

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning _____, 2021, and ending _____, 20__

2021

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer ORGANIZATION OF PJM STATES, INC. (OPSI) C/O GREGORY CARMEAN, EXECUTIVE DIRECTOR	EIN or SSN 01-0852125
Name and title of officer or person subject to tax GREGORY V CARMEAN EXECUTIVE DIRECTOR	

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here ~~~ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) ~~~~~	1b <u>675,274.</u>
2a Form 990-EZ check here ~ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9) ~~~~~	2b _____
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22) ~~~~~	3b _____
4a Form 990-PF check here ~ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5) ~~~~	4b _____
5a Form 8868 check here ~~~ <input type="checkbox"/>	b Balance due (Form 8868, line 3c) ~~~~~	5b _____
6a Form 990-T check here ~~~ <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4) ~~~~~	6b _____
7a Form 4720 check here ~~~ <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1) ~~~~~	7b _____
8a Form 5227 check here ~~~ <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D) ~~~~~	8b _____
9a Form 5330 check here ~~~ <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19) ~~~~~	9b _____
10a Form 8038-CP check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22) ~~~~~	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or _____, (EIN) _____ I am a person subject to tax with respect to (name of entity) _____ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize ANN TAYLOR TANSEY & COMPANY, P.A. to enter my PIN 19711
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____ Date _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 51047019807
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature | ANN TAYLOR TANSEY & COMPANY,
P.A. | Date | 06/06/22

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

| **File a separate application for each return.**
| **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. ORGANIZATION OF PJM STATES, INC. (OPSI) C/O GREGORY CARMEAN, EXECUTIVE DIRECTOR	Taxpayer identification number (TIN) 01-0852125
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 700 BARKSDALE ROAD, SUITE 1	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEWARK, DE 19711	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

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

GREGORY CARMEAN

¥ The books are in the care of | 700 BARKSDALE ROAD, SUITE 1 - NEWARK, DE 19711

Telephone No. | 302-266-0914 Fax No. | _____

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

1 I request an automatic 6-month extension of time until NOVEMBER 15, 2022, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 | calendar year 2021 or
 | tax year beginning _____, and ending _____.

