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WAY 2 6 2011

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

	artment of t nal Revenu	the Treasury le Service	► The organiza	tion may have to u	use a copy of this	s return to satis	fv state repo	ortina reauirer	nents.	Inspection		
Ā			ndar year, or tax ye		1/1		and ending	12/3		, 20 10		
В	Check if a		C Name of organization		s Electric Coope	erative, Inc.		D	Emplo	yer identification number		
Ē	Address o		Doing Business As			··				72-0362325		
Ħ	Name cha	-	Number and street (or	PO box if mail is not	delivered to street	address)	Room/suite	E	Telepho	one number		
H	Initial retu		906 N. Lake Arthu	Ave. P.O. Dra	wer 1229	•		1	•	337 824-4330		
H	Terminate		City or town, state or			·						
	Amended		Jennings, LA 705					6	Gross r	ecelpts \$ 21,281,510.00		
H		n pending	F Name and address		 					for affiliates? Yes V No		
	Applicatio	in benoing	Michael J. Heinen,	_	dry Rd. Jenning	S I A 70546		H(b) Are all a				
	Tax-exem	nt status	501(c)(3)		2) ◀ (insert no)		527	4 ''		list (see instructions)		
' -	Website			<u> </u>	- / - (H(c) Group e				
K			Corporation Tru	ist Association	Other >	T ₁ v	ear of formation			of legal domicile LA		
	art I	Summ				1 5 19	sai or iornano		Otate	or regal dormone Ex		
			escribe the organiz	ation's mission of	or most signific	ant activities:	Utility se	rvice distrib	utina el	ectricity to rural		
	l .	consume			or moor organic	ant dottvittoo.			9 01			
õ	-											
nar	-							••				
Governance	2 (Check th	ıs box ▶ 🔲 if the or	ganization discontinu	ed its operations of	disposed of more	than 25% of	its net assets				
ဗိ			of voting members	-	-	•			3	9		
•ŏ	1		of independent vot	_		•			4	6353		
ij	i		nber of individuals	-			-		5	45		
Activities &	1		nber of volunteers	• •	-	-	-		6	0		
ĕ			elated business re	•	• •				7a	0		
	•		ated business taxa		•	•			7b	0		
		101 411.01				<u> </u>		Prior Year		Current Year		
4.	8 (Contribut	ions and grants (P	art VIII. line 1h).								
Revenue			service revenue (P									
Še	1	nvestment income (Part VIII, column (A), thous 3, 4, and 7d)							31271	31129		
æ	11 (Other revenue (Part VIII, column (A) Tines 5-6d, eq.(9d, 10c, and 11e) .							51442	8739234		
	12 T	otal reve	nue-add Ines 8 t	prough 11 (must	equal Ran VIII,	column (A), lin	ne 12)		82713	8770363		
			nd similar announts									
		Benefits paid to or for Rembers (Part IX, column (A)) line 4)										
Ø			alaries, other compensation, employee-benefits (Part IX, oplumn (A), lines 5-10)							263424		
Expenses			nal fundraising fee									
ē,	ЬΤ	otal fund	draising expenses	(Part IX, column	(D), line 25)							
ũ			enses (Part IX) co			f)		65	83630	7217405		
	18 T	otal exp	enses. Add lines 1	3–17 (must equa	il Part IX, colur	nn (A), line 25) . [68	50450	7480829		
	19 F	Revenue	less expenses. Su	btract line 18 fro	m line 12			12	32263	1289534		
o se							Beg	ınning of Curre	nt Year	End of Year		
land	20 T	otal asse	ets (Part X, line 16)				🗀	370	69517	38162867		
t Agg	21 T	otal liabi	ilities (Part X, line 2	6)			🗀	231	18032	23093154		
Net Assets or Fund Balances	22 N	Vet asset	s or fund balances	. Subtract line 2	1 from line 20		<u> </u>	139	51485	15069713		
	rt II	Signat	ure Block									
										ly knowledge and belief, it is		
true	e, correct, a	and comple	ete Declaration of prepa	arer (other than office	r) is based on all in	formation of whic	h preparer ha	s any knowledo	дө.			
		\										
Sign Signature of officer							Date	4/	26/2011			
He	re		///	reary	. Mei	un						
	L		or print name and title	MichaelJ	. Heinen,	General		er				
Pa	id	Print/Typ	e preparer's name	Prepa	arer's signature		Date		Check [] if PTIN		
	parer	<u></u>						:	self-empl	loyed		
	e Only	Firm's na	me 🕨					Firm's I	EIN >			
		Firm's ac		<u></u>		,		Phone	no			
			this return with th			instructions)	<u></u>	<u> </u>		Yes No		
For	Paperwo	rk Reduc	tion Act Notice, sec	the separate ins	tructions.		Cat, No 1	1282Y		Form 990 (2010)		

