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Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2011

Open to Public
Inspection

Department of the Treasury Internal Revenue Service 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.

December 31st January 1st 2011, and ending 20 11 For the 2011 calendar year, or tax year beginning C Name of organization Dixie Electric Power Assn. D Employer identification number 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 E Telephone number Name change 601-425-2535 Initial return City or town, state or country, and ZIP + 4 Terminated 94,101,321 Laurel, MS 39441-0088 G Gross receipts \$ Amended return H(a) Is this a group return for affiliates? Yes No Ralph R. Smith Application pending F Name and address of principal officer Same as above H(b) Are all affiliates included? Yes No If "No," attach a list (see instructions) 501(c) () ◀ (insert no) ☐ 4947(a)(1) or 501(c)(3) Tax-exempt status www.dixieepa.com H(c) Group exemption number ▶ Website: ▶ MS Form of organization 🗸 Corporation 🔲 Trust L Year of formation M State of legal domicile Part I Summary Briefly describe the organization's mission or most significant activities: Dixie Electric Power Assn. strives to: 1) Provide an 1 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. 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 7 3 7 4 4 Number of independent voting members of the governing body (Part VI, line 1b) 107 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 6 0 6 Total number of volunteers (estimate if necessary) 0 Total unrelated business revenue from Part VIII, column (C), line 12 7a Net unrelated business taxable income from Form 990-T, line 34 7b 0 Current Year 0 O Contributions and grants (Part VIII, line 1h) . 8 94,009,086 96,121,624 9 Program service revenue (Part VIII, line 2g) 92,235 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . 53,356 0 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 11 94,101,321 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 96.174.980 12 10,948 18,655 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 13 7,404,033 14 Benefits paid to or for members (Part IX, column (A), line 4) 6,008,042 15 Salaries, other compensation, employee benefits (Part-IX, colur 5,944,896 Professional fundraising fees (Part IX, column (A), line 11e), 0 16a Total fundraising expenses (Part IX, column (b), line 25) b Other expenses (Part IX, column (A), lines 11a 11d, 115,24e) 5.2012. Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 80,670,591 O. 82.005.311 17 18 87,961,155 94,101,321 8,213,825 0 19 Revenue less expenses. Subtract line 18 from line-12 End of Year Beginning of Current Year 145,879,522 159,509,956 20 Total assets (Part X, line 16) 86,108,348 86,908,128 21 Total liabilities (Part X, line 26) . 73,401,608 22 Net assets or fund balances. Subtract line 21 from line 20 58,971,394 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is grue, correct, and complete Declaration of preparer (other than officery is based on all information of which preparer has any knowledge Ŝign Here Type or print name and title Date Print/Type preparer's name Preparer's signature Check I If _∞Paid self-employed ∴Preparer Firm's EIN ▶ Firm's name Use Only Phone no Firm's address ▶ May the IRS discuss this return with the preparer shown above? (see instructions) 🗌 Yes 🗌 No

) (Revenue \$

Other program services (Describe in Schedule O.)

Total program service expenses ▶

including grants of \$

94,101,321

(Expenses \$

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		<u> </u>
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		<u>√</u>
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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		√
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		√
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		√
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		✓
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable.	à	۵.	* *****
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		√
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		√
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	✓	
e f	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 11f	√	
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	✓	
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 14 a	, , , ,	13 14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? 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		√
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		√
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? <i>If "Yes," complete Schedule G, Part II</i>	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		20a	ļ	✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
		For	ո 990	(2011)

Part	Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization		Yes	No
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	✓	
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		√
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	✓	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		√
b 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
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		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		✓
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		√
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		1
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	•

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Part				
	Check if Schedule O contains a response to any question in this Part V	<u>· ·</u>	Yes	No
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		103	-110
1a b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
•	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	_;;-		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 107			
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)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶		*	
	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	_	✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			,
	organization solicit any contributions that were not tax deductible?	6a	<u> </u>	/
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	۱		
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		*	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7a		
	and services provided to the payor?	7b		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	10		
С	required to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	1	- 2:	
d e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	<u>- F%</u>	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f	 	<u> </u>
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
g 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	1 th	-	~ ; ;
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	, 20		1
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	<u> </u>	à	
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:	7.9	13	
а	Initiation fees and capital contributions included on Part VIII, line 12] '﴿	1	ľ
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	,	18	
11	Section 501(c)(12) organizations. Enter:		* `	
a	Gross income from members or shareholders	W.	4. 3	\$ 2 3.
b	Gross income from other sources (Do not net amounts due or paid to other sources 2,289,030	2.3		
	against amounts due or received from them.)		<u> </u>	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	 	ļ
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	*		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40:	,	
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	Š	(A)	
b	the organization is licensed to issue qualified health plans	, S		K
_	Enter the amount of recence on hand	┤ `		

Did the organization receive any payments for indoor tanning services during the tax year?
If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a 14b

