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Form **990**

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2010

Open to Public Inspection

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

► The organization may have to use a copy of this return to satisfy state reporting requirements

JANUARY 1 For the 2010 calendar year, or tax year beginning 2010, and ending **DECEMBER 31** , 20 10 D Employer identification number C Name of organization DIXIE ELECTRIC POWER ASSN. В Check if applicable Doing Business As 64-0183177 Address change Number and street (or P O box if mail is not delivered to street address) Room/suite Telephone number Name change 601-425-2535 P.O. BOX 88 Initial return City or town, state or country, and ZIP + 4 Terminated 96,174,980 LAUREL. MS 39441-0088 G Gross receipts \$ Amended return F Name and address of principal officer RALPH R. SMITH H(a) Is this a group return for affiliates? ☐ Yes ✓ No Application pending SAME AS C ABOVE H(b) Are all affiliates included? Yes No If "No," attach a list (see instructions) 501(c) (12) ◀ (insert no) ☐ 4947(a)(1) or 501(c)(3) Tax-exempt status WWW.DIXIEEPA.COM H(c) Group exemption number ▶ Website: ▶ Form of organization Corporation Trust ☐ Association ☐ Other ► M State of legal domicile L Year of formation Briefly describe the organization's mission or most significant activities: Dixie Electric Power Assn. strives to: 1) Provide an efficient electrical system and offer quality service at an economical rate to its members 2) Support the community through local Activities & Governance activities and encourage economic growth in the area 3) Offer a productive work environment for its employees and promote their safety and well-being 4) Continue to meet the ever changing needs of its members through technological advances 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) 3 3 7 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 111 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 6 0 7a 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 7b 0 Net unrelated business taxable income from Form 990-T, line 34 **Current Year** Contributions and grants (Part VIII, line 1h). 0 0 Program service revenue (Part VIII, line 2g) 0 96,121,624 Investmenဖျာဖွဲ့ongရု (Part 🎢 I, column (A), lines 3, 4, and 7d) 10 တ 120,041 53.356 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 21,129,706 O 11 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 21,249,747 96,174,980 12 10,948 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 12,125 Benefits paid to or for members (Part IX, column (A), line 4) . . . 0 0 14 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 5,564,986 5,944,896 15 Professional fundraising fees (Part IX, column (A), line 11e) . . . 16a Total fundraising expenses (Part IX, column (D), line 25) ▶ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 12,211,674 82,005,311 17 17,788,785 87,961,155 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 3,460,962 8,213,825 19 Beginning of Current Year **End of Year** 145,879,522 151,924,146 20 Total assets (Part X, line 16) 21 86,908,128 85,176,182 Total liabilities (Part X, line 26) . 22 Net assets or fund balances. Subtract line 21 from line 20 58,971,394 66,747,964 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 parer (<u>oth</u>er than offiger) is based on all information of which preparer has any knowledge Sign GENERAL MANAGER Here Type or print name and title Preparer's signature Print/Type preparer's name Check | if Paid self-employed **Preparer** Firm's EIN ▶ Firm's name **Use Only** Firm's address ▶ Phone no May the IRS discuss this return with the preparer shown above? (see instructions) Yes ☐ No

Form **990** (2010)

Cat No 11282Y

Part I	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III
1,	Briefly describe the organization's mission:
• •	Dixie Electric Power Assn. strives to: 1) Provide an efficient electrical system system and offer quality service at an economical rate
	to its members 2) Support the community through local activities and encourage economic growth in the area 3) Offer a productive
	work environment for its employees and promote their safety and well-being 4) Continue to meet the ever changing needs of its
	members through technological advances
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.
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.
4a	(Code:) (Expenses \$including grants of \$) (Revenue \$93,483,129)
	RURAL ELECTRIC DISTRIBUTION COOPERATIVE WHICH FURNISHED SERVICE TO 37,809 METERS AS OF 12/31/10
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 \$)
40	

Doub				uge C
Part	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,"		163	/
_	complete Schedule A	1		V
2 3	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) 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		1
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? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	_	
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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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		1
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		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.	4	196 200 1	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	1	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11e	√	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	1	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	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, Parts I and IV	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, Parts II and IV.	15		1
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, Parts III and IV	16		1
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 (see instructions)	17		1
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		1
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		1
20 a		20a	ļ	✓
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

				<u> </u>
Part	IV. 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	√	140
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		√
c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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? If "Yes," complete Schedule L, Part I	24d 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):			j , ,
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
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	33		1
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		1
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		✓
а	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	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	1	

Form **990** (2010)

Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			
	Check it Schedule O contains a response to any question in this rait v	<u>-:- :</u>	Yes	No 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 in line 1a. Enter -0- if not applicable		÷ .	°
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	*.		*
_	reportable gaming (gambling) winnings to prize winners?	1c	ļ	ļ
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		- *1. 2	1.0
L	Statements, filed for the calendar year ending with or within the year covered by this return 2a 111	2b		
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)		*	- 77 -
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	2834-	1
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	 	-
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			\vdash
70	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a	1	1
b	If "Yes," enter the name of the foreign country: ▶	100	2	1.4
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓_
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
С	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?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b	, ç	633
7	Organizations that may receive deductible contributions under section 170(c).	100	i ze o	
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	1 47 3	**** <u>*</u>
L	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	-	┼
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	10		
·	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year		5 > 5	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	122	
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		ļ
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	1	1 200	***
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	111		شنا
	organization, have excess business holdings at any time during the year?	8	ļ	 -
9	Sponsoring organizations maintaining donor advised funds.		<u> </u>	- 3
a	Did the organization make any taxable distributions under section 4966?	9a		₩
10	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	Sale Se	7 .30
10	Initiation fees and capital contributions included on Part VIII, line 12	1.3	i en	130
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	10.5	400	
11	Section 501(c)(12) organizations. Enter:			. "
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources		V.X	
	against amounts due or received from them.)		2.3	
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	164	825	, ×,
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			<u>, , , , , , , , , , , , , , , , , , , </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	15	1
	Note. See the instructions for additional information the organization must report on Schedule O.	1877 1874		
р	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	3, .		1 . ,
_				
C 140	Enter the amount of reserves on hand	14a		
14a h	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14a	 	+

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b b "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change			
	O. See instructions. Check if Schedule O contains a response to any question in this Part VI			
Cooti	on A. Governing Body and Management	<u>· ·</u>	<u>· · ·</u>	
Secu	on A. Governing Body and Management		Yes	No
1a b 2	Enter the number of voting members of the governing body at the end of the tax year Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	-		
3	any other officer, director, trustee, or key employee?	2	✓	
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		✓
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Does the organization have members or stockholders? Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	4 5 6 7a	✓	✓
ь 8	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b	ij	>
а b 9	The governing body?	8a 8b 9	√	✓
Section	on B. Policies (This Section B requests information about policies not required by the Internal Rever	iue Co	ode.)	
			Yes	No
10a b	Does the organization have local chapters, branches, or affiliates?	10a	✓	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	√	
b 12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Does the organization have a written conflict of interest policy? If "No," go to line 13			- Area
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	✓	
13	Does the organization have a written whistleblower policy?	13		√
14 15	Does the organization have a written document retention and destruction policy?		1	
a b	The organization's CEO, Executive Director, or top management official	15a 15b	√ ✓	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		₹
	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?	16b		
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3) for public inspection. Indicate how you make these available. Check all that apply.	l)s only	/) ava	ilable
19	Own website Another's website Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict and financial statements available to the public.		•	oolicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: AARON ZUMWALT 1863 HWY 184 E, LAUREL, MS 39443 601-425-2535	of the	!	

Part VII	Compensation of Officers, Directors, Trustee	es, 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.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if neither the organization no	or any relate	d org	anız	atio	n c	ompe	nsa	ted any curren	t officer, director	, or trustee.
(A)	(B)	1 ' ' 1						(D)	(E)	(F)
Name and Title	Average hours per week (describe hours for related organizations in Schedule O)		Institutional trustee	Officer	iii Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1) MACK MAULDIN DIRECTOR - PRESIDENT	3	1						20,170	0	0
(2) MICHAEL SHOWS DIRECTOR - VICE PRESIDENT	3	1						12,098	0	0
(3) JUNE DOGGETT DIRECTOR - SECRETARY TREASURER	3	1						20,444	О	0
(4) ROBERT SMITH DIRECTOR - ALT. SECRETARY TREASURER	3	1						8,063	0	0
(5) ALBERT HUTTO DIRECTOR	3	1						20,388	0	0
(6) H.E. RAMEY DIRECTOR	2	1						20,523	0	0
(7) ALLEN SLEDGE DIRECTOR	3	1						8,108	o	0
(8) ALAN BRADLEY GENERAL MANAGER	36			1				163,538	o	57,311
(9) TIM DUDLEY GENERAL MANAGER	40			1				18,656	o	6,456
(10) L G. PIERCE FORMER DIRECTOR	о						1	10,042	0	0
(11)										
(12)										
(13)				-						· · · · · · · · · · · · · · · · · · ·
(14)						-	-			-
(15)							_			
(16)							-			