Cat. No 11282Y

• Form 990 (2010)

Part	Checklist of Required Schedules		T	1
4	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
1	complete Schedule A	1		1
2	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	2		✓
3	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		1
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, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	✓	
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
	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
e	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	11e	✓	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11f	1	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	✓	
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		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		/
14 a b		14a		✓_
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	14b		✓
15	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	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, Parts III and IV	16		<u> </u>
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		✓
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		✓
20 a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		√
b	Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		1

Part	IV Checklist of Required Schedules (continued)			
		Ī	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		1
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		1
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		
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):			
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 (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		<u>▼</u>
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		<u> </u>
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		<u>·</u> ✓
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		<u>·</u> ✓
35 a	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		<u></u>
	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)

	90 (2010)	_		Page (
Part				
	Check if Schedule O contains a response to any question in this Part V	• •	· .	
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 68		Yes	No
1a b	Enter the number reported in Box 3 of Form 1098. Enter -0- if not applicable	-1		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
	reportable gaming (gambling) winnings to prize winners?	1c	1	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	<u> </u>	† * –	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 45			1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		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			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			1
b	If "Yes," enter the name of the foreign country:	4a		-
D	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		1
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	<u> </u>	
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?			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		✓_
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	- 		
	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		✓_
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		/
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		✓ _
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organizations, but 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.	-		
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:		1	
a	Initiation fees and capital contributions included on Part VIII, line 12			
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b Section 501(c)(12) organizations. Enter:		•	
a	Gross income from members or shareholders		1	
b	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
L	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	}	}	į
С	Enter the amount of reserves on hand			į
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	\dashv	7
<u></u>	If "Voc " has it filed a Form 720 to report those payments? If "No " provide an explantian in Cohodula O	446		<u>*</u>

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Page 6

Par				
	"No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change O. See instructions.	əs ın	Sch	edule
	Check if Schedule O contains a response to any question in this Part VI			. 🔽
Sect	ion A. Governing Body and Management	<u></u>	<u> </u>	· (<u>*</u>
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 9		\vdash	
b		ĺ	-	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	ĺ.	1.	
_	any other officer, director, trustee, or key employee?	2		✓
3	Did the organization delegate control over management duties customanly performed by or under the direct	ĺ	l	
	supervision of officers, directors or trustees, or key employees to a management company or other person? .	3	_	1
4 5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	├—	/
6	Did the organization become aware during the year of a significant diversion of the organization's assets?. Does the organization have members or stockholders?	5	 	/
7a		6	✓	├
	of the governing body?	7a	1	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	1	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		 	·
	the year by the following:			1
а	The governing body?	8a	1	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	i		
<u> </u>	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		✓
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	ie Co		
10a	Does the organization have local chapters, branches, or affiliates?	100	Yes	No
b	· ·	10a		✓
	abantara affiliatas and busanless to annual that a superior to the first of the fir	10b	i	1
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			<u> </u>
	form?	11a		1
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	\neg		
12a		12a		1
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
		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.			
13		12c		
14	Does the organization have a written whistleblower policy?	13		- /
15	Did the process for determining compensation of the following persons include a review and approval by	-14	, 	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	.]
а	TI 1 1 1 050 5 11 01 1 1 1 1 1 1 1 1 1 1 1	15a	1	لبدسد
b		15b	1	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	The second secon	l	, ,	
		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?		*\$ E'	}
Section	on C. Disclosure	16b		
17	List the states with which a copy of this Form 990 is required to be filed ▶ Louisiana			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s	only) avai	lahie
-	for public inspection. Indicate how you make these available. Check all that apply.	Oi iiy	, uvai	IUDIC
	☐ 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	ıntere	est po	olicy.
	and financial statements available to the public.		•	•
20	State the name, physical address, and telephone number of the person who possesses the books and records o	f the		
	organization: Jefferson Davis Electric Cooperative, Inc. 906 N. Lake Arthur Ave , Jennings, LA 70546			