Part \	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response to any question in this Part VI	ee insi	tructi	"No" ons.
Section	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 7			ys eg
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	170		
b 2	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 any other officer, director, trustee, or key employee?	2	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		√
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓_
6	Did the organization have members or stockholders?	6	✓	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	✓	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	✓_	
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 the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Section	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue Co	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	✓_	<u> </u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	✓	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓_	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	35		
12a b	Did the organization have a written conflict of interest policy? <i>If "No,"</i> go to line 13	12a 12b	√	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	✓	
13	Did the organization have a written whistleblower policy?	13		✓
14 15	Did the organization have a written document retention and destruction policy?	14		
а	The organization's CEO, Executive Director, or top management official	15a	√	
b	Other officers or key employees of the organization	15b	✓	
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
b	with a taxable entity during the year?	16a	7	
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed NA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	n 501(c)(3)s	only)
19	Own website			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,	Trustees, Key Employees, Highest Con	npensated 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 employees."
- 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 nor any related organization compensated any current officer, director, or trustee.

Onservanie box in notation the organization men				((>)	•		1		
(A)	(B)	H) I		Position				(D)	(E)	(F)
Name and Title	Average					than o		Reportable	Reportable	Estimated
rano and rate	hours per					ıs both or/trust		compensation	compensation from	amount of
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Former Highest compensated employee Key employee Officer Institutional trustee Individual trustee		from related organizations (W-2/1099-MISC)		other compensation from the organization and related organizations			
			8			ated				<u> </u>
(1) Mack Mauldin										
Director - President	3	✓						18,432	0	0
(2) Michael Shows										
Director - Vice President	3	✓						12.908	0	0
(3) June Doggett										
Director - Secretary Treasurer	3	1				ŀ		19,092	0	0
(4) Robert Smith										
Director - Alt. Secretary Treasurer	4	✓						9,347	0	0
(5) Albert Hutto										
Director	4	1					l	18,893	0	0
(6) H.E. Ramey										
Director	2	✓						18,754	0	0
(7) Allen Siedge										
Director	4	✓						10,159	0	0
(8) James T. Dudley, Jr.										
General Manager	38	✓						97,070	0	7,371
(9) Ralph R. Smith										
General Manager	40	✓						113,530	0	46,550
(10) L.G. Pierce										
Former Director	0						✓	10,118	0	0
(11)]									
(12)										
(13)	-									
(14)	-									

Part VII Section A. Officers, Directors, Trus	tees, Key E	mploy	yees			lighes	st C	ompensated E	mployees (continued)	
				•	C) ition						_
(A)	(B)		ot ch	eck	more	than o		(D)	(E)		F)
Name and title	Average hours per					ıs both or/trust		Reportable compensation	Reportabl compensation		nated unt of
	week	-			г —		, 	from	related	ot	her
	(describe hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizatio (W-2/1099-M		nsation n the
	related	ecta	utio	ª	Ĕ	oyer oyer	er e	(W-2/1099-MISC)	•	organ	ızatıon
	organizations in Schedule	일	nali		l og	ğ					elated zations
	O)	stee	rust		Ď	ens				Organi	zations
		"	ee			ate	ļ				
(15)	+				-		╁		<u> </u>		
(10)	┥						Ì				
(16)							╁	 		_	
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12-17	1										
(25)				\vdash		 					
<u> </u>	1					1					
1b Sub-total		·	<u> </u>	<u>. </u>	<u>'</u>	·		328,303	-		53,921
c Total from continuation sheets to Part							•	0			<u> </u>
d Total (add lines 1b and 1c)	-							328,303		1	53,921
2 Total number of individuals (including bu							e) w		ore than \$1	00.000 of	
reportable compensation from the organ							-,			,	
· · · · · · · · · · · · · · · · · · ·											Yes No
3 Did the organization list any former o	fficer, direc	tor, c	or tr	ust	ee,	key e	emp	oloyee, or high	est compe		
employee on line 1a? If "Yes," complete							. '			3	-
4 For any individual listed on line 1a, is the	e sum of re	porta	ble (con	npei	nsatio	on a	and other comp	ensation fr		137 331
organization and related organizations		•			•					1 1	
individual										4	√
5 Did any person listed on line 1a receive of	or accrue co	ompe	nsat	tion	fro	m any	ur ur	related organiz	zation or inc	dividual 🔣	() () () () () () () () () ()
for services rendered to the organization	? If "Yes," c	ompl	lete	Sch	nedu	ıle J 1	for s	such person		5	✓
Section B. Independent Contractors		-								, ,	
1 Complete this table for your five highest	compensat	ed in	depe	end	ent	contr	act	ors that receive	ed more tha	n \$100,000 of	
compensation from the organization. Re											n's tax
year.											
(A)								(B)		(C)	-
Name and business add	dress							Description of s	ervices	Compens	ation
BUSH CONSTRUCTION, P.O. BOX 8327 LAUREL,	MS 39441					_	RI	GHT-OF-WAY C	LEARING		1,533,347
MDR CONSTRUCTION, 621 BAYLIS CHAPEL ROA		IA, M	S 39	429			LIF	NE CONSTRUCT	ION		962,715
S & S LINE SERVICE, P.O. BOX 485 LAUREL, MS	39441						RI	GHT-OF-WAY C	LEARING		659,267
BAKER ENGINEERING, P.O. BOX 6717 JACKSON							ME	ETER READING			481,574
DEVINEY CONSTRUCTION, P.O. BOX 22679 JACK	SON, MS 39	205					RI	GHT-OF-WAY C	LEARING		351,368
2 Total number of independent contracte							o th	nose listed ab	ove) who		
received more than \$100,000 of compen	sation from	the o	rgar	niza	tion	•		11			

