

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



Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047 20**13**

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

Open to Public

Inspection ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. For the 2013 calendar year, or tax year beginning January 1 2013, and ending December 31 20 13 D Employer identification number Check if applicable C Name of organization Dixie Electric Power Association Doing Business As Address change 64-0183177 Number and street (or P O box if mail is not delivered to street address) Room/surte E Telephone number Name change Initial return 601-425-2535 **PO Box 88** City or town, state or province, country, and ZIP or foreign postal code Terminated G Gross receipts \$ Amended return 95,968,867 F Name and address of principal officer Application pending Ralph R. Smith H(a) is this a group return for subordinates? Yes Vo H(b) Are all subordinates included? Yes No Same As Above If "No," attach a list (see instructions)) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 501(c)(3) **☑** 501(c) (Tax-exempt status Website: ▶ www.dixieepa.com H(c) Group exemption number ▶ Form of organization Corporation Trust Association ☐ Other ► M State of legal domicile L Year of formation 1938 MS Part I Summary Briefly describe the organization's mission or most significant activities: Dixie Electric Power Assn. strives to: 1) Provide an Governance efficient electrical system 2) Support the community through local activities and encourage economic growth 3) Offer a productive work environment for its employees 4) Continue to meet the ever changing needs of its members through technological advances. Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 7 Number of independent voting members of the governing body (Part VI, line 1b) 7 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 105 Total number of volunteers (estimate if necessary) 6 0 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 7b 0 **Current Year** Contributions and grants (Part-VIII Time VIII 8 0 0 Program service revenue (Part VIII, line 2g) 9 95,262,563 95,660,343 Investment income (Part VIII) Aplumng Ap Ings 3 Pand 7d) 10 402,333 329,208 Other revenue (Parl VIII, column (A), lines 5, 6d, 80 9c, 10c, and 11e) . . . 11 -20,684 21,518 Total revenue - add lines 8 through 11 (must equal part VIII, column (A), line 12) 12 95,686,414 95,968,867 Grants and similar amounts gald (Part X, column (A), lines 1-3). 13 25,914 19.078 14 Benefits paid to or for members (Part IX, column (A), line 4) 7,628,267 5,966,626 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 6,925,014 6,460,580 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0 Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 81,107,219 83,522,583 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 95,686,414 95,968,867 19 Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** Total assets (Part X, line 16) 20 165,239,900 177,307,931 21 Total liabilities (Part X, line 26) . . 85,345,847 93,012,628 22 Net assets or fund balances. Subtract line 21 from line 20 79,894,053 84,295,303 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign GENERAL MANAGER Here Type or print name and title Print/Type preparer's name Preparer's signature Date Check 🔲 if **Paid** self-employed Preparer Firm's name Firm's EIN ▶ Use Only Firm's address > Phone no May the IRS discuss this return with the preparer shown above? (see instructions) 🗌 Yes 🔲 No

For Paperwork Reduction Act Notice, see the separate instructions.



Form 990 (2013)

Cat No 11282Y



| Oilli 98 | ا وي | r age | _ |
|----------|--------|--|------------|
| Part | Ш | Statement of Program Service Accomplishments | _ |
| | | Check if Schedule O contains a response or note to any line in this Part III | <u>]</u> |
| 1 | | ly describe the organization's mission: | |
| | | Electric Power Assn. strives to: 1) Provide an efficient electrical system 2) Support the community through local activities and | |
| | | urage economic growth 3) Offer a productive work environment for its employees 4) Continue to meet the ever changing needs | |
| | of its | members through technological advances. | |
| | 0.4 | the appropriate and other participant management of the control of | _ |
| 2 | | the organization undertake any significant program services during the year which were not listed on the Form 990 or 990-EZ? | |
| | | es," describe these new services on Schedule O. | |
| 3 | | the organization cease conducting, or make significant changes in how it conducts, any program | |
| • | | ices? | |
| | | es," describe these changes on Schedule O. | |
| 4 | | cribe the organization's program service accomplishments for each of its three largest program services, as measured b | v |
| | | enses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other | |
| | the t | otal expenses, and revenue, if any, for each program service reported. | |
| | | | |
| 4a | (Coc | le:) (Expenses \$ 95,968,867 including grants of \$ 19,078) (Revenue \$ 95,968,867) | _ |
| | | l electric distribution cooperative which furnished service to 38,305 accounts as of 12/31/13. | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 4h | (Cor | le:) (Expenses \$ including grants of \$) (Revenue \$) | - |
| 70 | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 4c | (Cor | le:) (Expenses \$ including grants of \$) (Revenue \$) | _ |
| 40 | (COC |) (Expenses ϕ) (Expenses ϕ) | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | - - |
| | | | |
| | | | |
| | | | |
| | | | _ |
| 4d | | er program services (Describe in Schedule O.) | |
| 4- | | enses \$ including grants of \$) (Revenue \$) | _ |
| 4e_ | Tota | l program service expenses ▶ 95,968,867 | |

