

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Open to Public Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service For the 2009 calendar year, or tax year beginning January 1 2009, and ending December 31 20 09 Employer identification number C Name of organization DIXIE ELECTRIC POWER ASSOCIATION Please B Check if applicable use IRS Address change Doing Business As 64 0183177 print or Number and street (or PO box if mail is not delivered to street address) E Telephone number Name change type 601) Initial return Specific City or town, state or country, and ZIP + 4 ☐ Terminated Instruc tions **LAUREL, MS 39441-0088** G Gross receipts \$ 86,127,043 Amended return F Name and address of principal officer **ALAN BRADLEY** Application pending H(a) Is this a group return for affiliates? Yes No P.O. BOX 88, LAUREL, MS 39441-0088 H(b) Are all affiliates included? Yes No Tax-exempt status If "No," attach a list (see instructions) Website: ▶ www.dixieepa.com H(c) Group exemption number ▶ Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ L Year of formation 1938 M State of legal domicile MS Part I Summary TO PROMOTE AND ENCOURAGE THE Briefly describe the organization's mission or most significant activities: FULLEST POSSIBLE USE OF ELECTRIC ENERGY IN THE STATE OF MISSISSIPPI BY MAKING ELECTRIC Activities & Governance ENERGY AVAILABLE TO THE INHABITANTS OF THE STATE AT THE LOWEST COST CONSISTENT WITH SOUND ECONOMY AND PRUDENT MANAGEMENT. 2 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) 7 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 104 Total number of employees (Part V, line 2a) . . . 6 0 Total number of volunteers (estimate if necessary) 7a Total gross 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 **Current Year** 0 0 Contributions and grants (Part VIII, line 1h) . 0 0 Program service revenue (Part VIII, line 2g) 90,379 120,041 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 19,055,863 21,129,706 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 19,146,242 21,249,747 13,545 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 12,125 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 5,242,564 5,564,986 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0 b Total fundraising expenses (Part IX, column (D), line 25) ▶ 12,551,220 12,211,674 17,807,329 17,788,785 line 25). Revenue less expenses. Subtract line 18 from line 12 1,338,913 3,460,962 P 8 Ö Beginning of Current Year **End of Year** MAY 18 2010 135,611,043 145,879,522 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) 80,681,458 86,908,128 Net assets or fund balances. Subtract line 21 from line 29, 22 54,929,585 58,971,394 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here Signature of officer BRADLEY DONALT .AN Type or print name and title Date Check if Preparer's identifying number Preparer's self-(see instructions) signature employed ▶ □ Paid Preparer's Firm's name (or yours Use Only if self-employed), Phone no ▶



May the IRS discuss this return with the preparer shown above? (see instructions)

Par	Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: TO PROMOTE & ENCOURAGE THE FULLEST POSSIBLE USE OF ELECTRIC ENERGY IN THE STATE OF MISSISSIPPI BY MAKING ELECTRIC ENERGY AVAILABLE TO THE INHABITANTS OF THE STATE AT THE LOWEST COST
	CONSISTENT WITH SOUND ECONOMY AND PRUDENT MANAGEMENT.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
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.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
4 a	(Code:) (Expenses \$ 17,788,785 including grants of \$ 12,125) (Revenue \$ 21,249,747) RURAL ELECTRIC DISTRIBUTION COOPERATIVE WHICH FURNISHED SERVICE TO 37,854 METERS AS OF 12/31/2009.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 17,788,785

Pai	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		✓
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		✓
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_		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4_		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5_		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		✓
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		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓
9	Did the organization report an amount in Part X, line 21; 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		✓
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		✓
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	1	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
•	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			
•	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.		:	
•	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.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	✓	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		√
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I.	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II.	15		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		✓
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? If "Yes," complete Schedule G, Part I	17		✓
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		✓
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		/
<u>20</u>	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		✓