1	Pane	7

Part VII	Compensation of Officers, Dir	rectors, 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.
- 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		d orga	aniz	atic	n c	ompe	nsa	ted any curren	nt officer, director	, or trustee.
(A)	(B)			((C)			(D)	(E)	(F)
Name and Title	Average								Reportable	Estimated
	hours per week (describe hours for related organizations in Schedule O)	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
(1) John V. Berken Director	1	✓						17525 72		
(2) Claude Breaux Director	1	✓						16925.72		
(3) Richard Byler Director	2	1						16825.72		
(4) Charles S. Hackett (deceased) Director	1	✓						13329.90		
(5) Edwin S. Henry Director	1	✓						16625.72		
(6) E. Garner Nunez Director	1	✓						16619.48		
(7) Herman T. Precht III Director	1	√						0.00		
(8) Denny Primeaux Director	2	✓						17125.72		
(9) Joseph L. Tupper Director	2	✓						17025.72		
(10) Kirk Weldon Director	3	✓						18225.72		
(11) Michael J. Heinen General Mananger	40			✓				113195.02		56473.23
(12)								i		
(13)										
(14)										
(15)										
(16)										

Par	t VII Section A. Officers, Directors, True	stees, Key	Empl	oyee	es, a	and	High	est	Compensated	Employee	s (contii	nued)		
	(A)	(B)	(C)						(D)	(E)			(F)	
	Name and title	Average hours per week				Г_	that a		Reportable compensation from	sation compensati		an	timated nount o other	_
		(describe hours for related organizations in Schedule O)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	mer	the organization (W-2/1099-MISC)	organiza (W-2/1099	tions	com fr org. and	pensation the anization trelate inization	on d
(17)														
(18)														
(19)										-				
(20)														
(21)														
(22)								 		_		,		
(23)														
(24)														-
(25)														
(26)					1						+			
(27)														
(28)							··· - · ·							
1b	Sub-total			•				•	263424.44				564	73.23
d	Total from continuation sheets to Part Total (add lines 1b and 1c)						<u>:</u>	>	263424.44				564	73.23
2	Total number of individuals (including but reportable compensation from the organization)	not limited zation ►	to the	ose	liste	ed a	bove	e) wł	ho received mo	ore than \$1	00,000	in		
3	Did the organization list any former of	ficer, direct	tor or	tru	ıste	e, k	кеу є	empl	loyee, or high	est compe	ensated		Yes	No
4	employee on line 1a? If "Yes," complete S For any individual listed on line 1a, is the											3	•	✓
	organization and related organizations individual									edule J fo	or such	4	~	- ✓
5	Did any person listed on line 1a receive or for services rendered to the organization?	accrue co	mpen o <i>mple</i>	sati	on f Sche	rom edul	n any le J f	unr	elated organiza uch person .	ation or inc	dividuał 		- 4	/
Section	on B. Independent Contractors													_
1	Complete this table for your five highest compensation from the organization.	ompensate	d ind	epe	nde	nt c	ontr	acto	rs that receive	d more tha	an \$100	,000 of		
	(A) Name and business addr	ess							(B) Description of se	rvices	((C) Compens	ation	
AMS	Jtiliserv							met	er reading servi	ce			420	14.62
	hie Treating LLC								supplier				217	99.69
	r Maintenance Service Inc.	-							er reading servi			<u> </u>		57.00
	Brothers, Inc Electric								sh buggy renta tract labor					92.00
2	Total number of independent contractor	s (including	a but	nο	t lir	mite				ve) who			39	65 00
-	received more than \$100,000 in compensa								-55 115150 000	, ***110				