| Part | V 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," | | | ŀ |
| | complete Schedule A | 1 | | ✓ |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | | ✓ |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | _ | ✓ |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | 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 | | 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, for escrow or custodial account liability; 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 | | 1 |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a | 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 |
| C | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | 1 |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | 1 | |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . | 11e | √ | |
| 12 a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | 1 | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional. | 12b | | ✓ |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | 1 |
| 14 a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | 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 | | √ |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? 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? If "Yes," complete Schedule G, Part III | 19 | | √ |
| 20 a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | - | 1 |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | _ |

| Form 99 | 0 (2013) | | ı | Page 4 |
|----------|---|------------|----------|----------|
| Part | Checklist of Required Schedules (continued) | | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | Yes | No |
| | government 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 or 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 25a | 24a | | 1 |
| | 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 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II | 26 | | 1 |
| 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 A family member of 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 | | v |
| 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, Part II, III, or IV, and Part V, line 1 | 34 | | 1 |
| 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? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 36 | | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | √ |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | ✓ | (2012) |

| Part | V Statements Regarding Other IRS Filings and Tax Compliance | | | |
|---------|---|--------------|--|--------------|
| | Check if Schedule O contains a response or note to any line in this Part V | <u> </u> | | |
| | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | , | l |
| Ь | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | | - |
| 20 | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | 1c | | - |
| 2a | | | | |
| b | Statements, filed for the calendar year ending with or within the year covered by this return 105 105 106 107 108 109 109 109 109 109 109 109 | 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" to line 3b, 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 | | | ĺ |
| | 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 | | 1 |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | - | ✓ |
| C Sa | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a | organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | 1 |
| ь | If "Yes," did the organization include with every solicitation an express statement that such contributions or | - | | <u> </u> |
| - | gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | | |
| | and services provided to the payor? | 7a | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | _ | | |
| | 1 1 | 7c | | _ |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7e | | |
| e f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | _ | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | \vdash |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting | | | |
| | organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring | | | |
| | organization, have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | <u> </u> |
| а | Did the organization make any taxable distributions under section 4966? | 9a | | <u> </u> |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| a b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 1 | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| а | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | | | |
| | against amounts due or received from them.) | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | | 1 |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | <u> </u> | <u> </u> |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | ļ | - |
| 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 | | | |
| 5 | the organization is licensed to issue qualified health plans | | | 1 |
| С | Enter the amount of reserves on hand | 1 | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | 1 |
| _ | 16 "You " hope it filed a Form 720 to report these payments? If "No " provide an evaluation in Schoolule O | 146 | | |