Га	Checklist of Required Schedules (Continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21		1
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
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	23	√	
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 25	24a		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✓
С	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		1
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		✓
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	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	=	
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		√
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	-		
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		√
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33		√
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		√
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35_		✓
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	36_		
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	37		~
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38		

Par	t V Statements Regarding Other IRS Filings and Tax Compliance	_		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1	'	İ
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c_	√	
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 104		-	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a_		✓
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b_		ļ
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		1
b	If "Yes," enter the name of the foreign country: ▶			
_	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			Ì
	and Financial Accounts.	L _	-	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?.	5a		✓
b	,,,,	5b_		/
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	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?	6a		√
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).			
а	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		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization, during the year, 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	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as]
	required?,	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	 -	
9	Sponsoring organizations maintaining donor advised funds.			\vdash
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			1
а	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
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			

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

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			}
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2	'	√
3	Did the organization delegate control over management duties customarily performed by or under the direct			
J	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		1
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		—
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		1
_		6	1	
6	Does the organization have members or stockholders?			
<i>i</i> a		7a	✓	ļ
h	of the governing body?	7b		1
_	Did the organization contemporaneously document the meetings held or written actions undertaken during			
8				
_	the year by the following:	8a	1	i
	The governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	- 00		
3	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		1
Sec	tion B. Policies (This Section B requests information about policies not required by the Internation			
	enue Code.)	mu		
			Yes	No
40-	Describes a second of the describes a second of the describes as a second	10a	<u></u>	
	Does the organization have local chapters, branches, or affiliates?	IVa	•	
D	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	10b	1	
	affiliates, and branches to ensure their operations are consistent with those of the organization?	IOD	V	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	11		
44.8	form?			_
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a		 '
	Does the organization have a written conflict of interest policy? If "No," go to line 13	124_		
D	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	12b		1
	rise to conflicts?	120		-
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c		
40	describe in Schedule O how this is done	13		7
13	Does the organization have a written whistleblower policy?	14		7
14	Does the organization have a written document retention and destruction policy?	17		-
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?	450		
	The organization's CEO, Executive Director, or top management official	15a	./	
b	Other officers or key employees of the organization	15b	✓	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	40-		1
	with a taxable entity during the year?	16a		-
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16h	-	'
Sec	tion C. Disclosure	16b		Ь
			=	
17	List the states with which a copy of this Form 990 is required to be filed MISSISSIPPI			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c	:)(3)s	only)	
	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website Upon request	_		
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of inte	erest	
•	policy, and financial statements available to the public.		_	
20	State the name, physical address, and telephone number of the person who possesses the books and reco organization: ► RICKY CARTER, 1863 HWY 184 EAST, LAUREL, MS 39443; 601-425-2535	rds o	the	

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

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. Use Schedule J-2 if additional space is needed.

- 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. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not co	(B)	l ling (Jan		C)	JGI, U	60	(D)	(E)	(F)
Name and Title	Average	Posit	on (c	•	•	that ap	ply)	Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
MACK MAULDIN DIRECTOR-PRESIDENT	3	1						23,386		
MICHAEL SHOWS DIRECTOR-VICE PRESIDENT	3	V						12,466		
JUNE DOGGETT DIRECTOR-SECRETARY TREASURER	3	 						23,006		
ROBERT SMITH DIRECTOR-ALT. SECRETARY/TREASURER	3	1						8,512		
ALBERT HUTTO DIRECTOR	3	1						21,426		
ALLEN SLEDGE DIRECTOR	3	1						4,869		
H.E. RAMEY DIRECTOR	2	1						21,642		
ALAN BRADLEY GENERAL MANAGER	41			1	/	1		103,855		49,618
L.G PIERCE FORMER DIRECTOR	0						1	10,319		•
										-

Pa	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
	(A)	(B)			•	C)		(D) (E)		(E)		(F)	
	Name and title	Average hours per week	Individual trustee	nstrtutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	con f org ar	stimate mount of other opensate from the ganizate and relate ganizate	of tion e ion ed
		-											
										-			
													-
									-				
													