Part	VI Section A. Officers, Directors, Trus	tees, Key	Emplo	yee			Highe	est (Employees	(continu	
	(A)	(B)			•	C)			(D)	(E)		(F)
٠	Name and title	Average hours per week (describe hours for related	Individual trustee or director	_ `	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportabl compensation related organizatio (W-2/1099-M	from ns	Estimated amount of other compensation from the organization
		organizations in Schedule O)	ustee	trustee		8	pensated					and related organizations
(17)												
(18)												
(19)												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)			_									
(26)												
(27)												
(28)							_					
1b	Sub-total								302,030		0	63,767
C	Total from continuation sheets to Part				•		•		0		0	0
d	Total (add lines 1b and 1c)							2) va	302,030		0	63,767
	reportable compensation from the organi			1056	- 115	.—				Ole than wh		Yes No
3	Did the organization list any former of employee on line 1a? <i>If "Yes," complete</i>							emp	oloyee, or high	est compe	nsated	
4	For any individual listed on line 1a, is the organization and related organizations	sum of re greater th	porta an \$	ble 150,	con ,000	npe)? <i>I</i>	nsatio	on a s,"	and other comp complete Sch	ensation fro	om the	3 - 3 "
5	Individual									 zation or inc	 Iividual	4 /
	for services rendered to the organization	? If "Yes," o	comp	lete	Scl	hedi	ule J f	for s	such person	· · · ·	<u></u>	5 ✓
	on B. Independent Contractors Complete this table for your five highest	component	lod in	don	ond	lont	contr	act	ore that receive	ad more tha	n \$100	000 of
1	compensation from the organization.	compensar		uep	end		COIM	acı		ed more tha		
	(A) Name and business add								(B) Description of s		((C) Compensation
	CONSTRUCTION 621 BAYLIS CHAPEL R		MBIA,	MS	394	129		-	NE CONSTRUCT			1,977,831 743,696
	ON LINE SERVICE P.O. BOX 505 LAUREL, LINE SERVICE P.O. BOX 485 LAUREL,							 	GHT-OF-WAY C			600,821
	ERSON & DEWAR ENGINEERINGS P.O. BOX		CROS	S, G	A 3	0091			IGINEERING CO			568,142
	R SERVICE P.O. BOX 6717 JACKSO	ON, MS 3928	32					ME	ETER READING			471,096
2	Total number of independent contractor								nose listed ab	ove) who	2 1 P	

Part	VIH	Statement of Rev	enue					
		*		w c •	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a b	Federated campaigns Membership dues .			* *		*	,
s, g	C	Fundraising events .			* à .	,		85 x *
la la	d	Related organizations			, '***	f.	* * *	· •>
ıï.	е	Government grants (con			ı		34	. * * *.
er s	f	All other contributions, gi			♦ ₹	W w	, ,	Ŷ *
ig #		and similar amounts not inc			*	\$ 2- \$ - ·>	**	ê.
Contributions, gifts, and other similar and	g	Noncash contributions include				* - 4	*	* * * * \$
	<u>h</u>	Total. Add lines 1a-1	†	Business Code		*		* * .
Program Service Revenue	•	CALE OF ELECTROIT	v	221122	02.050.472	02.050.472		<u> </u>
leve	2a	SALE OF ELECTRICIT	Υ	221122	92,058,472 453,200	92,058,472 453,200	0	
S A	b	MEMBER FEES PATRONAGE CAPITA	· · · · · · · · · · · · · · · · · · ·	221122	2,691,854		0	0
ž	C d	JOINT POLE RENTAL		221122	918,098		0	
Š	u	JOINT FOLL KLIVIAL		221122	310,030	310,030		
Jran	f	All other program sen	vice revenue					
õ	g	Total. Add lines 2a-2			96,121,624	A 44	L	r (,)
_	3	Investment income			00,111,011		•	
	•	and other similar amo			56,742	56,742	o	0
	4	Income from investmen	•			·		
	5			•				
		, ,	(ı) Real	(II) Personal	4 4 4	.,	****	₹
	6a	Gross Rents		-		K QVI	\$. X	
	b	Less: rental expenses				F 9: 9		
	С	Rental income or (loss)			* * *	de de	1 300 - 4	
	d	Net rental income or (🕨	0	0	0	0
	7a	Gross amount from sales of	(i) Securities	(II) Other	. , , ,	? ₹ ?*		* * * * * * * * * * * * * * * * * * * *
		assets other than inventory		25,195	* ** **	× `	##.	4 5 7
	b	Less: cost or other basis		1	· 4 🐧			
		and sales expenses		28,581	* * *	* `V *		
	C	Gain or (loss)		(3,386)	(0.000)	(0.000)		
	d	Net gain or (loss) .		<u>. P</u>	(3,386)	(3,386)	0 * * *	, , , ,
ē	90	Gross income from fu	ındraisina			0.00	1 4	م ماه (المهم
Other Revenu	ва	events (not including \$	indialing				· ,	× , , * ~)
ě		of contributions reporte	ed on line 1c)		*;	1 - No. 1	* ** *	. · ·
F		See Part IV, line 18 .	· · · a		"*		* 🥡 🕽 ′	,* •
ţ	b	Less: direct expenses	_		*	ø	***	
0	C	Net income or (loss) f		events . >	0		0	0
	9a	Gross income from ga	_		# 19 VI	*		, , ,
		See Part IV, line 19 .	a		* * *	16. 1		, , , , ,
	b	Less: direct expenses			*	*		
	С	Net income or (loss) f		vıties ►	0	0	0	0
	10a	Gross sales of in					· · · · · · · · · · · · · · · · · · ·	4
		returns and allowance	_				3 00 . 3 %	
	b	Less: cost of goods s		L	* * **	* * * * * * * * * * * * * * * * * * *	<u> </u>	اُن <u>مُنْمُ الْمُنْمُ مُنْمُ الْمُنْمُ الْمُنْمُ الْمُنْمُ الْمُنْمُ الْمُنْمُ الْمُنْمُ الْمُنْمُ الْمُنْمُ ا</u>
	С	Net income or (loss) f			0	0	0	0
		Miscellaneous F	revenue	Business Code				<u>-</u>
	11a							
	b			 				
	4	All other revenue .	·		 			
	d e	Total. Add lines 11a-	 -11d			, % ' // "		
	12	Total revenue. See in			96,174,980	96.174,980		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) but are not required to complete columns (B), (C), and (D).

