data -		DLN:	93493252002219
COLLEBIA	<u> </u>			. =		OMB No 1545-0047
SCHEDUL (Form 990 or EZ)		Supplement Complete to pro Form 990 o	ons on	2018		
Department of the T		Open to Public Inspection				
Name l B€the rofe GEORGIA TRANSM		PRATION			Employer identi 58-2231201	fication number
990 Schedul	e O, Suppl	emental Informatio	n		•	
Return Reference				Explanation		
Form 990, Part VI, Section A, Line 6	p consists		of Georgia and Ogleth	ot 501(c)(12) entity whose member orpe Power Corporation, a Not f		

Return Explanation
Reference

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

Line 7b

Form 990,
Part VI,
Section A.

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 GTC financial statements and supporting detail for the respective tax year. Form 990 is prepared and documented accordingly. For 2018, 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 you subsequent comments and requested changes will be reviewed and addressed accordingly. The final version of the Form 990 will be e-filed.

Explanation

the Board

Return

Reference	Laplanation	
Form 990, Part VI, Section B, Line 12c	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 or any appearance of conflicts of interest, so that the affairs of GTC may be carried out in a businesslike and ethical manner. At time of hiring, all employees are required to review this policy and sign an acknowledgement that they have received and understand the policy. To ensure continued compliance with this policy, GTC internal Audit coordinates the mail out and receipt of questionnaires annually to all associates and board members, which require these individuals to disclose any potential conflicts of interest. An audit is performed of all disclosures to determine whether an actual conflict of interests exists and w	

hat actions need to be taken, Results of the audit are reported to the Audit committee of

Explanation

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 incident in the Board of Directors for final approval.

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

Form 990,
Part XI, Line

I "paid" for 2018 to the members For financial reporting purposes, the amount is not yet distributed