| 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. | | for a | |
|----------|---|------------|------------------|-------------|
| | Check if Schedule O contains a response or note to any line in this Part VI | <u>.</u> . | | . V |
| Secti | on A. Governing Body and Management | | - - - | - No. |
| 4. | Enter the greek or of victing manch one of the greyoung heady at the and of the tay year. | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 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. | | | |
| ь 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 | 1 | |
| 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 | | 1 |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | 1 |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | ✓_ |
| 6 7a | Did the organization have members or stockholders? | 6 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: | | | |
| a | The governing body? | 8a | ✓ | |
| 9 9 | Each committee with authority to act on behalf of the governing body? | 8b 9 | V | 1 |
| Secti | on B. Policies (This Section B requests information about policies not required by the Internal Reven | ue C | ode.) | · |
| - | | | Yes | No |
| 10a b | Did the organization have local chapters, branches, or affiliates? | 10a 10b | 1 | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | <u> </u> | 1 |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a b | Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i> | 12a 12b | 1 | |
| 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 | 1 | |
| 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 | 1 | |
| 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 | | ✓ |
| | 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 | | |
| | 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 ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year. | | | , and |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records organization: Accept August 1962 Hugg 1964 E. Jaurel 1965 20442 501 425 2525 * | of the |) | |

| | - |
|------|---|
| Daga | • |
| | |

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- 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 | anız | | | ompe | nsa | ted any curren | t officer, director | , or trustee. |
|---|--|--|-----------------------|----------|--------------|------------------------------|--------------|--|--|--|
| (A) Name and Title | (B) Average hours per week (list any | rage box, unless person is both an Represent officer and a director/trustee) | | | | | | | (E) Reportable compensation from related | (F) Estimated amount of other |
| | hours for related organizations below dotted line) | | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | from the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| (1) Mack Mauldin | 3 | | | | | | | | | |
| Director-President | | ✓ | Ш | | | | | 20,013 | 0 | |
| (2) Michael Shows | 3 | _ | | | | | | | | |
| Director-Vice President | | ✓ | Щ | ļ | | | _ | 12,578 | 0 | |
| (3) Robert Smith | 4 | | | | | | | | | |
| Director-Sectretary Treasuer | | ✓ | Ш | | | | _ | 9,823 | 0 | |
| (4) Allen Sledge | 4 | 1 | | | | | | | | |
| Director-Alt. Sectretary Treasuer | | - | $\vdash\vdash$ | | | | _ | 9,511 | . 0 | |
| (5) Robin Robinson | 4 | 1 | | | | | | | ا | (|
| Director | 1 | - | \vdash | - | | | - | 6,997 | 0 | |
| (6) H.E. Ramey Director | | 1 | | | | | | 17,753 | اه | (|
| | 2 | | \vdash | _ | | | | 17,753 | 0 | |
| (7) Albert Hutto Director | | 1 |] | | | | | 17,693 | اه | |
| (8) Ralph R. Smith General Manager | 39 | | | ✓ | | | | 144,865 | 0 | 94,60 |
| (9) L.G. Pierce | 0 | | | | | | | 111,000 | | |
| Former Director | | İ | | | | | 1 | 10,779 | اه | (|
| (10) | | | | | | | | 15,7.7.5 | | |
| (11) | | | | | | | - | | | |
| (12) | | | | | | | | | | |
| (13) | | | | | | | | | | |
| (14) | | | | | | | | | | |

Form **990** (2013)