1b	Total	_ • •							229,481	0		49	,618
2	Total number of individuals (including but r			ose	liste	ed a	above) wł		ore than \$100,0	00 ın		•
	reportable compensation from the organiza	ation ► ON	E			_							
3	Did the organization list any former office	r, director	or tru	uste	e, k	œγ	emplo	ove	e, or highest c	ompensated	_	Yes	No
4	employee on line 1a? If "Yes," complete S For any individual listed on line 1a, is the s	chedule J	for su	ch	ındı	vidu	ıal .				3	√	
•	the organization and related organizations individual.										4	1	
5	Did any person listed on line 1a receive services rendered to the organization? If "	or accrue Yes," comp	comp olete S	oen: S <i>ch</i>	satio edu	on 1 de J	from a for s	any <i>uch</i>	unrelated org	anization for	5		√
Se	ction B. Independent Contractors												
1	Complete this table for your five highest compensation from the organization.	ompensate	d indi	epe	nde	nt c	contra	cto	rs that received	d more than \$1	00,000) of	
	(A) Name and business add	ress							(B) Description of se	ervices	(C Compe) nsation	1
SO	UTH MISSISSIPPI ELECTRIC POWER ASS	OCIATION						PU	IRCHASE ELE	CTRICITY	6	7,275	,367
	RESTRY CONSTRUCTION							RI	GHT OF WAY	CLEAR		2,196	_
	R CONSTRUCTION							-	NE CONSTRU	CTION		1,791	
	A OF MISSISSIPPI GROUP BENEFIT TRUS	<u> </u>						-	SURANCE			1,600	
	WARD INDUSTRY								IRCHASE TRA			1,446	,373
2	Total number of independent contractors (iii	ncluding bu	ut not	lım	ited	to 1	inose	liste	ed above) who	received			

Part	: VIII	Statement of Re	venue			1		
1					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts nts	1a	Federated campaigns	<u> </u>	1a				
gra	l.	Membership dues		1b				
ts, arr	С	Fundraising events .		1c				
gi ilar	d	Related organizations		1d				
ns, sim	e	Government grants (contri	butions).	1e				
utio er :	f	All other contributions, gifts, g	rants,					1
돌등	l	and similar amounts not inclu-	aca above _	1f	_			
Contributions, gifts, grants and other similar amounts	g h	Noncash contributions include Total. Add lines 1a-1f	d in lines 1a-1f.	\$ 	•			
en				Business Cod	e			
Program Service Revenue	2a							
æ	b			1				
Ş.	c							
Sen	d							
Ē	е							
ogr	f	All other program service						
&	g	Total. Add lines 2a-2f	<u></u>	<u> </u>	<u> </u>			
	3	Investment income (incother similar amounts)			57,058	57,058		
	4	Income from investment o	f tax-exempt	bond proceeds	-		<u></u>	
	5	Royalties		<u> </u>	<u> </u>			
	ļ				_			
	6a	Gross Rents	909,	593	_			!
		Less: rental expenses	000	202				1
		Rental income or (loss) Net rental income or (loss)	909,		909,693	909,693		l
		`	(i) Secunties		909,093	303,033		
	7a	Gross amount from sales of	(i) Securities	76,4	67			Į.
	١.	assets other than inventory		70,4	<u> </u>			
	þ	Less: cost or other basis		13,4	R4			
	_	and sales expenses .		62,9	 -			1
		Gain or (loss) Net gain or (loss)			62,983	62,983		
<u>e</u>	1	Gross income from	fundraising	,	33,555			
venue		events (not including \$						
Æ	ļ	of contributions reported						(
ē	١.	See Part IV, line 18		_				,
Other Re		Less: direct expenses Net income or (loss) fro		b L		 		
	ĺ	• •						
	9a	Gross income from gam See Part IV, line 19	ling activities	·				'
	h	Less: direct expenses.			_			'
		Net income or (loss) fro			·			
	1	Gross sales of inve	_			<u> </u>		
		returns and allowances			53			
	Ь	Less: cost of goods so				ľ		·
		Net income or (loss) from			20,220,013	20,220,013		
		Miscellaneous Rev		Business Cod				
	11a							L
	b							
	С							
	d	All other revenue		. [
	e	Total. Add lines 11a-1	1d		>			
		Total revenue. See ins		<u> </u>	21,249,747	21,249,747		

