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For Paperwork Reduction Act Notice, see the separate instructions.

Return of Organization Exempt From Income Tax

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

Open to Public Inspection

OMB No 1545-0047

Dep	artment of	the Treasury se Service	The organization may be	eve to use a copy of this re		•	ortina realiiri	ements	Inspec	
A	The organization may have to use a copy of this return to satisfy state reporting requirement For the 2011 calendar year, or tax year beginning 1/1 , 2011, and ending 12/31									CIOII
В		applicable	C Name of organization Jefferson			ina enaing	<u></u>		, 20 11 er identification n	umber
$\bar{\Box}$	Address		Doing Business As					•	72-0362325	
$\overline{\sqcap}$	Name cha	•	Number and street (or P O box if	mail is not delivered to street	address)	Room/suite		E Telephor		
$\overline{\Box}$	Initial retu	•	·	O. Box 1229	,				824-4330	
$\overline{\Box}$	Terminate		City or town, state or country, and			l				
$\overline{\sqcap}$	Amended		Jennings LA 70546					G Gross re	ceipts \$ 22.2	20,330 00
$\overline{\Box}$			F Name and address of principal off	icer					for affiliates? Yes	
_	- фр.лоция	on ponding					H(b) Are all			s □ No
	Tax-exem	npt status	☐ 501(c)(3)	(insert no)	1947(a)(1) or	527	-		list (see instruction	
J	Website:	exemption	number ▶							
K	Form of o	rganization.	✓ Corporation ☐ Trust ☐ Associ	ciation ☐ Other ►	L Yea	ir of formation			of legal domicile	LA
Р	art I	Summ								
	1		escribe the organization's mis	ssion or most significar	t activities:	Utility se	rvice distri	buting el	ectricity to rura	al
4		consume		3						
õ	•									
Activities & Governance	•									
Ş	2	Check th	ns box ▶☐ if the organization	n discontinued its oper	ations or dis	sposed of	more than	25% of	its net assets.	
Ğ	1		of voting members of the gov					3		9
σο S			of independent voting memb	- • •	•	line 1b)		4		6473
ΞĘ			mber of individuals employed		•			5		44
Ę	1		mber of volunteers (estimate	•				6		0
•	7a	Total unr	elated business revenue fron	n Part VIII, column (C), I	ine 12 .			7a		0
	b	Net unrel	lated business taxable incom	ne from Form 990-T, line	e 34			7b		0
				· ··			Prior Ye	ar	Current Y	ear
Ð	8	Contribu	tions and grants (Part VIII, lin	e 1h)		🗆				
Revenue	9									
ě	10	Investme	ent income (Part VIII, column	31129	31107					
ш	11	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)								8474493
	12	Total reve	enue-add lines 8 through 11	(must equal Part Mttl, Co	olumn (A), lin	ne 12)		8770363		8505600
			nd sımilar amounts paid (Par		-3)ى[.					
	14	Benefits	paid to or for members (Part	X, column (A), line 4)	181 .					
es	15	Salaries,	other compensation, employed	elbenetitskPart(X, collub	n (A) lines ؛	5–10)		263424		296675
Expenses	16a	Professio	onal fundraising tees (Part 🏋	પુર્વolumn (A), line 11e)	·]= ·					
×			draising expenses (Part IX∫c							
Ш			penses (Part IX, column (A) l					7217405		7634013
	18	Total exp	penses. Add lines 13-17 (mus	st equal Part IX, column	(A), line 25)		7480829		7930688
		Revenue	less expenses. Subtract line	18 from line 12				1289534	<u></u>	574912
Net Assets or Fund Balances	1	_				Be	ginning of Cui	rent Year	End of Ye	
Sset	20		ets (Part X, line 16) .			· ·		B162867		38089534
ad A	21		ollities (Part X, line 26)			· · <u> </u>	-	3093154		22520026
			ts or fund balances. Subtract	t line 21 from line 20	<u> </u>	<u> l</u>	1	5069713	,	15569509
	art li		ture Block						···	
			ry, I declare that I have examined this lete. Declaration of preparer (other the						ny knowledge and	d belief, it is
	e, conect,	ald compl		-	manon or wind	ai piepaiei iii	as any knowle			
e:-		1/10	ream f. The	un				4-19-	12	
Sig		•	ature of officer	0 1 1			Dat	е		
He	16	• —	chael J. Heinen	General Ma	nager	_ -				
			or print name and title	Drangraria signatura		I Barr			DTIM	
Pa	id	L SUITO 19	pe preparer's name	Preparer's signature		Date		Check [
	eparer	l						self-emp	iioyea	
Us	e Only							's EIN ▶		
Ma	v the IR		ddress > s this return with the prepare	r shown above? (see in	etructione)	.	Phor	ne no.		s 🗆 No