| Part | VII Section A. Officers, Directors, Trust | ees, Key E | mploy | /ees | | | lighe | st C | ompensated E | mployees (| ontinu | ed) | | |
|------------|---|-----------------------|--------------------------------|-----------------------|---------|--------------|------------------------------|---------------|-----------------------------|----------------------------|---------------|------------------------|-------------------|-----------------|
| | | | | | _ | C) lition | | | | | | | | |
| | (A) | (B) | | | eck | more | than o | | (D) | (E) | | | (F) | |
| | Name and title | Average hours per | | | | | is both or/trust | | Reportable compensation | Reportabl compensation | | - | mated ount o | |
| | | week (list any | | | _ | | | | from | related | | | ther | |
| | | hours for related | Individual trustee or director | stitu | Officer | Key employee | nghe | Former | the organization | organizatio (W-2/1099-M | | comp | ensati m the | ion |
| | | organizations | ecto | tion | === | 夏 | st co | 4 | (W-2/1099-MISC) | | i l | | nizatio | |
| | | below dotted line) | T to | al tn | | yee | ğ | | | | | organ | relate lizatio | |
| | | | ê | Institutional trustee | | | Highest compensated employee | | | | | | | |
| | | | | | | | <u>E</u> | | | | | | | |
| (15) | | | | | | | | | : | | | | | |
| (16) | | | | | | | | | | | | | | |
| (17) | | | | | | _ | | | | | | | | |
| (18) | | | | | | | | | | | | | | |
| (19) | | | | | | | | | | | | | | |
| (20) | | | | | _ | | | | | | | | | |
| (21) | | | | | | | | | | | | | | |
| (22) | | | | | | | | | | | - | | | |
| (23) | | | | | | | | | | | \rightarrow | | | |
| | | | | | | | | | | | | | | |
| (24) | | | | | | | | | | | | | | |
| (25) | | | | | | | | | | | | | | |
| 1b | | | | | | | | > | 250,012 | | 0 | | | 94,601 |
| С | Total from continuation sheets to Part | - | | • | - | | | • | 0 | | 0 | | | 0 |
| d_ | Total (add lines 1b and 1c) | | | | | | | <u> </u> | 250,012 | | 0 | _ | | 94,601 |
| 2 | Total number of individuals (including but reportable compensation from the organi | | to tr | ose | list | ted : | above | e) w | tho received m | ore than \$10 | 30,000 | of | | |
| | | | | | | | | | | | | | Yes | No |
| 3 | Did the organization list any former of | | | | | | | | | | nsated | | | |
| | employee on line 1a? If "Yes," complete | | | | | | | | | | • • | 3 | ✓ | ļ, |
| 4 | For any individual listed on line 1a, is the | | | | | | | | | | | | | |
| | organization and related organizations | _ | | | | | | | • | leaule J 10. | Such | 4 | 1 | 4 |
| 5 | Did any person listed on line 1a receive of | | | | | | | | | ation or ind | lividual | _ | \ <u> </u> | + 1 |
| • | for services rendered to the organization | | | | | | | | | | | 5 | | 1 |
| Section | on B. Independent Contractors | | | | | | | | | | | | | |
| 1 | Complete this table for your five highest | | | - | | | | | | | | | | |
| | compensation from the organization. Repyear. | oort compe | nsatio | on fo | or th | ne c | alenc | lar y | year ending wit | h or within t | he org | janizatio | on's | tax |
| | (A) Name and business add | lress | | | | | | | (B) Description of s | ervices | | (C) Compens | ation | |
| MDR C | onstruction 621 E Baylis Chapel Rd. Colur | nbia, MS 39 | 429 | | | | | Ele | ectric Line Cons | truction | | | 1,5 | 40,773 |
| | Construction PO Box 8327 Laurel, MS 3944 | 1 | | | | | _ | Т. | ht of Way Clea | | | | | 945,07 <u>5</u> |
| | ine Service PO Box 485 Laurel, MS 39441 | | | | | | | T | tht of Way Clea | ring | | | | 68,025 |
| | Services PO Box 6717Jackson, MS 392 se Utilities Services PO Box 8000 Buffalo, N | | | | | | | $\overline{}$ | ter Reading le Treatment | | | | | 188,39 <u>6</u> |
| Osmos 2 | Total number of independent contractors | | ng bu | ıt n | ot | lımıt | ed to | | | ove) who | | | | 104,893 |
| - | received more than \$100,000 of compens | - | - | | | | | | 12 | , | | | | |