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

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

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

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2021

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 Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2021 calendar year, or tax year beginning and ending																													
B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization ORGANIZATION OF PJM STATES, INC. (OPSI) C/O GREGORY CARMEAN, EXECUTIVE DIRECTOR</td> <td>D Employer identification number 01-0852125</td> </tr> <tr> <td colspan="2">Doing business as</td> <td rowspan="2">E Telephone number 302-266-0914</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td colspan="2">700 BARKSDALE ROAD, SUITE 1</td> <td rowspan="2">G Gross receipts \$ 675,274.</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code NEWARK, DE 19711</td> </tr> <tr> <td colspan="2">F Name and address of principal officer: GREGORY V CARMEAN SAME AS C ABOVE</td> <td>H(a) Is this a group return for subordinates? ~ ~ Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td colspan="2">I Tax-exempt status: 501(c)(3) <input checked="" type="checkbox"/> 501(c) (4) § (insert no.) 4947(a)(1) or 527</td> <td>H(b) Are all subordinates included? Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td colspan="2">J Website: WWW.OPSI.US</td> <td>H(c) Group exemption number </td> </tr> <tr> <td colspan="2">K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other </td> <td>L Year of formation: 2005</td> </tr> <tr> <td colspan="2"></td> <td>M State of legal domicile: DE</td> </tr> </table>	C Name of organization ORGANIZATION OF PJM STATES, INC. (OPSI) C/O GREGORY CARMEAN, EXECUTIVE DIRECTOR		D Employer identification number 01-0852125	Doing business as		E Telephone number 302-266-0914	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	700 BARKSDALE ROAD, SUITE 1		G Gross receipts \$ 675,274.	City or town, state or province, country, and ZIP or foreign postal code NEWARK, DE 19711		F Name and address of principal officer: GREGORY V CARMEAN SAME AS C ABOVE		H(a) Is this a group return for subordinates? ~ ~ Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	I Tax-exempt status: 501(c)(3) <input checked="" type="checkbox"/> 501(c) (4) § (insert no.) 4947(a)(1) or 527		H(b) Are all subordinates included? Yes <input type="checkbox"/> No <input type="checkbox"/>	J Website: WWW.OPSI.US		H(c) Group exemption number	K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other		L Year of formation: 2005			M State of legal domicile: DE
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Part I Summary																									
Activities & Governance	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>1 Briefly describe the organization's mission or most significant activities: TO MAINTAIN AN ORGANIZATION OF THE UTILITY REGULATORY AGENCIES OF THOSE STATES AND THE DISTRICT OF</td> </tr> <tr> <td>2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.</td> </tr> <tr> <td>3 Number of voting members of the governing body (Part VI, line 1a) ~~~~~ 3 14</td> </tr> <tr> <td>4 Number of independent voting members of the governing body (Part VI, line 1b) ~~~~~ 4 14</td> </tr> <tr> <td>5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) ~~~~~ 5 0</td> </tr> <tr> <td>6 Total number of volunteers (estimate if necessary) ~~~~~ 6 0</td> </tr> <tr> <td>7 a Total unrelated business revenue from Part VIII, column (C), line 12 ~~~~~ 7a 0.</td> </tr> <tr> <td>b Net unrelated business taxable income from Form 990-T, Part I, line 11 ~~~~~ 7b 0.</td> </tr> </table>	1 Briefly describe the organization's mission or most significant activities: TO MAINTAIN AN ORGANIZATION OF THE UTILITY REGULATORY AGENCIES OF THOSE STATES AND THE DISTRICT OF	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	3 Number of voting members of the governing body (Part VI, line 1a) ~~~~~ 3 14	4 Number of independent voting members of the governing body (Part VI, line 1b) ~~~~~ 4 14	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) ~~~~~ 5 0	6 Total number of volunteers (estimate if necessary) ~~~~~ 6 0	7 a Total unrelated business revenue from Part VIII, column (C), line 12 ~~~~~ 7a 0.	b Net unrelated business taxable income from Form 990-T, Part I, line 11 ~~~~~ 7b 0.																
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Part II Signature Block																
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.																
Sign Here	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">= Signature of officer</td> <td>Date</td> </tr> <tr> <td>= GREGORY V CARMEAN, EXECUTIVE DIRECTOR</td> <td></td> </tr> <tr> <td colspan="2">Type or print name and title</td> </tr> </table>	= Signature of officer	Date	= GREGORY V CARMEAN, EXECUTIVE DIRECTOR		Type or print name and title										
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Paid Preparer Use Only	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Print/Type preparer's name SUSAN BENSON</td> <td>Preparer's signature</td> <td>Date 06/06/22</td> <td>Check <input type="checkbox"/> <small>self-employed</small></td> <td>PTIN P00067994</td> </tr> <tr> <td>Firm's name 9 ANN TAYLOR TANSEY & COMPANY, P.A.</td> <td>Firm's EIN 9 51 -0356584</td> <td colspan="3">Phone no. (302) 425-3523</td> </tr> <tr> <td>Firm's address 9 WILMINGTON, DE 19805</td> <td colspan="4"></td> </tr> </table>	Print/Type preparer's name SUSAN BENSON	Preparer's signature	Date 06/06/22	Check <input type="checkbox"/> <small>self-employed</small>	PTIN P00067994	Firm's name 9 ANN TAYLOR TANSEY & COMPANY, P.A.	Firm's EIN 9 51 -0356584	Phone no. (302) 425-3523			Firm's address 9 WILMINGTON, DE 19805				
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Firm's address 9 WILMINGTON, DE 19805																

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
TO MAINTAIN AN ORGANIZATION OF THE UTILITY REGULATORY AGENCIES OF
THOSE STATES AND THE DISTRICT OF COLUMBIA (COLLECTIVELY "OPSI") WITHIN
WHICH PJM INTERCONNECTION, LLC ("PJM") PROVIDES OR OVERSEES ELECTRIC
TRANSMISSION, MARKET MAINTENANCE AND MONITORING, RELIABILITY, SECURITY

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ~~~~~
If "Yes," describe these new services on Schedule O. Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ~~~~~
If "Yes," describe these changes on Schedule O. Yes No