roini as	10 (2011)				Page ∠
Part		ement of Program Service		-	
1		scribe the organization's missi	response to any question in this Part	<u> </u>	<u> </u>
•	Dilotty doc	•			
2	Did the or	assization undortales any sign	ificant program convece device the ve	and the second and the second and the	
2	prior Form	ganization undertake any sign i 990 or 990-EZ?	ificant program services during the year		☐ Yes ☑ No
		escribe these new services or			163 F_140
3	Did the o	rganization cease conducting	g, or make significant changes in hi	ow it conducts, any program	
	services?				☐ Yes 🗹 No
		escribe these changes on Sch			
4			rvice accomplishments for each of its		
)(4) organizations and section 4947(a) al expenses, and revenue, if any, for ea		t the amount of
	granto ano		ar experience, and revertee, it arry, for ea	on program service reported.	
4a	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	\				
		***	***************************************		
		····			
		•••••••••••••			
4b	(Code) (Expenses \$	ıncluding grants of \$) (Revenue \$)
		••••			
		•			
		•			
			·		
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
		**			
		···			
A -1	Other	rom condens (Describe to Oak	andula (C.)	· · · · · · · · · · · · · · · · · · ·	
4d	(Expenses	gram services (Describe in Sch \$ including g		\$	
4e		ram service expenses ▶	/ (nevenue	- 1	

	00 (2011)			Page
Part	Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		Yes	No
2	·	1		✓
3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		\ <u>\</u>
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 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		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 temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u>,</u>
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	1	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
	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
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e	√	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	∀	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	-	1
14 a		14a		1
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		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV.	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		√
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?			

20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . .

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

19

20a

20b

Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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		✓
	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		
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		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? 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		1
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? <i>If "Yes," complete Schedule R, Part VI</i>	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	√	·

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V	<u> </u>		
4.	F		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 57 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
b C	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
C	reportable gaming (gambling) winnings to prize winners?	1c	√	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	10	V	<u> </u>
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 44			
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)			
3a	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.			
_	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		1
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	6-		
b	organization solicit any contributions that were not tax deductible?	6a		✓
~	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	OD		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	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		✓
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		1
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 organization, have excess business holdings at any time during the year?	0		
9	Sponsoring organizations maintaining donor advised funds.	8		
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			Ì
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		
	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		
b	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			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		<u> </u>

FOITH 98	<u> </u>		_	age o
Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
Casti	Check if Schedule O contains a response to any question in this Part VI		<u> </u>	
Secti	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 9			
	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.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 6473			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		√
3	Did the organization delegate control over management duties customarily performed by or under the direct 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	1	✓
6 7a	Did the organization have members or stockholders?	0	V	
	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	✓	
р	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		✓
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	ode.) Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	163	1
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	IUa		
	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 filling the form?	11a		✓
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	10-		
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b		✓
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		
·	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		✓
14	Did the organization have a written document retention and destruction policy?	14		✓
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	\	
b	Other officers or key employees of the organization	15b	✓	1
160	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		/
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
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 (Section available for public inspection. Indicate how you made these available. Check all that apply.	1 501(c)(3)s	only)
	Own website Another's website Upon request		_	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of and financial statements available to the public during the tax year.			olicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: La 70546 (337) 824.43)	

Form	990	(2011)

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

Check if Schedule O contains a response to any question in this Part VII	 . 🗆

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - · List all of the organization's current key employees, if any. See 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	r any relate	d org	aniz	atic	n c	ompe	nsa	ited any currer	nt officer, director	r, or trustee.
					C)			1		
(A) Name and Title	(B) Average hours per week	Average box, unless person is both an ours per officer and a director/trustee)					an tee)		(E) Reportable compensation from	(F) Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) John Berken										
Director	2	✓			ŀ			19,784.96		
(2) Claude Breaux										
Director	2	1				[19778.72		
(3) Richard Byler										
Director	1	1			ŀ			19484.96		
(4) Edwin Henry										
Director	1	✓						19784.96	i	
(5) E. Garner Nunez								1		
Director	2	✓						19775.12		
(6) Herman Precht III										
Director	1	✓						19484.96		
(7) Denny Primeaux										
Director	2	✓						19784.96		
(8) Joseph Tupper										
Director	3	✓		:			İ	19484.96		
(9) Kirk Weldon										
Director	4	✓						21684.96		
(10) Michael J. Heinen										
General Manager	40			✓				117626.74		47395.96
(11)						-				
(12)										
(13)										
(14)		-								-