Part	VIII	Statement of Revenue					
	` "	A STATE OF THE PROPERTY OF THE		(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue
_ ^			41.		exempt function	business revenue	excluded from tax under sections
[.,	_	\$100 Y 18 18 18 18 18 18 18 18 18 18 18 18 18	: · i		revenue	1000,100	512, 513, or 514
nts nts	1a	Federated campaigns 1a		, _v ç.		. , , ,	42 4 8 6
ts, Grants Amounts	b	Membership dues 1b					
	С	Fundraising events 1c					· 第一点的图
	d	Related organizations 1d					
ons, Gif Similar	е	Government grants (contributions) 1e					
ti or	f	All other contributions, gifts, grants,					
tributic		and similar amounts not included above 1f			\$ 5 1		
Contributions, and Other Sim	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f		0			4. (6. 1
Program Service Revenue			Business Code				
i Aei	2a	SALE OF ELECTRICITY	221122	88,764,802	88,764,802	0	0
æ	b	MEMBER FEES	221122	458,455	458,455	0	0
Ş.	С	PATRONAGE CAPITAL	221122	2,914,764		0	0
Sei	d	JOINT POLE RENTAL	221122	1,871,065	1,871,065	0	0
am.	е						
.og	f	All other program service revenue.					> 'name
		Total. Add lines 2a–2f	<u>.</u>	94,009,086			
	3	Investment income (including dividend other similar amounts)		77.054	77.054		
	_	•		77,254	77,254		
	4 -	Income from investment of tax-exempt be	•				
	5	Royalties	(ii) Personal	¥//*	,		\$ 100 miles
			(ii) Fersonai	*A			
	6a	Gross rents					
	b	Less: rental expenses					
	C	Rental income or (loss)		<u> </u>		£	<u> </u>
	d 7a	Net rental income or (loss) Gross amount from sales of (i) Securities	▶ _		7		
	/a	assets other than inventory	26,208				
	ь	Less: cost or other basis	20,200				
		and sales expenses .	11,227		الله الله الله الله الله الله الله الله		
	ြင	Gain or (loss)	14,981		7. 3		
	ď	Net gain or (loss)		14,981	14,981	0	0
	-	, , , , , , , , , , , , , , , , , , ,					
ine	8a	Gross income from fundraising					
/en		events (not including \$					
Re.		of contributions reported on line 1c)					
e		See Part IV, line 18 a					
Other Reven	b	Less: direct expenses b					
U	С	Net income or (loss) from fundraising	events . ►	0		0	0
	9a	Gross income from gaming activities.		** ** ***			
	1	See Part IV, line 19 a					
	b	Less: direct expenses b			1.0	,	2.0
	С	Net income or (loss) from gaming acti	vities 🕨	0	0	0	0
	10a	Gross sales of inventory, less		f - 1			
		returns and allowances a			in the		
	b	Less: cost of goods sold b					
	<u> </u>	Net income or (loss) from sales of inv		0	0	0	0
		Miscellaneous Revenue	Business Code	£ (3 £ 2 , 1 <u>1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 </u>			
	11a						
	b			ļ		<u> </u>	
	C						
	d	All other revenue			177.77	2 4757 278274 9 5-54.	56 3% 1.5 \$2.30
	е 12	Total. Add lines 11a-11d Total revenue. See instructions		04 101 221	04 101 221	0	0
	14	i otal levelide. Oce mondettono		94,101,321	94,101,321	1 0	1

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).

	Check if Schedule O contains a response to any question in this Part IX							
8b, 9b	t include amounts reported on lines 6b, 7b, , 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 United States. See Part IV, line 21	18,655		*				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	0		*				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0		* .				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	7,404,033 328,303			1			
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 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,865,577 1,134,032						
9	Other employee benefits	1,268,542		•				
10	Payroll taxes	411,588		-				
11	Fees for services (non-employees):							
а	Management							
b	Legal	43,718						
С	Accounting	21,385						
d	Lobbying							
е	Professional fundraising services. See Part IV, line 17		·					
f	Investment management fees							
g	Other	3,023,686						
12	Advertising and promotion	152,504						
13	Office expenses	202,739						
14	Information technology	216,428						
15	Royalties	73,405						
16	Occupancy	208,518						
17	Travel	27,073						
18	Payments of travel or entertainment expenses for any federal, state, or local public officials							
19	Conferences, conventions, and meetings .	42,625						
20	Interest	3,615,732		<u> </u>				
21	Payments to affiliates			· -				
22	Depreciation, depletion, and amortization .	4,483,647						
23	Insurance	173,574	A ./ 2000/2003 to .004 to	Sec. 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	20.80			
24	Other expenses Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)							
а	COST OF PURCHASED ELECTRICITY	66,133,686						
b	DISTRIBUTION EXPENSE-OPERATIONS	107,893						
C	DISTRIBUTION EXPENSE-MAINTENANCE	1,062,550						
d	CUSTOMER ACCOUNTS EXPENSE	259,677						
е	All other expenses	821,751						
25	Total functional expenses. Add lines 1 through 24e	94,101,321						
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)							