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete colunot include amounts reported on lines 6b,	ımn (A) but are not	required to comp	(C)	(C), and (D).
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	12,125	12,125		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0	0		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	264,449	264,449		
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	0		
7	Other salaries and wages	2,646,196	2,646,196		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	732,488	732,488		
9	Other employee benefits	1,552,765	1,552,765		
10	Payroll taxes	369,088	369,088		
11 a	Fees for services (non-employees): Management	o	o		
	Legal	34,792	34,792		
	Accounting	22,309	22,309		
	Lobbying	0	0		<u> </u>
е	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0	0		
g	Other	64,465	64,465		
12	Advertising and promotion	139,627	139,627		
13	Office expenses	225,168	225,168		_
14	Information technology	146,836 30,954	146,836 30,954		
15	Royalties	194,278	194,278		
16 47	Occupancy	19,346	19,346	·-	<u> </u>
17	Travel	10,040	10,010		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0		
19	Conferences, conventions, and meetings .	21,812	21,812	_	
20	Interest	3,559,412	3,559,412		
21	Payments to affiliates	0	0		
22	Depreciation, depletion, and amortization.	4,035,283	4,035,283		
23	Insurance	163,035	163,035		
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				_
а	OPERATIONS/DIST. EXPENSE	230,868	230,868		
b	CONSUMER EXPENSES	833.301	833,301		
С	GENERAL & ADMINISTRATIVE EXPENSE	145,731	145,731		
d	DISTRIBUTION EXPENSES	2,344,457	2,344,457		
е			-		
f 25	All other expenses	17,788,785	17,788,785		<u> </u>
26	Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X **Balance Sheet** Beginning of year End of year 632,114 1 1.258.211 0 2 2 0 3 0 3 0 5,639,642 4 5,772,381 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 0 5 0 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete 0 0 Notes and loans receivable, net Assets 187,864 7 143,896 2.710.443 8 2.878.458 5,247,949 5,818,717 Prepaid expenses and deferred charges Land, buildings, and equipment: cost or 10a 10a other basis. Complete Part VI of Schedule D 105,370,499 **b** Less: accumulated depreciation 10b 10c 111,438,299 0 11 Investments - publicly traded securities 0 11 0 12 12 Investments—other securities. See Part IV. line 11 0 0 13 13 Investments-program-related. See Part IV, line 11 0 Intangible assets 0 14 14 0 15,822,232 15 15 18,569,560 Total assets. Add lines 1 through 15 (must equal line 34) 16 135,611,043 16 145,879,522 7,036,876 17 17 Accounts payable and accrued expenses . . . 7,220,661 18 Grants payable 0 18 0 0 19 0 19 Tax-exempt bond liabilities 0 20 0 20 0 Liabilities 21 21 0 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 0 22 0 71,299,869 Secured mortgages and notes payable to unrelated third parties . . . 23 77,801,687 Unsecured notes and loans payable to unrelated third parties . . . 24 0 24 0 25 2,344,713 25 1,885,780 26 80,681,458 86,908,128 Organizations that follow SFAS 117, check here ▶ □ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 28 28 29 Organizations that do not follow SFAS 117, check here ▶ ☑ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 0 30 0 0 0 Paid-in or capital surplus, or land, building, or equipment fund . . 31 31 32 Retained earnings, endowment, accumulated income, or other funds 54,929,585 32 58,971,394 33 54,929,585 58,971,394 33 Total liabilities and net assets/fund balances 135,611,043 145,879,522

Page	1	2
raye		-

Pai	t XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	✓	
b	Were the organization's financial statements audited by an independent accountant?	2b	✓	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	✓	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
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?	3a		✓_
ь	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	3b		