Fart	Section A. Onicers, Directors, Trust	tees, Key E	mpio	yees	s, ar	na F	ugne	St C	ompensated E	mployees	contini	uea)		
	(A) Name and title		box,	(C) Position (do not check more than box, unless person is bo officer and a director/true			is both	an	(D) Reportable compensation	(E) Reportation	n from	Esti amo	(F) mated ount of	
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizati (W-2/1099-h	ons	comp fro orgai and	ther ensation m the nization related nization	n i
(15)		-												
(16)						-								
(17)		-						-						
(18)														
(19)														
(20)														
(21)											-			
(22)				1		<u> </u>								
(23)														
(24)														
(25)											\dashv			
1b	Sub-total		<u> </u>	_	_	<u> </u>	•		296675.30				473	95.96
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Sectio						▶	296675.30				473	95.96
2	Total number of individuals (including but reportable compensation from the organi	t not limited						e) w	ho received me	ore than \$1	00,00	0 of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete 8	ficer, direc						emp	oloyee, or high	est compe	ensate	d	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual											e 🗀	1	
5	Did any person listed on line 1a receive of for services rendered to the organization?									ation or inc	dividua		_	1
Section	on B. Independent Contractors	•	•	-								1 0		•
1	Complete this table for your five highest compensation from the organization. Repyear.													ax
	(A) Name and business add	ress							(B) Description of se	ervices		(C) Compens	ation	
Accu-	read Services							me	ter reading				1660	80.00
		···												
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) who				

Part	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
tributions, Gifts, Grants Other Similar Amounts	1a b c d e	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) 1e		-	¢	
Contributions, and Other Sim	f g h	All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f				
Program Service Revenue	2a b c	Business Code			** 12.23\n	
Program	f g	All other program service revenue . Total. Add lines 2a-2f		e ten Alem e		
	3 4	Investment income (including dividends, interest, and other similar amounts) ▶ Income from investment of tax-exempt bond proceeds ▶	31107			31107
	5 6a b	Royalties				
	d 7a b	Net rental income or (loss)	main or as an a transmission almost		Andrews and the second	
	c d	and sales expenses . Gain or (loss) Net gain or (loss)	ware an american series of	constitues of Course and addition of		man And On the International account of
r Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18				
Other R	b c 9a	Less: direct expenses b Net income or (loss) from fundraising events . Gross income from gaming activities. See Part IV, line 19 a				
	b c 10a	Less: direct expenses b Net income or (loss) from gaming activities ▶ Gross sales of inventory, less returns and allowances a 22111922			Section and the second section and the second section and the second section s	
	b c	Less: cost of goods sold b 13714729 Net income or (loss) from sales of inventory ▶ Miscellaneous Revenue Business Code	8397193	8397193		31107
	11a b c	Other capital credits	77300			
	d e 12	All other revenue	77300 8505600			31107

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								
	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							
2	Grants and other assistance to individuals in the United States See Part IV, line 22							
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16							
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	296675						
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).							
a	Management							
b	Legal							
c d	Accounting							
e	Professional fundraising services. See Part IV, line 17							
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 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.)							
	' '	7004040						
a	See schedule 2	7634013						
b C								
d								
e	All other expenses							
25	Total functional expenses. Add lines 1 through 24e	7930688						
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)	133300						