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

4a (Code: _____) (Expenses \$ 673,545. including grants of \$ _____) (Revenue \$ _____)
ALL ELECTED/APPOINTED OFFICIALS OF THE 14 MEMBER STATES' UTILITY COMMISSIONS AND THEIR
STAFF ARE AUTOMATICALLY MEMBERS AND THEREFORE ARE SERVED BY OPSI. THIS EQUATES TO
70 COMMISSIONERS AND NEARLY 3,000 TECHNICAL/LEGAL/ADMINISTRATIVE STAFF PERSONS. OPSI
DOES NOT ISSUE/PUBLISH ANY PUBLICATIONS BUT FILES DOCUMENTS IN PROCEEDINGS BEFORE
THE FEDERAL ENERGY REGULATORY COMMISSION AS NEEDED. OPSI MEMBERS DO APPEAR AT
CONFERENCES AND SEMINARS AS SPEAKERS. MOST DOCUMENTS FILED BY OPSI ARE PUBLICLY
AVAILABLE. POLICY DISCUSSIONS AND POSITIONS ARE TAKEN BY OPSI MEMBERS THAT MAY AFFECT
THE USE OF ELECTRICITY IN THE REGION AND ENERGY IN GENERAL.

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

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

4d Other program services (Describe on Schedule O.)
_____ including grants of \$ 673,545.
(Expenses \$ _____) (Revenue \$ _____)

4e Total program service expenses | _____

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>		X
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable ~~~~~		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable ~~~~~		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return ~~~~~	2a	0
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	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? ~~~~~	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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	X
b	If "Yes," enter the name of the foreign country J _____ 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	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? ~~~~~	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? ~~~~~	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? ~~~~~	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? ~~~~~	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? ~~~~~	7b	
c	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 ~~~~~	7d	
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	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as 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? ~~~~~	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	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? ~~~~~	9b	
10	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	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) ~~~~~	11b	
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	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? ~~~~~ Note: See the instructions for additional information the organization must report on Schedule O.	13a	
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 ~~~~~	13b	
c	Enter the amount of reserves on hand ~~~~~	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year? ~~~~~	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O ~~~~~	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? ~~~~~ If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? ~~~~~ If "Yes," complete Form 4720, Schedule O.	16	X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? ~~~~~ If "Yes," complete Form 6069.	17	

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year ~~~~~ If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	14	
1b	Enter the number of voting members included on line 1a, above, who are independent ~~~~~	14	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? ~~~~~		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? ~~~~~		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? ~~~~~		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets? ~~~~~		X
6	Did the organization have members or stockholders? ~~~~~		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? ~~~~~		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? ~~~~~		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body? ~~~~~	X	
8b	Each committee with authority to act on behalf of the governing body? ~~~~~	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed J NONE
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on 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 | _____
 GREGORY CARMEAN - 302-266-0914
 700 BARKSDALE ROAD, SUITE 1, NEWARK, DE 19711

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

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

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

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

✘ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

✘ List all of the organization's **current** key employees, if any. See the 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 report-able compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

✘ List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

✘ List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Interim director	Director	Officer	Key employee	Highest compensated employee	Former			
(1) GREGORY CARMEAN EXECUTIVE DIRECTOR	40.00			X				176,460.	0.	9,093.
(2) TOMAS RODRIGUEZ EMPLOYEE	40.00				X			116,107.	0.	13,501.
(3) BETH TROMBOLD DIRECTOR	0.00	X						0.	0.	0.
(4) DAVID OBER PRESIDENT	0.00			X				0.	0.	0.
(5) HAROLD GREY DIRECTOR	0.00	X						0.	0.	0.
(6) ETHAN KIMBREL DIRECTOR	0.00	X						0.	0.	0.
(7) EMILE THOMPSON INTERIM CHAIRMAN	0.00	X						0.	0.	0.
(8) KENT CHANDLER SECRETARY	0.00			X				0.	0.	0.
(9) MICHAEL RICHARD TREASURER	0.00			X				0.	0.	0.
(10) JOSEPH FIORDALISO DIRECTOR	0.00	X						0.	0.	0.
(11) TREMAINE PHILLIPS DIRECTOR	0.00	X						0.	0.	0.
(12) GLADYS BROWN DUTRIEUILLE DIRECTOR	0.00	X						0.	0.	0.
(13) HERBERT HILLIARD DIRECTOR	0.00	X						0.	0.	0.
(14) JUDITH JAGDMANN DIRECTOR	0.00	X						0.	0.	0.
(15) CHARLOTTE MITCHEL VICE-PRESIDENT	0.00			X				0.	0.	0.
(16) CHARLOTTE LANE DIRECTOR	0.00	X						0.	0.	0.