Pa	irt X	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		353,936	1	3,446,219
1	2	Savings and temporary cash investments		0	2	0
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		5,303,002	4	6,635,154
	5	Receivables from current and former officers, direct employees, and highest compensated employees. Conscience of the compensated employees.		0	5	<u> </u>
S	6	Receivables from other disqualified persons (as defin 4958(f)(1)), persons described in section 4958(c)(3)(B) employers and sponsoring organizations of section employees' beneficiary organizations (see instructions)	, and contributing 501(c)(9) voluntary	0	· × 6	0
Assets	7	Notes and loans receivable, net		95,930	7	47,965
As	8	Inventories for sale or use		2,503,698	8	2,676,761
	9	Prepaid expenses and deferred charges		6,778,564	9	5,589,801
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	151,141,981			
	b	Less: accumulated depreciation 10b	33,895,638	115,712,112	10c	117,246,343
1	11	'		0	11	0
	12	Investments—other securities. See Part IV, line 11 .		0	12	0
	13	Investments—program-related. See Part IV, line 11.		0	13	0
	14	Intangible assets		0	14	0
I	15	Other assets. See Part IV, line 11		21,176,904	15	23,867,713
	16	Total assets. Add lines 1 through 15 (must equal line 3		151,924,146	16	159,509,956
$\neg \uparrow$	17	Accounts payable and accrued expenses		8,528,287	17	7,424,398
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability. Complete Part IV		0	21	0
Liabilities	22	Payables to current and former officers, director employees, highest compensated employees, and discomplete Part II of Schedule L	rs, trustees, key qualified persons.	0	22	0
Ë	23	Secured mortgages and notes payable to unrelated this	d parties	53,635,617	23	76,462,895
	24	Unsecured notes and loans payable to unrelated third		21,066,173	24	0
	25	Other liabilities (including federal income tax, payable parties, and other liabilities not included on lines 17-24 of Schedule D). Complete Part X	1,946,105	25	2.221.055
	26	Total liabilities. Add lines 17 through 25		85,176,182		86,108,348
es	20	Organizations that follow SFAS 117, check here ▶ lines 27 through 29, and lines 33 and 34.	and complete	53,770,102	?	30,100,040
2	27	Unrestricted net assets		0	27	0
ala	28	Temporarily restricted net assets		0	28	0
8	29	Permanently restricted net assets		0	29	0
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check h complete lines 30 through 34.			2.0	
S O	30	Capital stock or trust principal, or current funds		o	30	0
set	31	Paid-in or capital surplus, or land, building, or equipme		0	31	0
Asi	32	Retained earnings, endowment, accumulated income,		66,747,964		73,401,608
e	33	Total net assets or fund balances		66,747,964		73,401,608
Z	34	Total liabilities and net assets/fund balances		151,924,146		159,509,956
						Form 990 (2011)

_	. 4	2
Pag	e I	_

Part	XI Re	conciliation of Net Assets				
	Che	ck if Schedule O contains a response to any question in this Part XI		<u></u>	<u> </u>	
1	Total ray	enue (must equal Part VIII, column (A), line 12)	4 1		94,10	1 321
2		enses (must equal Part IX, column (A), line 25)	2		94,10	
3	-	less expenses. Subtract line 2 from line 1	3		34,10	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
4		s or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		66,74	7 964
5		anges in net assets or fund balances (explain in Schedule O)	5			3,644
6		s or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,	-		0,00	
Ū	column (l		6		73,40	1,608
Part	XII Fin	ancial Statements and Reporting				
	Che	ck if Schedule O contains a response to any question in this Part XII		<u></u>	·	
			<u>-</u>		Yes	No
1		ng method used to prepare the Form 990: Cash Accrual Other			蒙	V
		panization changed its method of accounting from a prior year or checked "Other," ex	olaın i	n 🐴		
	Schedule	0.				
2a		organization's financial statements compiled or reviewed by an independent accountant?				✓_
b		organization's financial statements audited by an independent accountant?		<u> </u>	/	
С		o line 2a or 2b, does the organization have a committee that assumes responsibility for over	_			
		dit, review, or compilation of its financial statements and selection of an independent accou		<u> </u>	✓	
	_	anization changed either its oversight process or selection process during the tax year, ex	plain i	n		1.2
	Schedule					
d		o line 2a or 2b, check a box below to indicate whether the financial statements for the years appared basis, as parented basis, as both	ar wer	e		
		a separate basis, consolidated basis, or both:				
0-	✓ Separa		fadh i	_		
3a		alt of a federal award, was the organization required to undergo an audit or audits as set a Audit Act and OMB Circular A-133?	iorth i			,
b	•	did the organization undergo the required audit or audits? If the organization did not unde	 rao th	. 3a	 	
IJ		audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		ЗЬ		
	. 54411.54	action of audito, original with the original of and dooring any drops taken to and ago door at			m 990	(2011)
				ror	550	(2011)

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990. ► See separate instructions.