P	art X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	743790	1	619785
	2	Savings and temporary cash investments	2378651	2	2021630
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	1800121	4	1968121
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of			
	ĺ	Schedule L		5	
s	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)		6	
Assets	7	Notes and loans receivable, net		7	
Ą	8	Inventories for sale or use	688631	8	584183
	9	Prepaid expenses and deferred charges	3654924	9	2957682
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 38236574			
	b	Less: accumulated depreciation 10b 9819295	27392827	10c	28417279
	11	Investments—publicly traded securities	_	11	
	12	Investments – other securities. See Part IV, line 11	1496434	12	1513584
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	7489	15	7271
	16	Total assets. Add lines 1 through 15 (must equal line 34)	38162867	16	38089535
	17	Accounts payable and accrued expenses	1701732	17	1600338
	18	Grants payable		18	
	19	Deferred revenue	3206368	19	3206368
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .	<u></u>	21	
es	22	Payables to current and former officers, directors, trustees, key	•		
Ħ		employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties	15135332		14264544
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third	20.40700		0440770
		parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	3049722		3448776
	26		22002454	25	22520020
_	20	Total liabilities. Add lines 17 through 25	23093154	26	22520026
ces		lines 27 through 29, and lines 33 and 34.	L		
a	27	Unrestricted net assets		27	
Bal	28	Temporarily restricted net assets		28	
ᅙ	29	Permanently restricted net assets		29	
Net Assets or Fund Balances]	Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			}
ţ	30	Capital stock or trust principal, or current funds		30	
Se	31	Paid-in or capital surplus, or land, building, or equipment fund	- "	31	
As	32	Retained earnings, endowment, accumulated income, or other funds .	15069713	32	15569509
<u>F</u>	33	Total net assets or fund balances		33	
_	34	Total liabilities and net assets/fund balances	38162867	34	38089535
			<u> </u>		Form 990 (2011)

-	4	•
Page	-1	-

Part					
	Check if Schedule O contains a response to any question in this Part XI	<u> </u>		<u>.</u> .	
1	Total revenue (must equal Part VIII, column (A), line 12)	11		850	5600
2	Total expenses (must equal Part IX, column (A), line 25)	2		793	30688
3	Revenue less expenses. Subtract line 2 from line 1	3		57	74912
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)	5			0
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		57	74912
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII	<u> </u>	<u></u>	<u> </u>	
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other				
	If the organization changed its method of accounting from a pnor year or checked "Other," ex	plain in			
	Schedule O.		<u></u>		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	✓	
b	Were the organization's financial statements audited by an independent accountant?		2b	✓_	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for of the audit, review, or compilation of its financial statements and selection of an independent according to the second		2c	1	
	If the organization changed either its oversight process or selection process during the tax year, ex	kplain in	July 16		
	Schedule O.		- **	∢،	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the years issued on a separate basis, consolidated basis, or both:	ar were	- N		
	Separate basis Consolidated basis, or Both.		,		"
0-	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in		ļ	
3a	the Single Audit Act and OMB Circular A-133?		3a		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergoured audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b		
			For	m 990	(2011
			. 0.		

SCHEDULE D (Form 990)

Supplemental Financial Statements

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Employer identification number

Jeffer	son Davis Electric Cooperative, Inc.			72-0362325
Pai	t I Organizations Maintaining Dono	r Advised Funds or Other Similar Fu	unds or Acc	ounts. Complete if the
	organization answered "Yes" to Fo	orm 990, Part IV, line 6.		
		(a) Donor advised funds	(b) Fu	nds 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, subject	· · · · · · · · · · · · · · · · · · ·		
6	Did the organization inform all grantees, dor			
	only for charitable purposes and not for the		•	•
	conferring impermissible private benefit? .			· · · 🔲 Yes 🗌 No
		lete if the organization answered "Yes	" to Form 99	90, Part IV, line 7.
1	Purpose(s) of conservation easements held to		_	
	Preservation of land for public use (e.g., i			
	Protection of natural habitat	☐ Preservation	of a certified	historic structure
2	Preservation of open space	tion hold a qualified conceniation contribu	ition in the for	m of a concentration
2	Complete lines 2a through 2d if the organiza easement on the last day of the tax year.	tion held a qualified conservation contribu	ition in the ion	n or a conservation
	odochioni on the last day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements .		2a	Treat at the End of the Tex Tex
b	Total acreage restricted by conservation eas			
c	Number of conservation easements on a cer			
d	Number of conservation easements include			
_	historic structure listed in the National Regist		. 2d	
3	Number of conservation easements modified		L	he organization during the
	tax year ►	3		3
4	Number of states where property subject to	conservation easement is located ▶		
5	Does the organization have a written poli	cy regarding the periodic monitoring, in		
	violations, and enforcement of the conservat	ion easements it holds?		· · Pes No
6	Staff and volunteer hours devoted to monitor	ring, inspecting, and enforcing conservation	on easements	during the year
	>			
7	Amount of expenses incurred in monitoring,	inspecting, and enforcing conservation ea	isements durir	ng the year
	▶ \$			
8	Does each conservation easement reported	· · · · · · · · · · · · · · · · · · ·	s of section 17	70(h)(4)(B)
				· · · 🗌 Yes 🗌 No
9	In Part XIV, describe how the organization re	-	•	
	balance sheet, and include, if applicable, the		financiai state	ments that describes the
Dom	organization's accounting for conservation e		Oáb Ci	-ilou Accete
Par		ctions of Art, Historical Treasures,		nliar Assets.
10		ered "Yes" to Form 990, Part IV, line 8		stamont and balance shoe
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			
b				
U	If the organization elected, as permitted unworks of art, historical treasures, or other	· · · · · · · · · · · · · · · · · · ·		
	public service, provide the following amounts	s relating to these items:		
	(i) Revenues included in Form 990 Part VIII	line 1		▶ \$
	(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 art, historical treasures, or other similar	lar assets for	financial gain, provide the
_	following amounts required to be reported un			mana gang province and
а	Revenues included in Form 990, Part VIII, line			> \$
h	Assets included in Form 990 Part X		• • •	b ¢