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Grants	1 a	Federated campaigns ~~~~~	1a				
	b	Membership dues	1b				
	c	Fundraising events ~~~~~	1c				
	d	Related organizations ~~~~~	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above ~	1f	675,274.			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
Service	2 a		Business Code				
	b						
	c						
	d						
	e						
	f	All other program service revenue ~~~~~					
	g	Total. Add lines 2a-2f					
Other	3	Investment income (including dividends, interest, and other similar amounts) ~~~~~					
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real	(ii) Personal			
	6 a	Gross rents ~~~~~	6a				
	b	Less: rental expenses ~	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other		
	b	Less: cost or other basis and sales expenses ~~~	7b				
	c	Gain or (loss) ~~~~~	7c				
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 ~~~~~	8a				
	b	Less: direct expenses ~~~~~	8b				
	c	Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See Part IV, line 19 ~~~~~	9a				
b	Less: direct expenses ~~~~~	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances ~~~~~	10a					
b	Less: cost of goods sold ~~~~~	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous	11 a		Business Code				
	b						
	c						
	d	All other revenue ~~~~~					
	e	Total. Add lines 11a-11d					
12	Total revenue. See instructions			675,274.	0.	0.	0.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ~				
2	Grants and other assistance to domestic individuals. See Part IV, line 22 ~~~~~				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ~~~				
4	Benefits paid to or for members ~~~~~				
5	Compensation of current officers, directors, trustees, and key employees ~~~~~	185,553.	185,553.		
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 ~~~~~	165,053.	165,053.		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,423.	6,423.		
9	Other employee benefits ~~~~~	28,949.	28,949.		
10	Payroll taxes ~~~~~	24,242.	24,242.		
11	Fees for services (nonemployees):				
a	Management ~~~~~				
b	Legal ~~~~~				
c	Accounting ~~~~~	990.	990.		
d	Lobbying ~~~~~				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees ~~~~~				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	102,144.	102,144.		
12	Advertising and promotion ~~~~~				
13	Office expenses ~~~~~	5,309.	5,309.		
14	Information technology ~~~~~	28,074.	28,074.		
15	Royalties ~~~~~				
16	Occupancy ~~~~~	19,293.	19,293.		
17	Travel ~~~~~	102,600.	102,600.		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials ~				
19	Conferences, conventions, and meetings ~				
20	Interest ~~~~~				
21	Payments to affiliates ~~~~~				
22	Depreciation, depletion, and amortization ~	104.	104.		
23	Insurance ~~~~~	4,145.	4,145.		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a	FEES/LICENSES	666.	666.		
b					
c					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	673,545.	673,545.	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)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing ~~~~~	305,596.	1	307,429.
	2	Savings and temporary cash investments ~~~~~		2	
	3	Pledges and grants receivable, net ~~~~~		3	
	4	Accounts receivable, net ~~~~~		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons ~~~~~		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) ~~~		6	
	7	Notes and loans receivable, net ~~~~~		7	
	8	Inventories for sale or use ~~~~~		8	
	9	Prepaid expenses and deferred charges ~~~~~		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D ~~~	8,105.		
	10b	b Less: accumulated depreciation ~~~~~	8,105.	104. 10c	0.
	11	Investments - publicly traded securities ~~~~~		11	
	12	Investments - other securities. See Part IV, line 11 ~~~~~		12	
	13	Investments - program-related. See Part IV, line 11 ~~~~~		13	
	14	Intangible assets ~~~~~		14	
	15	Other assets. See Part IV, line 11 ~~~~~		15	
16	Total assets. Add lines 1 through 15 (must equal line 33)	305,700.	16	307,429.	
Liabilities	17	Accounts payable and accrued expenses ~~~~~		17	
	18	Grants payable ~~~~~		18	
	19	Deferred revenue ~~~~~		19	
	20	Tax-exempt bond liabilities ~~~~~		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D ~~~~		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons ~~~~~		22	
	23	Secured mortgages and notes payable to unrelated third parties ~~~~~		23	
	24	Unsecured notes and loans payable to unrelated third parties ~~~~~		24	
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D ~~~~~		25		
26	Total liabilities. Add lines 17 through 25	0.	26	0.	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions ~~~~~		27	
	28	Net assets with donor restrictions ~~~~~		28	
	Organizations that do not follow FASB ASC 958, check here X and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds ~~~~~	0.	29	0.
	30	Paid-in or capital surplus, or land, building, or equipment fund ~~~~~	0.	30	0.
	31	Retained earnings, endowment, accumulated income, or other funds ~~~~	305,700.	31	307,429.
32	Total net assets or fund balances ~~~~~	305,700.	32	307,429.	
33	Total liabilities and net assets/fund balances	305,700.	33	307,429.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	675,274.
2	Total expenses (must equal Part IX, column (A), line 25)	2	673,545.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,729.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	305,700.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	307,429.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis <input type="checkbox"/>		X
2b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis <input type="checkbox"/>		X
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2021)