<u>·</u>	All other organizations must complete co				
	not include amounts reported on lines 6b, 3b, 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 governments and organizations in the U.S. See Part IV, line 21 .	10,948		*	* *
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0		♦	i) e = 4 * 4
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0		9- 1 - 1 - 1	^
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0 302,030		*****	,
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 8	Other salaries and wages	2,848,505 1,035,598			
9 10	Other employee benefits	1,371,076 387,687			
10 11 a	Fees for services (non-employees): Management	0			
b c	Legal	64,948 23,641			
d e	Lobbying	0	***		4
f g	Investment management fees Other	3,023,302			
12 13	Advertising and promotion Office expenses	140,800 235,200			
14 15	Information technology	187,101 33,774			
16 17 18	Occupancy	188,888 20,652			
19	for any federal, state, or local public officials Conferences, conventions, and meetings	0 28,740			
20 21	Interest	3,328,218 0			
22 23	Depreciation, depletion, and amortization . Insurance	4,274,378 173,984			-
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a b	COST OF PURCHASED ELECTRICITY DISTRIBUTION EXPENSE-OPERATIONS	68,434,426 187,218	h ' Mho		Mar william XIII. Y and Yu.
c d	DISTRIBUTION EXPENSE-MAINTENANCE CUSTOMER ACCOUNTS EXPENSE	768,719 273,772			
e f 25	CUSTOMER SERVICE & INFORMATION All other expenses ADMIN. & GENERAL Total functional expenses. Add lines 1 through 24f	43,058 574,492 87,961,155			
26	Joint costs. Check here ▶☐ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				Form 990 (2010)

2	art X≎	Balance Sheet		<u> </u>		 	_	
						(A) Beginning of year		(B) End of year
\Box	1	Cash-non-interest-bearing				1,258,211	1	353,936
	2	Savings and temporary cash investments				0	2	0
	3	Pledges and grants receivable, net				0	3	0
	4	Accounts receivable, net				5,772,381	4	5,303,002
	5	Receivables from current and former officers,	, direct	ors, trustees, k	еу	. ,	*	* * * *
		employees, and highest compensated employe	ees. C	omplete Part II	of	· · · · · · · · · · · · · · · · · · ·		2 4 4 4
		Schedule L				0	5	0
	6	Receivables from other disqualified persons (a	as defir	ned under secti	ion	n # cu +		
1		4958(f)(1)), persons described in section 4958(
		employers and sponsoring organizations of se			-	<u> </u>	نَمَ مُثَاثًا	<u> </u>
ţ		employees' beneficiary organizations (see instru-	ctions)			0	6	0
Assets	7	Notes and loans receivable, net				143,896		95,930
4	8	Inventories for sale or use				2,878,458	_	2,503,698
	9	Prepaid expenses and deferred charges				5,818,717	9	6,778,564
	10a	Land, buildings, and equipment: cost or					, "	And the state of t
	_	other basis. Complete Part VI of Schedule D	10a	146,656				445 740 440
			10b	30,944		111,438,299	110	115,712,112
	11	Investments—publicly traded securities Investments—other securities. See Part IV, line 1				0		0
	12 13	Investments—other securities. See Part IV, line Investments—program-related. See Part IV, line				0		<u> </u>
	13 14	Intangible assets		0		0		
	15	Other assets. See Part IV, line 11		18,569,560		21,176,904		
	16	Total assets. Add lines 1 through 15 (must equa				145,879,522		151,924,146
-	17	Accounts payable and accrued expenses				7,220,661		8,528,287
	18	Grants payable				0	18	0
	19	Deferred revenue				0	19	0
	20	Tax-exempt bond liabilities				0	20	0
S	21	Escrow or custodial account liability. Complete I	Part IV	of Schedule D .		0	21	0
Liabilities	22	Payables to current and former officers,				~ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	-	i 6
abi		employees, highest compensated employees,				4-41. '. v		· x &
						0	22	0
	23	Secured mortgages and notes payable to unrela				77,801,687		53,635,617
	24	Unsecured notes and loans payable to unrelated				0		21,066,173
	25 26	Other liabilities. Complete Part X of Schedule D				1,885,780 86,908,128		1,946,105 85,176,182
	20	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check his	_	and comple	ete		20	33,170,102
S		lines 27 through 29, and lines 33 and 34.					,,	
ž	27	Unrestricted net assets				0	27	0
ala	28	Temporarily restricted net assets				0		0
8	29	Permanently restricted net assets				0		0
Ş		Organizations that do not follow SFAS 117, cl					ž ; .	
F		complete lines 30 through 34.					1 1/4	
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds				0	30	0
sse	31	Paid-in or capital surplus, or land, building, or ed				0		0
Ę	32	Retained earnings, endowment, accumulated in				58,971,394	+	66,747,964
S	33	Total net assets or fund balances				58,971,394		66,747,964
	34	Total liabilities and net assets/fund balances .	· ·		i	145,879,522	34	151,924,146
								Form 990 (2010)