Page	2

Schedule	D	(Form	990	201	1

Part	III Organizations Maintaining Col	lections of Art, I	listorical	Treasures,	or Ot	her Similar A	ssets (continued)
3	Using the organization's acquisition, accelection items (check all that apply):	ssion, and other re	cords, che	ck any of th	e follov	ving that are a	significant use of its
а	☐ Public exhibition			or exchang			
b	Scholarly research	•	• 🗌 Othe	er			
C	Preservation for future generations						
4	Provide a description of the organization's XIV.	s collections and ex	plain how	they further	the org	anization's exe	empt purpose in Part
5	During the year, did the organization solid assets to be sold to raise funds rather than						
Dard	V Escrow and Custodial Arrange			_			
rait	line 9, or reported an amount on			ganization	answe	red res to r	onn 990, Fait IV,
	Is the organization an agent, trustee, cus			or contribut	ione or	other assets	not
ıa	included on Form 990, Part X?	· · · · ·	_				· ☐ Yes ☐ No
h	If "Yes," explain the arrangement in Part X				• •		. Les La
b	ii res, explain the arrangement in Part A	iv and complete th	lollowing	table.		T	Amount
•	Reginning helenes				4.0		Allount
C	Beginning balance				10		
d	3 ,				1d		
e	Distributions during the year				1e		
f On	•		 in a 040		1f		□ Vaa □ Na
2a	Did the organization include an amount on If "Yes," explain the arrangement in Part X		mezir.		• •		☐ Yes ☐ No
_	Endowment Funds. Complete i		answered	L"Voc" to E	orm 0	OO Part IV Ju	10
rai			Prior year	(c) Two year		(d) Three years ba	
10		y Content year (b)	1 Hor year	(C) TWO year	3 Dack	(d) Three years be	(e) rour years back
1a							
b	Contributions						
С	Net investment earnings, gains, and losses						
							
d	Grants or scholarships				-		
е	Other expenditures for facilities and programs						
f	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage of the c	urrent year end bala	ince (line 1	g, column (a)) held	as:	
а	Board designated or quasi-endowment ▶	%					
b	Permanent endowment ► %						
С	Temporarily restricted endowment ▶	%					
	The percentages in lines 2a, 2b, and 2c sh	ould equal 100%.					
3a	Are there endowment funds not in the pos	ssession of the org	anization th	at are held	and ad	ministered for	the
	organization by:						Yes No
	(i) unrelated organizations						. 3a(i)
	(ii) related organizations						. 3a(ii)
b	If "Yes" to 3a(ii), are the related organization	ons listed as require	d on Sched	dule R? .			. 3b
4	Describe in Part XIV the intended uses of t	he organization's e	ndowment	funds.			
Part	VI Land, Buildings, and Equipmen	nt. See Form 990	Part X, Iir	ne 10.			
	Description of property	(a) Cost or other bas (investment)		or other basis other)		Accumulated epreciation	(d) Book value
1a	Land	1606	77				160677
b	Buildings						
C	Leasehold improvements		**				
d	Equipment	23205	83			1751335	569248
e	Other	357853			-	8067960	27717354
Total.	Add lines 1a through 1e. (Column (d) must			n (B), line 10)(c).) .		28447279
		-•			• • •		