| Part | VIII | Charlest Cabadula Coasta | | | | Dod VIII | | |
|--|---------------|--|-----------|-------------------|-------------------|---|---|--|
| | | Check if Schedule O contai | ns a res | sponse or note to | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| arants ounts | 1a b | Federated campaigns Membership dues | | | | | | |
| s, G Am | С | Fundraising events | | ļ | | | | ļ |
| Giff | d | Related organizations . | _ | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | е | Government grants (contribution | | | | | | |
| | f | All other contributions, gifts, grant and similar amounts not included about | | | | | | 1 |
| ott ot | _ ~ | Noncash contributions included in lines | | 1 | | | | · |
|)ou | g h | Total. Add lines 1a–1f | | . | | | | |
| | | Total 7.00 till 5. | · · · · | Business Code | | - | · | · · · · · · · · · · · · · · · · · · · |
| ven | 2a | Sale of Electricity | | 221122 | 91,010,044 | 91,010,044 | | |
| Be . | b | Member Fees | | 221122 | 373,010 | 373,010 | | |
| vice | С | Patronage Capital | | 221122 | 3,001,854 | 3,001,854 | | |
| Ser | d | Joint Pole Revenue | | 221122 | 1,275,435 | 1,275,435 | | |
| Program Service Revenue | e | | | | | | | - |
| rog | f | All other program service rev | | | 22 222 242 | | | |
| — | <u>g</u> 3 | Total. Add lines 2a-2f . Investment income (includir | | | 95,660,343 | | | I |
| | | and other similar amounts) | _ | | 327,523 | 327,523 | | |
| | 4 | Income from investment of tax-e | xempt b | ond proceeds ▶ | | | | |
| | 5 | | | | | | | |
| | _ | | Real | (II) Personal | | | | |
| | 6a | Gross rents | | | | | | |
| | b | Less: rental expenses Rental income or (loss) | | | | | | |
| | d | Net rental income or (loss) | | | | | | |
| | 7a | | unties | (II) Other | | | | |
| | | assets other than inventory | | 30,500 | | | | |
| | b | Less: cost or other basis | | | | | | |
| | | and sales expenses | | 28,815 | | | | |
| | C | Gain or (loss) | | 1,685 | | | | |
| | d | Net gain or (loss) | | • | 1,685 | 1,685 | | |
| venue | 8a | Gross income from fundraising events (not including \$ | | | | | | |
| Other Rev | | of contributions reported on lin See Part IV, line 18 | · · a | ` | | | | |
| ŏ | | Less: direct expenses | | | | | - | |
| | | Net income or (loss) from fun Gross income from gaming ac | | evenus . | | | | |
| | " | See Part IV, line 19 | | , | | | | |
| | b | Less: direct expenses | | | | | | |
| | С | Net income or (loss) from gar | _ | ivities ► | | | | |
| | 10a | Gross sales of inventory returns and allowances . | ···a | · — — — | | | | |
| | b | Less: cost of goods sold . | | | | | | |
| | _с | Net income or (loss) from sale | es of inv | | | | | |
| | 44. | | | Business Code | | · | L | |
| | 11a b | | | 221122 | 30.694 | 20.604 | | |
| | C | deposit from 2012 | | 221122 | -20,684 | -20,684 | | |
| | d | All other revenue | | | | | | |
| | e | Total. Add lines 11a-11d . | | | -20,684 | | | |
| | 12 | Total revenue. See instruction | ns | ▶ | 95,968,867 | 95,968,867 | | |

| Form 9 | 90 (2013) | | | | Page 10 |
|----------|--|--|--|-------------------------------------|--------------------------|
| Par | | | | | |
| Section | on 501(c)(3) and 501(c)(4) organizations must com | · | | | |
| | Check if Schedule O contains a response tinclude amounts reported on lines 6b, 7b, o, and 10b of Part VIII. | se or note to any lin (A) Total expenses | e in this Part IX (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 | 19,078 | | | |
| 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 | 5,966,626 250,012 | | | |
| 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 | 3,000,089 | | | |
| 9 | Other employee benefits | 1,299,179 1,476,243 | | | |
| 10 | Payroll taxes | 435,057 | · · · · · · · · · · · · · · · · · · · | | |
| 11 | Fees for services (non-employees): | 433,037 | | | |
| а | Management | | | | |
| b | Legal | 31,155 | | | |
| С | Accounting | 18,723 | | | |
| d | Lobbying | | | | |
| е | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | 2,715,128 | | | |
| 12 | Advertising and promotion | 187,851 | | | |
| 13 | Office expenses | 284,973 | | | |
| 14 | Information technology | 277,737 | | | |
| 15 | Royalties | 41,686 | | | |
| 16 | Occupancy | 181,295 | | | |
| 17 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | 40,518 | | | |
| 19 | Conferences, conventions, and meetings | 24,523 | | | |
| 20 | Interest | 3,608,022 | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization . | 5,663,653 | | | |
| 23 | Insurance | 366,036 | | | |
| 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.) | | | | : |
| _ | Cost of Purchased Power | 07.004.000 | | | |
| a b | Distribution Expense-Operations | 67,831,903 | | | |
| C | Distribution Expense-Maintenance | 317,986 854,734 | | | |
| d | Customer Accounts Expense | 135,113 | | | |
| e | All other expenses | 941,547 | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 95,968,867 | | | |