Form **990** (2009)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name	of the organization		E	mployer identification number
	E ELECTRIC POWER ASSOCIATION			0183177
Pai	Organizations Maintaining Do the organization answered "Yes	nor Advised Funds or Other Similar F " to Form 990, Part IV, line 6.	unds	or Accounts. Complete if
		(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year) .			
4	Aggregate value at end of year			
5	funds are the organization's property, sub	donor advisors in writing that the assets he ject to the organization's exclusive legal cor	ntrol? .	Yes 🗌 No
6	Did the organization inform all grantees, dused only for charitable purposes and not purpose conferring impermissible private.	onors, and donor advisors in writing that gra for the benefit of the donor or donor advisors	or, or f	or any other
Pai		plete if the organization answered "Yes" t		Yes No
			to Fon	11 990, Part IV, line 7.
1	Purpose(s) of conservation easements held Preservation of land for public use (e.g. Protection of natural habitat Preservation of open space	· · · · · · · · · · · · · · · · · · ·		historically important land area certified historic structure
2	Complete lines 2a through 2d if the organize easement on the last day of the tax year.	zation held a qualified conservation contribut	ion in t	the form of a conservation
				Held at the End of the Tax Year
а	Total number of conservation easements ,			2a
þ		asements		2b
С	Number of conservation easements on a conservation	certified historic structure included in (a).		2c
d	Number of conservation easements include	ed in (c) acquired after 8/17/06		2d
3	Number of conservation easements modified the tax year ▶	ied, transferred, released, extinguished, or to	ermına	ted by the organization during
4	Number of states where property subject	to conservation easement is located >		
5	Does the organization have a written policy violations, and enforcement of the consent	y regarding the periodic monitoring, inspect vation easements it holds?	tion, ha	
6	Staff and volunteer hours devoted to mon	itoring, inspecting, and enforcing conservati	on eas	ements during the year
7	Amount of expenses incurred in monitorin ▶\$	g, inspecting, and enforcing conservation ea	asemei	nts during the year
8		d on line 2(d) above satisfy the requirement		ection
9	balance sheet, and include, if applicable, the organization's accounting for conserva-		financ	cial statements that describes
Pai	Organizations Maintaining Coll Complete if the organization answer	ections of Art, Historical Treasures, or wered "Yes" to Form 990, Part IV, line 8.	Other	Similar Assets.
1a	art, historical treasures, or other similar ass	nder SFAS 116, not to report in its revenue sets held for public exhibition, education, or rete to its financial statements that describes	search	in furtherance of public service.
b	provide the following amounts relating to		earch	in furtherance of public service,
	(ii) Assets included in Form 990, Part X	/III, line 1		. • \$
2	following amounts required to be reported			<u> </u>
a b	Revenues included in Form 990, Part VIII, Assets included in Form 990, Part X	line 1		, > \$