Par	t VIII	Statement of Revenue				
			(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 1a Membership dues 1b	-			
g of		Membership dues 1b 1c	\dashv	ļ		
ifts	d	Related organizations 1d				
s, g nila	e	Government grants (contributions) 1e	-			
Sir	f	All other contributions, gifts, grants,	7			
the E		and similar amounts not included above 1f				
d dri	g	Noncash contributions included in lines 1a-1f: \$				
	h	Total. Add lines 1a-1f				
Program Service Revenue		Business Code				
ever	2a					
ě	b					
ξ	C					
Se	d		 			
臣	e f	All other program service revenue .	<u> </u>			
õ	g	Total. Add lines 2a–2f	 		<u> </u>	
	3	Investment income (including dividends, interest,			Ī	
		and other similar amounts)	31129			31129
	4	Income from investment of tax-exempt bond proceeds ▶				
	5	Royalties				
	6a	Gross Rents	-			:
	b	Less: rental expenses	4			}
	C	Rental income or (loss)				
	d 7a	Net rental income or (loss)				
	/ a	assets other than inventory	-			
	Ь	Less: cost or other basis	1			1
		and sales expenses .				
	С	Gain or (loss) .	1			
	ď	Net gain or (loss)				
Revenue	8a	Gross income from fundraising				!
e ve		events (not including \$				t J
		of contributions reported on line 1c). See Part IV, line 18 a				
Other	_	Less: direct expenses b	-			
0		Net income or (loss) from fundraising events .				mental e e e
		Gross income from gaming activities.				
		See Part IV, line 19 a				
	b	Less: direct expenses b]			
	С	Net income or (loss) from gaming activities ▶				
	10a	Gross sales of inventory, less				1
		returns and allowances a 21166879	-} I			
1	b	Less: cost of goods sold b 12511147	i		~	
	С	Net income or (loss) from sales of inventory >	8655732	8655732		31129
	44-	Miscellaneous Revenue Business Code	83502			
	11a b	other capital credits	63502			
	C		 			
	d	All other revenue				
	е	Total. Add lines 11a–11d	83502			
	12	Total revenue. See instructions ▶	8770363	8655732		31129

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).

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	263424			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal		· · · · · · · · · · · · · · · · · · ·		
c d	Accounting			<u> </u>	
e	Lobbying				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				·
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance				
24	Other expenses. Itemize expenses not covered				1
	above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column				ı
	(A) amount, list line 24f expenses on Schedule O.)				1
а	i i	7217405			
b		72.7400			
c					
ď					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	7480829			
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.				· -

Part				Page II
		(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing	454924	1	743790
2	Savings and temporary cash investments	1449912	2	2378651
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	2053776	4	1800121
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees. Complete Part II of			
	Schedule L	Ţ	5	
6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary			
_	employees' beneficiary organizations (see instructions)		<u>-</u> -	
Assets 7 8	· ·		6	
)SS 7	Notes and loans receivable, net		7	
· •	Inventories for sale or use	699428	8	688631
9	Prepaid expenses and deferred charges	4363226	9	3654924
10a	other basis. Complete Part VI of Schedule D 10a 37438661			
t	<u> </u>	26550851	10c	27392827
11	Investments—publicly traded securities		11	
12	Investments—other securities. See Part IV, line 11	1490039	12	1496434
13	Investments-program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	7361	15	7489
16	Total assets. Add lines 1 through 15 (must equal line 34)	37069517	16	38162867
17	Accounts payable and accrued expenses	1581583		1701732
18	Grants payable		18	
19	Deferred revenue	3206368	19	3206368
20	Tax-exempt bond liabilities		20	
ဖ္ထု 21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
Liabilities 22	Payables to current and former officers, directors, trustees, key			
ia l	employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			 .
_	·	45044050	22	45485000
23	Secured mortgages and notes payable to unrelated third parties	15644853	23	15135332
24	Unsecured notes and loans payable to unrelated third parties	2685228	24 25	2040722
25 26	Other liabilities. Complete Part X of Schedule D	23118032	26	3049722 23093154
- 20	Organizations that follow SFAS 117, check here ▶ □ and complete	23118032	20	23093134
တ္ထ	lines 27 through 29, and lines 33 and 34.			,
Ö 27	Unrestricted net assets		27	
28 28	Temporarily restricted net assets		28	
m 29	Permanently restricted net assets		29	
5 2	Organizations that do not follow SFAS 117, check here ▶ □ and			
뜬	complete lines 30 through 34.			
g 30	Capital stock or trust principal, or current funds		30	- •
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
¥ 32	Retained earnings, endowment, accumulated income, or other funds.	13951485	32	13780179
Net Assets or Fund Balance 27 28 30 31 32 33	Total net assets or fund balances		33	1289534
2 34	Total liabilities and net assets/fund balances	37069517	34	38162867
	<u> </u>			Form 990 (2010)