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

| Attach to Form 990 or Form 990-PF.
| Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization ORGANIZATION OF PJM STATES, INC. (OPSI) C/O
GREGORY CARMEAN, EXECUTIVE DIRECTOR

Employer identification number
01-0852125

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

X

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

X

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

Special Rules

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

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

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

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

Name of organization ORGANIZATION OF PJM STATES, INC. (OPSI) C/O GREGORY CARMEAN, EXECUTIVE DIRECTOR	Employer identification number 01-0852125
--	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A	\$ 675,274.	Person <input checked="" type="checkbox"/> X Payroll Noncash (Complete Part II for noncash contributions.)
			Person Payroll Noncash (Complete Part II for noncash contributions.)
			Person Payroll Noncash (Complete Part II for noncash contributions.)
			Person Payroll Noncash (Complete Part II for noncash contributions.)
			Person Payroll Noncash (Complete Part II for noncash contributions.)
			Person Payroll Noncash (Complete Part II for noncash contributions.)
			Person Payroll Noncash (Complete Part II for noncash contributions.)
			Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization ORGANIZATION OF PJM STATES, INC. (OPSI) C/O GREGORY CARMEAN, EXECUTIVE DIRECTOR	Employer identification number 01-0852125
--	---

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

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

Name of organization ORGANIZATION OF PJM STATES, INC. (OPSI) C/O GREGORY CARMEAN, EXECUTIVE DIRECTOR	Employer identification number 01-0852125
--	---

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D

Supplemental Financial Statements

(Form 990)

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

OMB No. 1545-0047
2021

Department of the Treasury
Internal Revenue Service

| Attach to Form 990.
| Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public
Inspection

Name of the organization ORGANIZATION OF PJM STATES, INC. (OPSI)
C/O GREGORY CARMEAN, EXECUTIVE DIRECTOR

Employer identification number
01-0852125

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values, and yes/no questions about donor advisement.

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

Table with 3 columns: Question, Held at the End of the Tax Year (2a-2d), Yes/No. Rows include purpose of easements, monitoring, and reporting requirements.

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

Table with 3 columns: Question, Revenue/Assets, Yes/No. Rows include reporting requirements for art and historical treasures.

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange program
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment | _____ %
- b Permanent endowment | _____ %
- c Term endowment | _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations
- (ii) Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? _____

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		8,105.	8,105.	0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				0.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives ~~~~~		
(2) Closely held equity interests ~~~~~		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2021

Department of the Treasury
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
| Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
| Attach to Form 990.
| Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name of the organization **ORGANIZATION OF PJM STATES, INC. (OPSI)
C/O GREGORY CARMEAN, EXECUTIVE DIRECTOR**