	•		
Form	990	(2010)	

Page **12**

Part					
	Check if Schedule O contains a response to any question in this Part XI	<u>· · · · </u>	· · ·	• •	
1	Total revenue (must equal Part VIII, column (A), line 12)	1 1		96,17	4,980
2	Total expenses (must equal Part IX, column (A), line 25)	2		87,96	1,155
3	Revenue less expenses. Subtract line 2 from line 1	3		8,21	3,825
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		58,97	1,394
5	Other changes in net assets or fund balances (explain in Schedule O)	5		(437	,255)
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,				
	column (B))	6		66,74	7,964
Part	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII				
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," ex Schedule O.	plain in	* * .	Yes	No
2a b c	Were the organization's financial statements compiled or reviewed by an independent accountant? Were the organization's financial statements audited by an independent accountant?	 versight	2b	✓	√
d	If the organization changed either its oversight process or selection process during the tax year, exschedule O. If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the years issued on a separate basis, consolidated basis, or both:	plain in	1. W		**
3a	Separate basis Consolidated basis Both consolidated and separate basis As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?		3a	***	✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	ergo the Judits	3b		
			Forn	n 990	(2010)

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name o	f the organization		Employ	er identificatio	n number	
DIXIE	ELECTRIC POWER ASSN.			64-01	83177	
		or Advised Funds or Other Similar Fu orm 990, Part IV, line 6.	nds or	Accounts.	Complete	f the
1 2	Total number at end of year	(a) Donor advised funds		(b) Funds and o	other accounts	
3 4 5	Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and funds are the organization's property, subject	donor advisors in writing that the assets	held in o	donor advis	ed Yes	
6	Did the organization inform all grantees, do only for charitable purposes and not for the conferring impermissible private benefit?	nors, and donor advisors in writing that greenefit of the donor or donor advisor, or	ant fund: for any	s can be us other purpo	ed se Yes	
Par	Conservation Easements. Comp	lete if the organization answered "Yes	" to For	m 990, Par	t IV, lin <u>e 7.</u>	
2	Purpose(s) of conservation easements held Preservation of land for public use (e.g., Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organizate easement on the last day of the tax year.	recreation or education) Preservation Preservation	of a certi	ified historic	structure	
				🥦 🦑 Held at	the End of the	Tax Year
а	Total number of conservation easements .			2a		
b	Total acreage restricted by conservation eas	sements		2b		
c d	Number of conservation easements on a cel Number of conservation easements include historic structure listed in the National Regis	rtified historic structure included in (a) led in (c) acquired after 8/17/06, and no ter	t t on a 	2c 2d		
3	Number of conservation easements modified tax year ▶	-	erminated	d by the orga	anizatıon dur	ing the
4 5	Number of states where property subject to Does the organization have a written pol- violations, and enforcement of the conserva-	licy regarding the periodic monitoring, in tion easements it holds?			☐ Yes	□ No
6	Staff and volunteer hours devoted to monitor	ring, inspecting, and enforcing conservation	n easem	ents during	the year	
7	►Amount of expenses incurred in monitoring, ►\$	inspecting, and enforcing conservation ea	sements	during the y	/ear	
8	Does each conservation easement reported (i) and section 170(h)(4)(B)(ii)?				☐ Yes	□No
9	In Part XIV, describe how the organization rebalance sheet, and include, if applicable, the organization's accounting for conservation experiences.	e text of the footnote to the organization's feasements.	financial	statements	that describe	es the
Part		ections of Art, Historical Treasures, overed "Yes" to Form 990, Part IV, line 8		r Similar A	ssets.	
1a	If the organization elected, as permitted un- works of art, historical treasures, or other public service, provide, in Part XIV, the text	similar assets held for public exhibition,	educatio	n, or resear	ch in further	
b	If the organization elected, as permitted u works of art, historical treasures, or other public service, provide the following amount	similar assets held for public exhibition, its relating to these items:	educatio	n, or resear	rch in furthei	rance of
2	(i) Revenues included in Form 990, Part VIII (ii) Assets included in Form 990, Part X. If the organization received or held works following amounts required to be reported to	of art, historical treasures, or other simil	ar asset	. ▶ \$. ▶ \$ s for financ	ıal gain, pro	vide the

a Revenues included in Form 990, Part VIII, line 1 . .

b Assets included in Form 990, Part X . . .