orm 9	90 (2010)			P	age 12
Par	Reconciliation of Net Assets 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)			87	70363
2	Total expenses (must equal Part IX, column (A), line 25)			74	80829
3	Revenue less expenses Subtract line 2 from line 1			12	89534
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4			·	0
5	Other changes in net assets or fund balances (explain in Schedule O)				0
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,	İ			
	column (B))		_	12	89534
Pari	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII				. 🗆
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Account Other If the organization changed its method of accounting from a prior year or checked "Other," explain Schedule O	in			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	1	
b	Were the organization's financial statements audited by an independent accountant?		2b	1	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign 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 Schedule O.	in			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year we issued on a separate basis, consolidated basis, or both:	ere			
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth the Single Audit Act and OMB Circular A-133?		3a	~	
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo t required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		-

Form **990** (2010)

SCHEDULE D (Form 990)

Supplemental Financial Statements

2010

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

evenue Service ► Attach to Form 990. ► See separate instructions.

Employer identification number

Jeffer	son Davis Electric Cooperative, Inc.		72-0362325			
Par	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the					
	organization answered "Yes" to Fo	orm 990, Part IV, line 6.				
		(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	Did the organization inform all donors and	_				
	funds are the organization's property, subjec	_				
6	Did the organization inform all grantees, don					
	only for charitable purposes and not for the					
	conferring impermissible private benefit? .	lete if the organization answered "Yes"	Yes No			
Par			to Form 990, Part IV, line 7.			
1	Purpose(s) of conservation easements held be Preservation of land for public use (e.g., r.		of an historically important land area			
	Protection of natural habitat		of a certified historic structure			
	Preservation of open space	reservation	or a certified filstoric structure			
2	Complete lines 2a through 2d if the organizat	on held a qualified conservation contribut	ion in the form of a conservation			
_	easement on the last day of the tax year.	,				
	•		Held at the End of the Tax Year			
а	Total number of conservation easements .		2a			
b	Total acreage restricted by conservation ease	ements	2b			
С	Number of conservation easements on a cert	tified historic structure included in (a)	2c			
d	Number of conservation easements include		t on a			
	historic structure listed in the National Regist		==			
3	Number of conservation easements modified	, transferred, released, extinguished, or ter	rminated by the organization during the			
	tax year ▶					
4	Number of states where property subject to o		anadan bandina af			
5	Does the organization have a written policy violations, and enforcement of the conservation					
6	Staff and volunteer hours devoted to monitor					
O	Starr and volunteer nours devoted to monitor	ing, inspecting, and emotioning conservation	ri easements during the year			
7	Amount of expenses incurred in monitoring, i	nspecting, and enforcing conservation eas	sements during the year			
•	▶ \$		and Jour			
8	Does each conservation easement reported of	on line 2(d) above satisfy the requirements	of section 170(h)(4)(B)			
	(i) and section 170(h)(4)(B)(II)?		· · · · · · · · · · · · · · · · · · ·			
9	In Part XIV, describe how the organization rep					
	balance sheet, and include, if applicable, the		nancial statements that describes the			
	organization's accounting for conservation ea					
Part		ctions of Art, Historical Treasures, o				
		ered "Yes" to Form 990, Part IV, line 8.				
1a	If the organization elected, as permitted und					
	works of art, historical treasures, or other s public service, provide, in Part XIV, the text of					
h	If the organization elected, as permitted und					
D	works of art, historical treasures, or other s					
	public service, provide the following amounts		and a second of the second of			
			▶ \$			
	(i) Revenues included in Form 990, Part VIII,(ii) Assets included in Form 990, Part X		> \$			
2	If the organization received or held works of	of art, historical treasures, or other simila	r assets for financial gain, provide the			
	following amounts required to be reported un					
а	Revenues included in Form 990, Part VIII, line	: 1	▶ \$			
b	Assets included in Form 990, Part X		, > \$			