DIXIE	ELECTRIC POWER ASSN.			64-0183177
Par	Organizations Maintaining Done	or Advised Funds or Other Similar Fu	nds or Ac	counts. Complete if the
	organization answered "Yes" to F	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	donor advisors in writing that the assets	held in do	nor advised
	funds are the organization's property, subje-			
6	Did the organization inform all grantees, do	nors and donor advisors in writing that gr	ant funds o	
•	only for charitable purposes and not for the	e benefit of the donor or donor advisor, or	for any oth	ner purpose
Par		lete if the organization answered "Yes		
1	Purpose(s) of conservation easements held		10 1 01111	550,1 dic14, into 7.
١.	Preservation of land for public use (e.g.,		of an histor	rically important land area
	· · ·			
	Protection of natural habitat	☐ Preservation	or a certifie	d historic structure
_	Preservation of open space	والمانية والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع	lian in Alas E	arm of a concentration
2	Complete lines 2a through 2d if the organiza	ation neid a qualified conservation contribu	tion in the i	orm of a conservation
	easement on the last day of the tax year.			State and a fall of the Tay Year
				Held at the End of the Tax Year
а	Total number of conservation easements			da
b	Total acreage restricted by conservation east			b
C	Number of conservation easements on a ce	• • • • • • • • • • • • • • • • • • • •		c
d	Number of conservation easements include	• • •	,	
	historic structure listed in the National Regis			d
3	Number of conservation easements modifie	d, transferred, released, extinguished, or te	rminated b	y the organization during the
	tax year ▶			
4	Number of states where property subject to			
5	Does the organization have a written po			
	violations, and enforcement of the conserva	tion easements it holds?		· · · · 🗌 Yes 🗌 No
6	Staff and volunteer hours devoted to monitor	oring, inspecting, and enforcing conservation	n easemer	its during the year
	>			
7	Amount of expenses incurred in monitoring,	inspecting, and enforcing conservation ea	sements du	iring the year
	▶ \$			
8	Does each conservation easement reported			
	(i) and section 170(h)(4)(B)(ii)?			· · · · 🗌 Yes 🗌 No
9	In Part XIV, describe how the organization re	eports conservation easements in its reven	ue and exp	ense statement, and
	balance sheet, and include, if applicable, the	e text of the footnote to the organization's t	inancial sta	atements that describes the
	organization's accounting for conservation of	easements.		
Part	III Organizations Maintaining Colle	ections of Art, Historical Treasures, o	or Other S	imilar Assets.
	Complete if the organization answ	vered "Yes" to Form 990, Part IV, line 8	.	
1a	If the organization elected, as permitted un	der SFAS 116 (ASC 958), not to report in i	ts revenue	statement and balance sheet
	works of art, historical treasures, or other			
	public service, provide, in Part XIV, the text	of the footnote to its financial statements the	nat describe	es these items.
b	If the organization elected, as permitted u	nder SFAS 116 (ASC 958), to report in its	s revenue :	statement and balance sheet
	works of art, historical treasures, or other	• • • • • • • • • • • • • • • • • • • •		
	public service, provide the following amoun		·	
	(i) Revenues included in Form 990, Part VIII			. > \$
	(ii) Assets included in Form 990, Part X.	,		. > \$
2	If the organization received or held works			·
-	following amounts required to be reported u			oanola gain, provide the
_				*
a	Revenues included in Form 990, Part VIII, lin	IC I		. — Ф
b	Assets included in Fulli 990, Part A			. - 5