Part VII Investments—Other Securities	See Form 990 Part X I	ine 12	Page 3
(a) Description of security or category	(b) Book value	(c) Method of valu	ation
(including name of security)	(4) 55511 14155	Cost or end-of-year ma	
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(1)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	10 5 000 5 11/		
Part VIII Investments - Program Related			
(a) Description of investment type	(b) Book value	(c) Method of valu Cost or end-of-year m	
(1)			
(2)			. <u></u> .
(3)			
(4)			
(5)			
(6)			
_(7)			
(8)			
(9)		-	
(10) Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	· · · · · · · · · · · · · · · · · · ·		
Part IX Other Assets. See Form 990, Pa	rt Y line 15		. پ .
	a) Description	1	(b) Book value
	.,, ,		
(2)			· · · · · · · · · · · · · · · · · · ·
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, co	ol. (B) line 15.)		
Part X Other Liabilities. See Form 990,	Part X, line 25.		
1. (a) Description of liability	(b) Book value		
(1) Federal income taxes			
(2) Post Retirement Benefits Obligation	3448776		
(3)			
(4)		_	
(5)			
(6)			
(7)		}	
(8)		1	
(9)		-	
(10)		1	
(11)		-	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ► 2 FIN 48 (ASC 740) Footpote In Part XIV provide			

Page 4		
EIIIEIIIS	tule D (Form 990) 2011 TEXT Reconciliation of Change in Net Assets from Form 990 to Audited Financial Staten	
1 8505600	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2 7930688	Total expenses (Form 990, Part IX, column (A), line 25)	2
3 574912	Excess or (deficit) for the year. Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV.)	8
9	Total adjustments (net). Add lines 4 through 8	9
10 574912	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue pe	
1 8505600	Total revenue, gains, and other support per audited financial statements	1
1 333300	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	2
		a
		b
 		C
 		d
2e		e
3	Subtract line 2e from line 1	3
3	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	4
 		_
10		
5 8505600		_
		Part
		2
		а
		b
	<u> </u>	С
 		d
20		
, in the second		4
	Investment expenses not included on Form 990. Part VIII. line 7b. 4a 1	
		а
40	Other (Describe in Part XIV)	a b
. 4c . 5 7930688	Other (Describe in Part XIV)	а
5 85056 s per Return	Other (Describe in Part XIV.) Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) **XIII** Reconciliation of Expenses per Audited Financial Statements With Expenses per Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 2 a b c d e 3

Schedule D (Fo	orm 990) 2011	Page 5
Part XIV	Supplemental Information (continued)	
		·

SCHEDULE J (Form 990)

Department of the Treasury

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 2011

Open to Public Inspection

Internal Revenue Service Name of the organization Jefferson Davis Electric Cooperative, Inc.

Employer identification number

72-0362325

Part | 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 ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments Health or social club dues or initiation fees □ Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 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 related organization to establish compensation of the CEO/Executive Director. Explain in Part III. ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization: 4a 4b **b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? c 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 .7 Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a 5b If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a 6b If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III . . . 7 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

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.

benefits (B)(I)-(D)			(B) Breakdown or	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	į
Michael J. Heiner (0) 117526.74 47395.58 (0) </th <th>(A) Name</th> <th></th> <th>(i) Base compensation</th> <th>(ii) Bonus & incentive compensation</th> <th>(iii) Other reportable compensation</th> <th>other deferred compensation</th> <th>benefits</th> <th>(a)-(j)(a)</th> <th>(F) Compensation reported as deferred in prior Form 990</th>	(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(j)(a)	(F) Compensation reported as deferred in prior Form 990
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Schedule J (Form 990) 2011

Schedule J (Form 990) 2011

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

► Attach to Form 990 or 990-EZ.

Name of the organization Employer identification number 72-0362325 Jefferson Davis Electric Cooperative, Inc. Jefferson Davis Electric Cooperative makes its governing documents and financial statements available to the public upon request. The Form 990 is provided to the organization's auditor for review before mailing. Compensation for Key Officers is determined on a yearly basis by the Board of Directors of Jefferson Davis Electric.