Page	2

Part		Collections of	Art, His	torica	al Treasures	, or O	ther Similar A	Ssets	(contir	nued)
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and o	ther recor	ds, c	heck any of th	ne follo	wing that are a	signific	ant use	e of its
а	Public exhibition				Loan or excha					
b	Scholarly research		е		Other					
С	Preservation for future generation									
4	Provide a description of the organizat	ion's collections	and expla	un ho	w they further	the or	ganization's ex	empt pu	irpose	ın Pan
_	XIV.									
5	During the year, did the organization assets to be sold to raise funds rather	than to be maint	donation	SOT 8	irt, nistoricai ti the organizat	reasure	s, or other sim	ıllar —	W	
Dav									Yes	
Part	line 9, or reported an amoun					aliswe	ieu ies toi	OIIII 3	50, 1 a	,
	Is the organization an agent, trustee,					tions o	other assets	not		
14	included on Form 990, Part X?				•			_	Yes	□No
b	If "Yes," explain the arrangement in Pa							_		
_	ii 100, oxplain iilo arrangomom iii 1				9			Amount		
С	Beginning balance					10	;			
d	Additions during the year					10	I			
е	Distributions during the year					16				
f	Ending balance					11				
2a	Did the organization include an amoun	it on Form 990, P	art X, line	21?				. [Yes	☐ No
b	If "Yes," explain the arrangement in Pa									
Par	V Endowment Funds. Comple		•							
	<u> </u>	(a) Current year	(b) Prid	or year	(c) Two year	rs back	(d) Three years ba	ack (e) f	our year	s back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses								·	
	Grants or scholarships									
е	Other expenditures for facilities and				İ					
	programs									
f	Administrative expenses									
g	End of year balance					_		l		
2	Provide the estimated percentage of the Board designated or quasi-endowmen		oz	S.						
a			⁷⁰							
b	Permanent endowment ► Term endowment ► %									
3a	Are there endowment funds not in the	possession of the	ne organiz	ation	that are held	and ad	ministered for	the		
	organization by:								Yes	No
	(i) unrelated organizations							. За	(i)	
	(ii) related organizations							. За	(ii)	
b	If "Yes" to 3a(ii), are the related organiz	zations listed as r	equired o	n Sch	edule R? .			. 3	o	
4	Describe in Part XIV the intended uses									
Part	VI Land, Buildings, and Equip	ment. See Forn	n 990, Pa	art X,	line 10.					
	Description of investment	(a) Cost or of (investm	L	(b) Co	st or other basis (other)		Accumulated epreciation	(d) i	Book valu	18
1a	Land		160677						1	60677
b	Buildings									
С	Leasehold improvements									
d	Equipment		2387283				1728712			58571
е	Other		34890701	,	(0) "	7.13	8317122			73579
Total.	Add lines 1a through 1e. (Column (d) m	ust equal Form 9	90, Part X	, colu	mn (B), line 10	(C).) .	▶]		273	92827

Part VII	Investments-Other Securities	. See Form 990, Part X,	line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v Cost or end-of-year	
(1) Financia	I derivatives			
(2) Closely-	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)	•••••			
(E)				
(F) (G)			····	
(H)				
(1)				
	(b) must equal Form 990, Part X, col. (B) line 12)			
Part VIII	Investments - Program Related	J. See Form 990, Part X.	line 13.	
	(a) Description of investment type	(b) Book value	(c) Method of v	aluation
	(a) ((,,	Cost or end-of-year	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				· · · · · · · · · · · · · · · · · · ·
(8)				
(9)		····		
(10)	000 P 4 V / (D) (in 40) P			
	(b) must equal Form 990, Part X, col. (B) line 13.)	ut V line 15	L	
Part IX	Other Assets. See Form 990, Pa	it A, lifte 15.		(b) Book value
/4)	(6	y beautiplien		(b) Book value
(1)				
(2)				
(3)		· · · · · · · · · · · · · · · · · · ·		
(5)	····			
(6)				
(7)				
(8)				
(9)				
(10)				
	mn (b) must equal Form 990, Part X, co			
Part X	Other Liabilities. See Form 990,			
1.	(a) Description of liability	(b) Amount		
	income taxes			
	tirement Benefits Obligation	3049722		
(3)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)		·		
(11)				
	b) must equal Form 990, Part X, col. (B) line 25.) ▶	3049722		
	SC 740) Footnote. In Part XIV, provide		he organization's financial states	ments that reports the
organization	s's liability for uncertain tax positions ur	nder FIN 48 (ASC 740).		,