Page	2
, ago	-

Par	III Organizations Maintaining	Collections	of Art, His	storic	cal Treasure	s, or Ot	her Similar A	Assets (continued)
3	Using the organization's acquisition, accollection items (check all that apply):	cession, and c	other recor	ds, cl	neck any of th	e follow	ing that are a	significant use of its
а	Public exhibition		d		Loan or exch	ange pr	ograms	
ь	Scholarly research		е		Other			
c	Preservation for future generation	s						
4	Provide a description of the organization Part XIV.	on's collections	s and expla	ain ho	ow they furthe	r the or	ganızatıon's ex	kempt purpose in
5	During the year, did the organization solicassets to be sold to raise funds rather the	cit or receive do an to be mainta	onations of ained as pa	art, h	istorical treasu he organization	res, or c	other similar ction?	Yes No
Par	Escrow and Custodial Arra IV, line 9, or reported an am					answere	ed "Yes" to Fo	orm 990, Part
	ls the organization an agent, trustee, cincluded on Form 990, Part X?					ons or	other assets n	ot Yes No
b	If "Yes," explain the arrangement in Pa	irt XIV and con	nplete the	follov	ving table:			
							· · · · · · · · · · · · · · · · · · ·	Amount
C	Beginning balance					. <u>1c</u>	_	
d	Additions during the year					. <u>1d</u>	1	
e	Distributions during the year					. <u>1e</u>		
f	Ending balance					. 1f		
2a b_	Did the organization include an amount if "Yes," explain the arrangement in Pa	ırt XIV.						
Par	Endowment Funds. Comp	lete if the org	ganizatior	n ans	wered "Yes"	to For	m 990, Part I	V, line 10.
		(a) Current year	(b) Prior	r year	(c) Two year	s back	(d) Three years bad	ck (e) Four years back
1a	Beginning of year balance							
b	Contributions							
c	Net investment earnings, gains, and losses							
d	Grants or scholarships							1
	Other expenditures for facilities and programs							
f g	Administrative expenses End of year balance							
2	Provide the estimated percentage of the Board designated or quasi-endowmen			l as.				
a	Permanent endowment >		70					
ь	Term endowment ▶%	70						
_								
3a	Are there endowment funds not in the p organization by:	oussession of th	ie organiza	uon t	nat are neid a	na aami	nistered for the	Yes No
	-							3a(i)
	(i) unrelated organizations		• • • •	•				3a(ii)
h	(ii) related organizations	 zatione lietad a		on S				3b
4	Describe in Part XIV the intended uses							<u> </u>
Par						art X. li	ne 10	
	Description of investment	(a) Cost or of	ther basis	(b) (Cost or other asis (other)	(c) A	ccumulated preciation	(d) Book value
1-	Land		724,970					724,970
1a h	Buildings		203,065				1,946,884	2.256.181
b	Leasehold improvements		0		-		0	2,230,101
2	·		290,510				3,756,166	2,534,344
e	Equipment		750,013				27.827.209	105,922,804
	. Add lines 1a through 1e (Column (d) mu			colun	nn (B), line 10(c).)		111.438.299

Part VII Investments—Other Securities	. See Form 990, Part X, I	ine 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year man	
Financial derivatives			
Closely-held equity interests			_ _
Other			
•••••			
			_ _
			·_
••••••••••••			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12)			
Part VIII Investments—Program Relate	d. See Form 990, Part X,	line 13.	
(a) Description of investment type	(b) Book value	(c) Method of value Cost or end-of-year ma	
		1. 1-1-	
			
			
			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.) ▶			
Part IX Other Assets. See Form 990, Pa			
4 INVESTMENT IN ACCOUNTION OF CANITAL	(a) Description		(b) Book value
1. INVESTMENT IN ASSOCIATION ORGANIZAT			17,197,806
3. SPECIAL FACILITY DEPOSITS	TON-OTTICK-NONGENERA	CT ONDS	1,371,367 387
O. OF ECIAL PROJECT PER CONTO			307
	<u></u>	-	
	<u> </u>		
Total. (Column (b) must equal Form 990, Part X, col.		<u> </u>	18,569,560
Part X Other Liabilities. See Form 990,	T		
1. (a) Description of liability	(b) Amount	4	
1. ACCUMULATED OPERATING PROVISION		_	
& ASSET RETIREMENT OBLIGATIONS	1,363,900	-	
W ASSET RETIREMENT OBLIGATIONS	1,303,300	-	
2. CONSUMER DEPOSITS	521,880		
		-	
		1	
		1	
		1	
		1	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,885,780	<u> </u>	
2. FIN 48 Footnote. In Part XIV, provide the text of		'	to the