Part	III ⁹ Organizations Maintaining Col	lections of Art, His	torical Treasures	s, or Other Sim	nilar Assets (continued)
3	Using the organization's acquisition, acce collection items (check all that apply):	ssion, and other reco	rds, check any of t	he following that	are a significant use of its
а	☐ Public exhibition	d		ange programs	
b	☐ Scholarly research	е	Other		
C	☐ Preservation for future generations				
4	Provide a description of the organization's	s collections and expla	ain how they furthe	r the organization	n's exempt purpose in Part
	XIV.				
5	During the year, did the organization solid				
	assets to be sold to raise funds rather than				
Part	IV Escrow and Custodial Arrange line 9, or reported an amount on	Eorm 000 Port V I	r the organization	answered re	s to Form 990, Part IV,
10	Is the organization an agent, trustee, cus	todian or other intern	nediany for contribu	itions or other a	ssets not
18	included on Form 990, Part X?	dodian or other intern			· · · Yes No
b	If "Yes," explain the arrangement in Part X				103 - 100
b	ii res, explain the arrangement in rant A	iv and complete the it	mowing table.		Amount
С	Beginning balance			1c	
ď	Additions during the year				
e	Distributions during the year				
f	Ending balance				
2a	Did the organization include an amount on				Yes No
	If "Yes." explain the arrangement in Part X	IV.			
Par		f the organization ar	nswered "Yes" to	Form 990, Part	t IV, line 10.
	(a)	Current year (b) Pri	or year (c) Two ye		years back (e) Four years back
1a	Beginning of year balance			1.04	
b	Contributions				
C	Net investment earnings, gains, and				法法律权 医多类激化的
	losses			*	
d	Grants or scholarships				
е	Other expenditures for facilities and				
_	programs			***	~ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
f	Administrative expenses				
g	End of year balance	ear and balance hold			
2	Provide the estimated percentage of the years designated or guest endowment.		15.		
a	Board designated or quasi-endowment ► Permanent endowment ► %				
b	Permanent endowment ▶ % Term endowment ▶ %	U			
3a	Are there endowment funds not in the pos	ssession of the organ	ization that are held	d and administer	ed for the
-	organization by:	••••••••••••••••••••••••••••••••••••••			Yes No
	(i) unrelated organizations				3a(i)
	(ii) related organizations				3a(ii)
b	If "Yes" to 3a(II), are the related organization	ons listed as required	on Schedule R? .		3b
4	Describe in Part XIV the intended uses of t				
Part	VI Land, Buildings, and Equipme	nt. See Form 990, F	art X, line 10.		
_	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	depreciation	, ,
1a	Land	724,971		* 1. P. F. A. L.	724,971
b	Buildings	4,263,355		2,0	75,044 2,188,311
С	Leasehold improvements	C			0 0
d	Equipment	6,459,759			90,849 2,268,910
e	Other	135,208,350			78,430 110,529,920
Total.	Add lines 1a through 1e. (Column (d) must	equal Form 990, Part	X, column (B), line '	10(c).)	. 115,712,112

Part VII	nvestments - Other Securities.	See Form 990, Part X, I	ine 12.	
(a) De	scription of security or category (including name of security)	(b) Book value	(c) Method of val Cost or end-of-year m	
(1) Financial de	rivatives			
(2) Closely-held	d equity interests[
(3) Other				
(A)				
(B)				<u> </u>
(C)				
(D)				
(E) (F)				_
(G)				<u> </u>
(H)				
(I)				
Total. (Column (b) m	ust equal Form 990, Part X, col (B) line 12.)		******	* * * * * * * * * * * * * * * * * * *
Part VIII	nvestments-Program Related	. See Form 990, Part X,	line 13.	
	Description of investment type	(b) Book value	(c) Method of val Cost or end-of-year m	
(1)				
(2)				
(3)				
(4)				
(5)			_	
(6)				
(7) (8)				
(9)				
(10)		-		
	nust equal Form 990, Part X, col (B) line 13)		· · · · · · · · · · · · · · · · · · ·	\$1.75
Part IX (Other Assets. See Form 990, Pa			
-		Description		(b) Book value
	ION ORGANIZATIONS - MEMBERSHIP			2,125
	ION ORGANIZATIONS - PATRONAGE	CAPITAL		19,812,336
	APITAL TERM CERTIFICATES			1,362,056 387
	ACILITY DEPOSITS			307
(5)		· · · · · · · · · · · · · · · · · · ·		
<u>(6)</u> <u>(7)</u>				
(8)				• •
(9)				•
(10)				
	(b) must equal Form 990, Part X, co			21,176,904
	Other Liabilities. See Form 990,			
1.	(a) Description of liability	(b) Amount	Property of the rest	. ***
(1) Federal inc				*
	ATED OPERATING PROVISIONS AND	4 400 700		· .
	ETIRMENT OBLIGATIONS R DEPOSITS	1,409,700 536,405	•	
(5)	R DEPOSITS	330,403		\$ * **
(6)			* * .,	« -
(7)			· · · · · · · · · · · · · · · · · · ·	
(8)			, 5 <u>6</u>	**
(9)				•
(10)				* . · · · · · · · · · · · · · · · · · ·
(11)				
Total. (Column (b) n	nust equal Form 990, Part X, col (B) line 25.)	1,946,105		