Employer identification number
01-0852125

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain ~~~~~

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? ~~~~~

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? ~~~~~
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? ~~~~~
- c** Participate in or receive payment from an equity-based compensation arrangement? ~~~~~
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? ~~~~~
- b** Any related organization? ~~~~~
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? ~~~~~
- b** Any related organization? ~~~~~
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III ~~~~~

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III ~~~~~

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

ORGANIZATION OF PJM STATES, INC. (OPSI)
 C/O GREGORY CARMEAN, EXECUTIVE DIRECTOR

Schedule J (Form 990) 2021

01-0852125

Page 2

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 aren't 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 and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) GREGORY CARMEAN EXECUTIVE DIRECTOR	(i)	176,460.	0.	0.	6,266.	2,827.	185,553.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

ORGANIZATION OF PJM STATES, INC. (OPSI)
C/O GREGORY CARMEAN, EXECUTIVE DIRECTOR

Employer identification number

01-0852125

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: COLUMBIA (COLLECTIVELY

"OPSI") WITHIN WHICH PJM INTERCONNECTION, LLC ("PJM") PROVIDES OR OVERSEES ELECTRIC

TRANSMISSION, MARKET MAINTENANCE AND MONITORING, RELIABILITY, SECURITY AND OTHER

TRANSMISSION SYSTEM OPERATING SERVICES AS A REGIONAL TRANSMISSION OPERATOR ("RTO")

AS APPROVED BY THE FEDERAL ENERGY REGULATORY COMMISSION ("FERC").

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: AND OTHER

TRANSMISSION SYSTEM OPERATING SERVICES AS A REGIONAL TRANSMISSION OPERATOR

("RTO") AS APPROVED BY THE FEDERAL ENERGY REGULATORY COMMISSION ("FERC").

FORM 990, PART VI, SECTION B, LINE 11B:

THE TREASURER, WITH THE EXECUTIVE DIRECTOR'S ASSISTANCE, WILL PROVIDE THE DRAFT OF FORM
990 TO THE 14 BOARD MEMBERS AS AN EMAIL ATTACHMENT AND SEEK COMMENTS FROM THEM; IF ANY
CHANGES ARE REQUIRED BASED ON THE COMMENTS, SUCH CHANGES WILL BE MADE AND ONLY AFTER
THAT FORM 990 WILL BE FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

ON DECEMBER 12, 2010, DURING THE MONTHLY MEETING OF THE OPSI BOARD OF DIRECTORS, THE OPSI
BOARD APPROVED THREE NEW POLICIES: CONFLICT OF INTEREST, WHISTLEBLOWER, AND DOCUMENT
RETENTION AND DESTRUCTION. SUBSEQUENTLY, EACH OF THE 14 BOARD MEMBERS SIGNED INDIVIDUAL
COPIES OF THE CONFLICT OF INTEREST POLICY AND THESE ARE INCLUDED IN THE OPSI POLICIES
MANUAL AND RETAINED IN THE OPSI OFFICE. OPSI MONITORS AND ENFORCES COMPLIANCE WITH THESE
POLICIES BY REQUIRING ANY NEW BOARD MEMBER TO SIGN A

Name of the organization ORGANIZATION OF PJM STATES, INC. (OPSI) C/O GREGORY CARMEAN, EXECUTIVE DIRECTOR	Employer identification number 01-0852125
--	--

COPY. SINCE EACH OPSI MEMBER HAS TO ADHERE TO HER/HIS OWN STATE REGULATIONS ON SUCH MATTERS, THIS ISSUE IS WELL MONITORED.

FORM 990, PART VI, SECTION C, LINE 19:

THIS ORGANIZATION RETAINS ALL MINUTES OF ALL BOARD MEETINGS, FINANCIAL DOCUMENTS, AUDIT REPORTS, AND ANY MATERIAL RELATED TO THE BOARD'S OFFICIAL ACTIONS. WHILE THE MATERIAL IS NOT DISTRIBUTED, DOCUMENTS ARE AVAILABLE UPON REQUEST SINCE THE MEMBERS ARE PUBLIC OFFICIALS.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTANTS:

PROGRAM SERVICE EXPENSES	50,670.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	50,670.

REPORTING SERVICES:

PROGRAM SERVICE EXPENSES	51,474.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	51,474.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	102,144.
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