Sched	due D (Form 990) 2009		Page 4
Pai	Reconciliation of Change in Net Assets from Form 990 to Audited Financial	Stater	nents
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	
Pai	t XII Reconciliation of Revenue per Audited Financial Statements With Reven	ue pe	r Return
1	Total revenue, gains, and other support per audited financial statements	. 1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV.)		
e	Add lines 2a through 2d	. 20	•
3	Subtract line 2e from line 1	. 3	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV.)		
C	Add lines 4a and 4b	. 40	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pai	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	nses p	per Return
1	Total expenses and losses per audited financial statements	. 1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIV.)		_
е	Add lines 2a through 2d	. 20	
3	Subtract line 2e from line 1	. 3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	Ì	
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV.)		
C	Add lines 4a and 4b	. 40	·
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	. 5	
	t XIV Supplemental Information		
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4;	Part IV, lines 1b
and	2b; Part V, line 4; Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d	and 4b	. Also complete
this	part to provide any additional information.		
		•	

• • • • •			
		•••	

Schedule D (Forn	990) 2009 Pag	_{le} 5
Part XIV	Supplemental Information (continued)	
	•••••••••••••••••••••••••••••••••••••••	
		••••
• • • • • • • • • • • • • • • • • • • •	***************************************	
	······································	
•	***************************************	
• • • • • • • • • • • • • • • • • • • •	•••••••••••••••••••••••••••••••••••••••	
•	•••••••••••••••••••••••••••••••••••••••	
		• • • •

SCHEDULE J (Form 990)

Department of the Treasury

Name of the organization

Compensation Information

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

Complete if the organization answered "Yes" to Form 990,

Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Employer identification number

Open to Public Inspection

DIXIE ELECTRIC POWER ASSOCIATION 64 0183177 **Questions Regarding Compensation** No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments Health or social club dues or initiation fees ☐ Discretionary spending account Personal services (e.g., 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 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 2 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ✓ Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a **b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?... 4c 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) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5b If "Yes" to line 5a or 5b, describe in Part III. For persons listed in 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?...........

If "Yes" to line 6a or 6b, describe in Part III.

For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed

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

If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

payments not described in lines 5 and 6? If "Yes," describe in Part III

6a

6b

7

8

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown of W-2	: W-2 and/or 1099-MI	and/or 1099-MISC compensation				
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred	benefits	(a)-(b)(a)	reported in prior Form 990 or Form 990-EZ
ALAN BRADLEY	€ €	103,855			32,988	16631	153,474	151,069
L.G. PIERCE	8	3,600				6,719	10,319	10,479
	€							
	(E)							
	(E)							
	(3)							
	8							
	€		-					
	₿							
	€	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
	(ii)							
	(i)							
	(ii)						• • • • • • • • • • • • • • • • • • •	
	3							
	(ii)					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	* * * * * * * * * * * * * * * * * * *
	(1)							
	€							
	Ξ							
	<u>(ii)</u>							į
	8							
	▣							
	8	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			-			
	3							
	8							
	▣							
	8							
	€							0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	8							
	₿							
	8			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
	€							
							Sche	Schedule J (Form 990) 2009

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

► Attach to Form 990.

OMB No 1545-0047

2009

Open to Public

Inspection

Name of the organization Employer identification number **DIXIE ELECTRIC POWER ASSOCIATION** 64 0183177 Part VI. 6. Dixie Electric is a member owned organization. Each person must apply for membership before receiving electricity. 7a. Each member then has the ability to elect our governing body, which is comprised of 7 board members. 7b. The decisions made by the governing body are not subject to the approval of all the members of the association. 11A. The Form 990 is reviewed by the organization before it is filed, by the following people: General Manager, Senior Accounting Supervisor, Office Manager, Advisor and Accountant. The Form 990 will also be reviewed at the next regularly scheduled monthly board meeting by the governing body. 15. The process for determining compensation of all employees, including the top management official (General Manager) and the board of directors are reviewed and approved by the governing body of our organization and our human resources Comparability rates are used to determine appropriate compensation for each position. Our salary rates are also based on steps and grades according to each job description. 19. Dixie Electric governing documents, Form 990, conflict of interest policy and financial statements are made available to the public upon their requests at our office. The Form 990 is also available on the website, www.guidestar.org.