Part	Organizations Maintaining	Collections of	Art, His	torical 1	reasures	, or O	her Similar As	sets (continued)
3	Using the organization's acquisition, collection items (check all that apply):		ther reco	rds, chec	k any of th	ne follo	wing that are a s	significant use of its
а	☐ Public exhibition		d	Loan	or exchang	ge prog	rams	
b	☐ Scholarly research		е	Othei	r			
С	☐ Preservation for future generations							
4	Provide a description of the organiza XIV.	tion's collections	and expla	ain how t	hey further	the org	ganization's exer	mpt purpose in Part
5	During the year, did the organization	solicit or receive	donation	s of art,	historical t	reasure	s, or other simıl	ar
	assets to be sold to raise funds rather							
Part	IV Escrow and Custodial Arra				janization	answe	red "Yes" to Fo	orm 990, Part IV,
	line 9, or reported an amour							
1a	Is the organization an agent, trustee included on Form 990, Part X?							
b	If "Yes," explain the arrangement in P	art XIV and compl	lete the fo	ollowing t	able:		A	mount
С	Beginning balance					10	;	
d	Additions during the year					10	i	
е	Distributions during the year					16)	
f	Ending balance					11	F	
2a	Did the organization include an amou	nt on Form 990, P	art X, line	21? .				☐ Yes ☐ No
	If "Yes," explain the arrangement in P							
Par	Endowment Funds. Compl	ete if the organiz						
		(a) Current year	(b) Pri	or year	(c) Two year	irs back	(d) Three years bac	
1a	Beginning of year balance							
b	Contributions							200 E
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							4/8/9 / 5/2
е	Other expenditures for facilities and programs							
f	Administrative expenses							., , ,
g	End of year balance							· \$2.44.4
2	Provide the estimated percentage of t	the current year er	nd balanc	e (line 1g	, column (a	a)) held	as:	•
а	Board designated or quasi-endowme	nt ▶	%					
b	Permanent endowment ▶	%						
С	Temporarily restricted endowment ▶							
	The percentages in lines 2a, 2b, and 2	ze snoula equal Te						
3a	Are there endowment funds not in the	e possession of th	he organi	zation tha	at are held	and ad	lministered for th	ne
	organization by:							Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations							3a(ii)
b	If "Yes" to 3a(ii), are the related organ							3b
4	Describe in Part XIV the intended use							
Part				art X, lın	e 10.	,		
	Description of property	(a) Cost or of (investment)		1 ' '	or other basis other)	d	Accumulated epreciation	(d) Book value
1a	Land		724,969		0	1 4 - Mai	"其卷""集作众	724,969
b	Buildings		4,273,172		0		2,213,066	2,060,106
С	Leasehold improvements		0		0		0	0
d	Equipment		6,579,420		0		4,748,924	1,830,496
е	Other		9,564,419		0		26,933,648	112,630,771
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 9	90 Part	Column	(R) line 1	2(c))		117 246 343

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 va Cost or end-of-year i	
(1) Financia	Il derivatives		-	
	held equity interests			
(3) Other	, ,			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)		, ,		
(G)				
(H)				
(I)			· · ·	
	(b) must equal Form 990, Part X, col. (B) line 12.) ▶		\$ 2 % ()	
Part VIII		d. See Form 990. Part X		***************************************
	(a) Description of investment type	(b) Book value	(c) Method of va	
(1)				
(2)				
(3)				
(4)		-		
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	(b) must equal Form 990, Part X, col. (B) line 13.) ▶		N - 5 TO 2011 195 - 10 141	
Part IX	Other Assets. See Form 990, Pa	art X. line 15.		
		a) Description		(b) Book value
(1) ASSOC	CIATION ORGANIZATIONS-MEMBERSHIP	DEPOSITS		2,125
(2) ASSOC	CIATION ORGANIZATIONS-PATRONAGE	CAPITAL		22,510,769
	CAPITAL TERM CERTIFICATES	•	· · ·	1,354,432
_1 /	AL FACILITY DEPOSITS	. •		388
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Colu	ımn (b) must equal Form 990, Part X, c	ol. (B) line 15.)		23,867,713
Part X	Other Liabilities. See Form 990			20,007,10
1.	(a) Description of liability	(b) Book value		
	l income taxes	.,		
	ulated Operating Provisions & Asset			
	rement Obligations	1,669,90		
	IMER DEPOSITS	551,15	─	
(5)		331,13		
(6)		 	Ⅎ ℂ ℄℄℄℄	
(7)				
(8)				
(9)				
(10)				
(11)				
	About a gual Form 000 Part V and 100 tons 051 Part			
	(b) must equal Form 990, Part X, col. (B) line 25.)	2,221,05	5 (2.2)	