conciliation of Change in Net Assets from Form 990 to Algenue (Form 990, Part VIII, column (A), line 12)		1 2 3 4 5 6 7 8 9	8770363 7480829 1289534
enses (Form 990, Part IX, column (A), line 25)		2 3 4 5 6 7 8 9	7480829
r (deficit) for the year. Subtract line 2 from line 1		3 4 5 6 7 8 9	1289534
alized gains (losses) on investments		4 5 6 7 8 9	1289534
services and use of facilities		5 6 7 8 9	
nt expenses		6 7 8 9	
od adjustments		7 8 9	
scribe in Part XIV.)		8	
stments (net). Add lines 4 through 8	[9	
r (deficit) for the year per audited financial statements. Combine			
	lines 3 and 9		
conciliation of Revenue per Audited Financial Stateme		10	1289534
· · · · · · · · · · · · · · · · · · ·		Return	
enue, gains, and other support per audited financial statements		1	8770363
included on line 1 but not on Form 990, Part VIII, line 12:			
ılızed gains on investments	2a		
services and use of facilities	2b		
es of prior year grants	2c		
scribe in Part XIV.)	2d	1	
		2e	
•		3	8770363
	4a		
		1, 1	
•		40	
			8770363
		1 - 1	
		T T	7480829
		 	7400020
	1 20 1		
•		1 1	
5			
		3	7480829
		•	
	4a	,	
scribe in Part XIV.)	4b		
		4c	
enses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.)	5	7480829
pplemental Information			
	ancluded on line 1 but not on Form 990, Part VIII, line 12: alized gains on investments services and use of facilities es of prior year grants escribe in Part XIV.) 2a through 2d line 2e from line 1 included on Form 990, Part VIII, line 12, but not on line 1: int expenses not included on Form 990, Part VIII, line 7b escribe in Part XIV.) 4a and 4b enue. Add lines 3 and 4c. (This must equal Form 990, Part I, line esconciliation of Expenses per Audited Financial Statem lenses and losses per audited financial statements included on line 1 but not on Form 990, Part IX, line 25: services and use of facilities r adjustments ses escribe in Part XIV.) 2a through 2d line 2e from line 1 included on Form 990, Part IX, line 25, but not on line 1: int expenses not included on Form 990, Part VIII, line 7b escribe in Part XIV.) 4a and 4b enses. Add lines 3 and 4c. (This must equal Form 990, Part I, line included on Form 990, Part IX, line 7b escribe in Part XIV.) 4a and 4b enses. Add lines 3 and 4c. (This must equal Form 990, Part I, line included Information art to provide the descriptions required for Part II, lines 3, 5, and	Included on line 1 but not on Form 990, Part VIII, line 12: alized gains on investments	Included on line 1 but not on Form 990, Part VIII, line 12: alized gains on investments services and use of facilities es of prior year grants

Schedule D (For	m 990) 2010 Page
Part XIV	Supplemental Information (continued)
•••••	
~	

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Jefferson Davis Electric Cooperative, Inc			72-0362325
Part VI: Jefferson Davis Electric Cooperative m	nakes its governing do	cuments and financial statements	available to the public upon request.
Compensation for officers is reviewed by the E	Board of Directors on a	n annual basis.	
The form 990 is provided to the organization's	auditor for review befo	re mailing.	
Part IX: Other Expenses:			
Transmission Expense=	20114.00		
Distribution Expense-Operations=	1339538 00		•••••
Distribution Expense-Maintenance=	1434365.00		
Consumer Accounts Expense=	513040.00		
Customer Service & Information Expense=	13025 00		
Sales Expense=	9824.00		
Administrative Expense=	1424112.00		
Tax Expense=	222720.00		
Interest Expense=	760088.00	·····	
Depreciation & Amortization Expense=	1480079.00		
Other Miscellaneous Deductions=	500.00		
Total Other Expenses:		7217405 00	