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 following SOP 98-2 (ASC 958-720)

Balance Sheet Part X Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year 1 Cash—non-interest-bearing 2,909,304 1 1,064,391 2 Savings and temporary cash investments 2 3 3 4 5,585,673 6,190,829 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other 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 6 Assets 7 7 Inventories for sale or use 8 2,780,169 2,629,666 Prepaid expenses and deferred charges . . . 6,138,387 9 9,265,813 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 166,948,590 Less: accumulated depreciation 10b 10c b 39,435,909 120,067,405 127,512,681 11 Investments—publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 . 12 13 Investments-program-related See Part IV, line 11 . . . 13 14 14 15 Other assets. See Part IV, line 11 15 27,758,962 30,644,551 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 165,239,900 177,307,931 17 Accounts payable and accrued expenses 17 7,426,400 9,215,819 18 18 19 19 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D . 21 21 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 75,591,072 79,343,849 Unsecured notes and loans payable to unrelated third parties . . . 24 0 24 1,750,000 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 2,328,375 2,702,960 26 Total liabilities. Add lines 17 through 25 85,345,847 26 93,012,628 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and **Net Assets or Fund Balances** complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 27 27 28 Temporarily restricted net assets 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 Retained earnings, endowment, accumulated income, or other funds. 32 79,894,053 84,295,303 33 79,894,053 33 84,295,303 Total liabilities and net assets/fund balances . . . 34 165,239,900 34 177,307,931 Form **990** (2013)

| _ | 4 | |
|------|-----|---|
| Page | - 1 | 4 |

| i Oini Sc | (2010) | _ | | | <u> </u> |
|-----------|--|---------|---------------|------------------|--|
| Parl | XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | <u></u> | | <u>. 🗆</u> |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 95,9 | 68,867 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 95,9 | 68 <u>,867</u> |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | 0 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | 7 <u>9,</u> 8 | 94,053 |
| 5 | Net unrealized gains (losses) on investments | 5 | | | 0 |
| 6 | Donated services and use of facilities | 6 | | | 0 |
| 7 | Investment expenses | 7 | | | 0 |
| 8 | Prior period adjustments | 8 | | | 0 |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | 4,4 | 01,250 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | |
| | 33, column (B)) | 10 | | 84,2 | <u>95,303</u> |
| Part | XII Financial Statements and Reporting | | | | _ |
| | Check if Schedule O contains a response or note to any line in this Part XII | | <u> </u> | _ | , Ц |
| | | | _ | Yes | No |
| 1 | Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other | | _ | | 1 1 |
| | If the organization changed its method of accounting from a prior year or checked "Other," exp | olain | ın | | |
| | Schedule O. | | <u> </u> | | لــــــــــــــــــــــــــــــــــــــ |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | | 3 ✓ | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were comp | olled (| or | | |
| | reviewed on a separate basis, consolidated basis, or both: | | ĺ | | |
| | ✓ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | <u> </u> | +, | ↓ |
| b | Were the organization's financial statements audited by an independent accountant? | | . 21 | > √ | + - |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both: | a on | a | | 1 1 |
| | ` | | | | 1 1 |
| _ | Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over | oroid | | | ╂ |
| С | of the audit, review, or compilation of its financial statements and selection of an independent accou | | | | |
| | If the organization changed either its oversight process or selection process during the tax year, ex | | | - V | + |
| | Schedule O. | piairi | "' | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set | forth | _{in} | - | |
| Ja | the Single Audit Act and OMB Circular A-133? | | | | 1 |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not under | | | - | +- |
| | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a | | 31 | 。 | 1 |
| | , | | | orm 99 | 0 (2013) |
| | | | | J | - (20.0) |