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

_				
Р	'a	a	e	4

Part	XI Reconciliation of Change in Net Assets from Form 990 to Audi	ited Financial Statem	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	94,101,321
2	Total expenses (Form 990, Part IX, column (A), line 25)	[2	94,101,321
3	Excess or (deficit) for the year. Subtract line 2 from line 1	[3	0
4	Net unrealized gains (losses) on investments	F	4	0
5	Donated services and use of facilities		5	0
6	Investment expenses		6	0
7	Prior period adjustments	F	7	0
8	Other (Describe in Part XIV.)		8	0
9	Total adjustments (net). Add lines 4 through 8		9	0
10	Excess or (deficit) for the year per audited financial statements. Combine line	es 3 and 9	10	0
Part	XII Reconciliation of Revenue per Audited Financial Statement	ts With Revenue per	Ret	urn
1	Total revenue, gains, and other support per audited financial statements .		1	94,101,321
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		***	
а	Net unrealized gains on investments	2a │		
b		?b	7 🐥	
С		2c	7 -	
d	Other (Describe in Part XIV.)	?d	75.	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	94,101,321
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		7.5	
а		la		^
b	Other (Describe in Part XIV.)	lb	1	
С	Add lines 4a and 4b		4c	Menon.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.		5	94,101,321
Part	XIII Reconciliation of Expenses per Audited Financial Statemer	nts With Expenses p	er R	eturn
1			1	86,697,288
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		100	
а		2a ∣		
b	Prior year adjustments	2b	7	
С	Other losses	?c	7	
d	Other (Describe in Part XIV.)	?d	7	
е	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	86,697,288
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		/4	**
а	Investment expenses not included on Form 990, Part VIII, line 7b 4	la	(3)	
b	Other (Describe in Part XIV.)	lb 7,404,03	3	
С	Add lines 4a and 4b		4c	7,404,033
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)	5	94,101,321
Part	XIV Supplemental Information			
Comp	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9;	Part III, lines 1a and 4; I	Part l	V, lines 1b and 2b;
	, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lin	es 2d and 4b. Also com	plete	this part to provide
any ac	Iditional information.			
PART	Χ			
DIXIE	ELECTRIC POWER ASSN. IS AN ORGANIZATION EXEMPT FROM INCOME TAX U	NDER IRS CODE SECTION	N 50	1(C)(12). UNRELATED
BUSIN	IESS INCOME, OF WHICH THE ASSOCIATION HAD NONE FOR THE YEARS ENDE	D DECEMBER 31, 2011 A	ND 2	010, WOULD BE
SUBJ	ECT TO FEDERAL INCOME TAXES. CONSEQUENTLY, THE ACCOMPANYING FINA	ANCIAL STATEMENTS D	O NO	T REFLECT ANY
PROV	ISION FOR INCOME TAXES. THE ASSOCIATION FOLLOWS THE PROVISION OF L	INCERTAIN TAX POSITION	NS A	S ADDRESSED IN
FASB	ACCOUNTING STANDARDS CODIFICATION 740-10-65-1. THE ORGANIZATION FI	LES INCOME TAX RETU	RNS II	N THE U.S. FEDERAL
JURIS	DICTION. THE ASSOCIATION IS NO LONGER SUBJECT TO U.S. FEDERAL INCOM	ME TAX EXAMINATIONS	BY TH	IE TAX AUTHORITY
FOR V	'FADS REFORE 2009 THE ASSOCIATION DECOGNIZES INTEREST ACCRITED DE	I ATED TO HINDECOGNI	ZED 1	AY RENEFITS IN

Part XIV	Supplemental Information (continued)
INTEREST A	ND PENALTIES IN OPERATING EXPENSES. NO SUCH INTEREST OR PENALTIES WERE RECOGNIZED DURING THE PERIODS
PRESENTED	THE ASSOCIATION HAD NO ACCRUALS FOR INTEREST AND PENALTIES AT DECEMBER 31, 2011 AND 2010. THE
ASSOCIATIO	ON HAS ELECTED TO DEFER THE PROVISIONS OF FIN 48, ACCOUNTING FOR INCOME TAXES, UNDER THE PROVISIONS
OF FSP FIN	48-3 THE ASSOCIATION RECORDS A LIABILITY FOR UNCERTAIN TAX POSITIONS WHEN IT IS PROBABLE THAT A LOSS HAS
BEEN INCUR	RRED AND THE AMOUNT CAN BE REASONABLY ESTIMATED. THE ASSOCIATION CONTINUALLY EVALUATES EXPIRING
STATUTES (OF LIMITATIONS, AUDITS, PROPOSED SETTLEMENTS, CHANGES IN TAX LAWS, AND NEW AUTHORITATIVE RULINGS.
•	
•••••	

***************************************	······································

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

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

▶ Attach to Form 990.

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2011

Open to Public Inspection

Employer identification number

Part I	General Information on Grants and Assistance	on Grants and	Assistance						I 1
-	Does the organization maintain records to substantiate the anthe selection criteria used to award the grants or assistance?	in records to subsaward the grants o	tantiate the amou	nt of the grants or	assistance, the g	rantees' eligibility fo	nount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	and . Yes No	
0	Describe in Part IV the organization's procedures for monitori	zation's procedure		ng the use of grant funds in the United States.	ids in the United	States.			ı
Part	Grants and Other Assistance to Governments a to Form 990, Part IV, line 21, for any recipient that	sistance to Govine 21, for any re	vernments and ecipient that rec	Organizations in eived more than	n the United St \$5,000. Check	ates. Complete in this box if no one	nd Organizations in the United States. Complete if the organization answered "Yes" received more than \$5,000. Check this box if no one recipient received more than \$5,000.	ered "Yes" than \$5,000.	
	Part II can be duplicated if additional space is needed	ed if additional s	space is needed	•				A	
1 (a)	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount o	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	1
(1)									
(2)									!
(9)									1
4									1
(2)									1
(9)									1
(Z)									1
(8)									
6									1
10)									ŀ
11									1
12)									1
0 B	Enter total number of section 501(c)(3) and government organizat Enter total number of other organizations listed in the line 1 table	501(c)(3) and govrganizations listed	ernment organiza in the line 1 table	izations listed in the line 1 table	ne 1 table			A A	1.1
or Pa	or Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instructions	s for Form 990.		Ö	Cat. No 50055P		Schedule I (Form 990) (2011)	Ξ

Page 2

Schedule I (Form 990) (2011)

(f) Description of non-cash assistance. Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance ALL DONATIONS ARE PRESENTED TO THE BOARD OF DIRECTORS FOR APPROVAL BEFORE THEY ARE GIVEN. (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients (a) Type of grant or assistance Part III N ო 4 S 9

Schedule I (Form 990) (2011)