Part	XI Reconciliation of Change in Net Assets from Form 990 to Au	dited Financial Statem	ents	<u> </u>
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	96,174,980
2 ·	Total expenses (Form 990, Part IX, column (A), line 25)		2	87,961,155
			3	8,213,825
3	Excess or (deficit) for the year. Subtract line 2 from line 1		4	0,213,023
4	Net unrealized gains (losses) on investments		5	- 0
5	Donated services and use of facilities	ł	6	0
6	Investment expenses		7	0
7	Prior period adjustments			0
8	Other (Describe in Part XIV.)		8	
9	Total adjustments (net). Add lines 4 through 8		9	0 010 005
10	Excess or (deficit) for the year per audited financial statements. Combine I		10	8,213,825
	XII Reconciliation of Revenue per Audited Financial Statemen		r Het	
1	Total revenue, gains, and other support per audited financial statements .		1	96,174,980
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	- 1		
а	Net unrealized gains on investments	2a	_	
b	Donated services and use of facilities	2b		
C	Recoveries of prior year grants	2c	**	
d	Other (Describe in Part XIV.)	2d		
е	Add lines 2a through 2d		26)
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		44	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	-	
b	•	4b		
C	Add lines 4a and 4b		40	5
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	2.)	5	96,174,980
Part	XIII Reconciliation of Expenses per Audited Financial Stateme			leturn
1			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
	Other losses	2c		
C	Other (Describe in Part XIV.)	2d		
d			20	
e	Add lines 2a through 2d		3	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4-		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV.)	4b		
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	87,961,155
Part				
	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9			
	, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, I	ines 2d and 4b. Also cor	nplet	e this part to provide
any a	dditional information.			

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

DIXIE ELECTRIC POWER ASSN.

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

OMB No 1545-0047 80

Open to Public Inspection

Employer identification number

64-0183177

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

Schedule I (Form 990) (2010) ° U (h) Purpose of grant Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II or assistance Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to √ Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance (e) Amount of non- (f) Method of valuation cash assistance (book, FMV, appraisal, other) Cat. No 50055P Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash Enter total number of section 501(c)(3) and government organizations. (c) IRC section if applicable the selection criteria used to award the grants or assistance? For Paperwork Reduction Act Notice, see the Instructions for Form 990. General Information on Grants and Assistance can be duplicated if additional space is needed. Enter total number of other organizations (P) EIN 1 (a) Name and address of organization or government Part Part II Ξ N <u>a</u> € Ō 9 Ω (8) 0 5 (12) ල

Schedule I (F	Schedule I (Form 990) (2010)	o_
Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.	ı
	Part III can be duplicated if additional space is needed.	

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
4 6					
4					
9					
7					
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	ete this part to pr	ovide the informatio	n required in Part I,	line 2, and any other add	Jitional information.
ALL DONATIONS ARE PRESENTED TO THE BOARD OF DIRECTORS FOR	F DIRECTORS FOR	APPROVAL BEFORE THEY ARE GIVEN	HEY ARE GIVEN.		
	, , , , , , , , , , , , , , , , , , ,				
					Schedule I (Form 990) (2010)

SCHEDULE J (Form 990)

Compensation Information
For certain Officers, Directors, Trees, Key Employees, and Highest Complete if the complete in the co

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

DIXIE ELECTRIC POWER ASSN.