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

DIXIE ELECTRIC POWER ASSOCIATION

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.		**	
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use	li		į
	☐ Travel for companions ☐ Payments for business use of personal residence			
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees		l	
	☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment	ä	À.	
_	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
•	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers,	10		
2	directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a	ŧ		為
	related organization to establish compensation of the CEO/Executive Director. Explain in Part III.		خ پ	
	☐ Compensation committee ☐ Written employment contract			
	✓ Independent compensation consultant ✓ Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee		. sâ	
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:		11,000	*
а	Receive a severance payment or change-of-control payment?	4a		✓
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		✓
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		✓
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	9531.	3	- ()
_	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.			\$5°.
5	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		<u>. </u>
	If "Yes" to line 5a or 5b, describe in Part III.	🦠		
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	1		. 45 2 2
	compensation contingent on the net earnings of:	2-		F.Z.
а	The organization?	6a	 	-
b	Any related organization?	6b	1 m2	
_	If "Yes" to line 6a or 6b, describe in Part III.	 	<u> </u>	
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed 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		-	
9	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	ın 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		1

Page 2

Schedule J (Form 990) 2011

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Part II

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(B) Breakdown of W-2 and/		(B) Breakdown or	(B) Breakdown of W-2 and/or 1099-MISC compensation	or 1099-MISC compensation		The company of the co	(a) (b) (c) (c)	
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Hetirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation 'reported as deferred in prior Form 990
I G PIERCE	E	3,600		6,518			10,118	
1	€							
RALPH R. SMITH	8	171,601		4,358	31,736	14,815	160,080	
2	€					4 4 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	8							
ღ	Ξ				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	Θ							
4	€							: ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;
	(2)							
5	(E)							
	(i)							
9	€					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
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Schedule J (Form 990) 2011

SCHEDULE O . (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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

Internal Revenue Service

Name of the organization

Name of the organization Employer identification number
DIXIE ELECTRIC POWER ASSN. 64-0183177

PART VI LINE 2. THE GENERAL MANAGER AND ONE BOARD MEMBER OF DIXIE ELECTRIC SERVE ON THE BOARD OF DIRECTORS OF SOUTH MISSISSIPPI ELECTRIC POWER ASSN. JAMES T. DUDLEY, JR AND RALPH R. SMITH SERVED AS OUR GENERAL MANAGER REPRESENTATIVES IN 2011. MACK MAULDIN SERVE AS OUR BOARD MEMBER REPRESENTATIVE LINE 6. DIXIE ELECTRIC IS A MEMBER OWNED COOPERATIVE. EACH PERSON MUST APPLY FOR MEMBERSHIP BEFORE RECEIVING **ELECTRICITY FROM THE ASSOCIATION.** LINE 7a. EACH MEMBER HAS THE RIGHT TO VOTE FOR THE BOARD OF DIRECTORS EACH YEAR AT THE ANNUAL MEETING. LINE 11a. THE GENERAL MANAGER, ADMINISTRATION & FINANCE MANAGER AND ACCOUNTING SUPERVISOR WILL REVIEW THE FORM 990. AFTER THIS, THE GENERAL MANAGER WILL PRESENT THE FORM 990 TO THE BOARD OF DIRECTORS AT THE NEXT SCHEDULED MEETING LINE 12c. THE DIRECTORS AND GENERAL MANAGER ARE REQUIRED TO COMPLETE QUESTIONAIRES AND FULLY DISCLOSE ANY **OUTSIDE RELATIONSHIPS THAT COULD RESULT IN A CONFLICT OF INTEREST.** LINE 15. HUMAN RESOURCE MANAGER AND ADVISOR CONDUCTED A WAGE AND SALARY STUDY USING COMPARABILITY DATA FOR OUR STATE AND NATIONAL AVERAGES FOR OUR INDUSTRY. ANY RECOMMENDED CHANGES ARE PRESENTED TO THE BOARD OF DIRECTORS FOR APPROVAL. THE GENERAL MANAGER'S SALARY WAS DETERMINED BY THE BOARD OF DIRECTORS UPON THE RECOMMENDATION OF AN NRECA EXECUTIVE SEARCH CONSULTANT LINE 19. THESE DOCUMENTS ARE AVAILABLE UPON REQUEST. **PART IX** LINE 4, COLUMN (A). AS PER INSTRUCTIONS FOR 2011 FORM 990, DIXIE ELECTRIC REPORTED ALL MARGINS ALLOCATED TO MEMBERS ON THIS LINE. **PART XI** LINE 5 OTHER CHANGES IN NET ASSETS INCLUDE: 1) \$20,950 INCREASE IN MEMBERSHIPS 2) \$11,040 INCREASE IN ADDITIONAL DEPOSITS 3) \$7,404,033 INCREASE IN PATRONAGE CAPITAL ASSIGNABLE FROM 2011 4) \$780,027 DECREASE FROM PATRONAGE CAPITAL RETIRED IN 2011 5) \$194,048 INCREASE FROM PATRONAGE CAPITAL THAT WAS RETIRED IN 2011 BUT NO CHECK WAS WRITTEN 6)\$196,400 INCREASED ASC TOPIC 715 LIABILITY.