Employer identification number

64-0183177

Part I	Questions Regarding Compensation			
			Yes	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.	7. 4		·
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use	à		
	☐ Travel for companions ☐ Payments for business use of personal residence	1 4, 2		
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees	448	* .*	< 1
	☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)	- 44		
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.		<u> </u>	* *
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	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			\hat{\chi}
	☐ Independent compensation consultant ☐ Compensation survey or study		/% »,	* * * * * * * * * * * * * * * * * * * *
	Form 990 of other organizations Approval by the board or compensation committee	Ž,		*(3
4	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:	0.00		
а	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a	✓	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	<u>L</u> _	✓
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	ļ	✓
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			> .
5	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:			
а	The organization?	5a		
b	Any related organization?	5b		
6	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:	2.35	446	·
а	The organization?	6a		
b	Any related organization?	6b		, ž,
-	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	Ž		-
7	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		
8	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 Regulations section 53.4958-4(a)(3)? If "Yes," describe			
_	in Part III	8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

Page 2

Schedule J (Form 990) 2010

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 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.

L.C. PIERCE A) Marine (4)			(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Bettrement and	oldevetook (d)	(E) Total of columns	(F) Compensation
C.S. PIERCE (1) 3.500 0 6.442 0 0 0 0 0 0 0 0 0	(A) Name	-	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(i)(a)	reported in prior Form 990 or Form 990-EZ
ALAM BRADILEY (4) 110,973 0 \$22,565 44,322 12,585 220,08 ALAM BRADILEY (7) 10 <td< th=""><th>L.G. PIERCE</th><th>Θ</th><th>3,600</th><th></th><th>6,442</th><th></th><th>0</th><th>10,042</th><th>0</th></td<>	L.G. PIERCE	Θ	3,600		6,442		0	10,042	0
ALAN BRADLEY (1) 116,973 0 S2,565 44,352 12,959 220,04 (1) <th>-</th> <th>(E)</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>	-	(E)							
	ALAN BRADLEY	(1)	110,973		52,565	44,352	12,959	220,849	0
10		€							
		(6)							
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		Θ							
(a) (a) (b) (c) (4	≘			0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				
10		3							
Columbia	S	(1)							
10		(6)							
	ဖ	€							
(4) ((5)							
(1) (2) (3) (4) (7	€							
(1)		(1)						0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	11 11 11 11 11 11 11 11 11 11 11 11 11
(1) (œ	€							
(ii) (ii) (iii) (i		(6)							
(i) (ii) (iii) (ii	o	E							
		(6)							1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(i) (ii) (iii) (ii	10	€							
		(i)							
(i) (ii) (iii) (ii	11	(ii)							
(i) (ii) (iii) (ii		()							
(i) (ii) (iii) (ii	12	€							
(ii) (iii) ((j)						10 10 10 10 10 10 10 10 10 10 10 10 10 1	
(i) (ii) (iii) (ii	13	(E)							
(i) (ii) (iii) (iii)		(2)							
(ii) (iii) (iii) (iii)	14	(E)							:
(i) (ii)		(9)							
(1)	15	€							
		€							
	16	(3)							

2010	
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Page 3

Supplemental Information Supplemental Information
Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part fo any additional information.
ALAN BDADLEY DECEIVED A SEVERANCE PAYMENT OF \$49 677.
Schadule 1/Earm 901

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

	Open to Public Inspection
Employer identific	ation number

DIXIE ELECTRIC POWER ASSN.	64-0183177
PART VI	
LINE 2. THE GENERAL MANAGER AND ONE BOARD MEMBER OF DIXIE ELECTRIC SERVE ON THE B	OARD OF DIRECTORS OF SOUTH
MISSISSIPPI ELECTRIC POWER ASSN. ALAN BRADLEY AND JAMES T. DUDLEY, JR. SERVED AS O	JR GENERAL MANAGER
REPRESENTATIVE IN 2010. MACK MAULDIN SERVED AS OUR BOARD MEMBER REPRESENTATIVE	·
LINE 6. DIXIE ELECTRIC IS A MEMBER OWNED COOPERATIVE. EACH PERSON MUST APPLY FOR M	MEMBERSHIP BEFORE RECEIVING
ELECTRICITY FROM THE ASSOCIATION.	
LINE 7a. EACH MEMBER HAS THE RIGHT TO VOTE FOR THE BOARD OF DIRECTORS EACH YEAR A	T THE ANNUAL MEETING.
LINE 11a. THE GENERAL MANAGER, ADMINISTRATION & FINANCE MANAGER, ACCOUNTING SUPE	RVISOR, AND ADVISOR WILL REVIEW
THE FORM 990. AFTER THIS THE GENERAL MANAGER WILL PRESENT THE FORM 990 TO THE BOA	ARD OF DIRECTORS AT THE NEXT
SCHEDULED MEETING.	
LINE 15. HUMAN RESOURCE MANAGER AND ADVISOR CONDUCTED A WAGE AND SALARY STUDY	
OUR STATE AND NATIONAL AVERAGES FOR OUR INDUSTRY. ANY RECOMMENDED CHANGES OU	R PRESENTED TO THE BOARD OF
DIRECTORS FOR APPROVAL.	
LINE 19. THESE DOCUMENTS ARE AVAILABLE UPON REQUEST.	
<u></u>	