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.

► Attach to Form 990.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Employer identification number

| <u>Dixie</u> E | Electric Power Association | 64-0183177 |
|----------------|---|--|
| Par | Organizations Maintaining Donor Advised Funds or Other Similar Funds | |
| | Complete if the organization answered "Yes" to Form 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 funds are the organization's property, subject to the organization's exclusive legal contri | |
| 6 | Did the organization inform all grantees, donors, and donor advisors in writing that gra- only for charitable purposes and not for the benefit of the donor or donor advisor, or the conferring impermissible private benefit? | or any other purpose |
| Par | t II Conservation Easements. | |
| | Complete if the organization answered "Yes" to Form 990, Part IV, line 7. | |
| 1 | Purpose(s) of conservation easements held by the organization (check all that apply). | |
| | ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of | f an historically important land area |
| | ☐ Protection of natural habitat ☐ Preservation of | f a certified historic structure |
| | ☐ Preservation of open space | |
| 2 | Complete lines 2a through 2d if the organization held a qualified conservation contribution | on in the form of a conservation |
| | easement on the last day of the tax year. | Held at the End of the Tax Year |
| а | Total number of conservation easements | 2a |
| b | Total acreage restricted by conservation easements | 2b |
| С | Number of conservation easements on a certified historic structure included in (a) | |
| d | Number of conservation easements included in (c) acquired after 8/17/06, and not | |
| _ | historic structure listed in the National Register | |
| 3 | Number of conservation easements modified, transferred, released, extinguished, or tertax year ▶ | minated by the organization during the |
| 4 | Number of states where property subject to conservation easement is located ▶ | |
| 5 | Does the organization have a written policy regarding the periodic monitoring, insviolations, and enforcement of the conservation easements it holds? | • |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation | - |
| 7 | Amount of expenses incurred in monitoring, inspecting, and enforcing conservation ease \$\$\\$\$ | ements during the year |
| 8 | Does each conservation easement reported on line 2(d) above satisfy the requirements (i) and section 170(h)(4)(B)(ii)? | of section 170(h)(4)(B) |
| 9 | In Part XIII, describe how the organization reports conservation easements in its revenue balance sheet, and include, if applicable, the text of the footnote to the organization's finorganization's accounting for conservation easements. | |
| Par | Complete if the organization answered "Yes" to Form 990, Part IV, line 8. | |
| 1a | If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its | |
| | works of art, historical treasures, or other similar assets held for public exhibition, e- public service, provide, in Part XIII, the text of the footnote to its financial statements that | |
| b | If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its works of art, historical treasures, or other similar assets held for public exhibition, expublic service, provide the following amounts relating to these items: | ducation, or research in furtherance of |
| | (i) Revenues included in Form 990, Part VIII, line 1 | > \$ |
| | (ii) Assets included in Form 990, Part X | ▶ \$ |
| 2 | If the organization received or held works of art, historical treasures, or other simila following amounts required to be reported under SFAS 116 (ASC 958) relating to these in | r assets for financial gain, provide the |
| а | Revenues included in Form 990, Part VIII, line 1 | > \$ |
| h | Assets included in Form 990. Part X | ▶ ¢ |

| Part | Organizations Maintaining | Collections | of Art, His | torical 1 | reasures, or | Other Similar A | ssets (continued) |
|-----------|--|------------------|--------------------------|--------------|---------------------|-------------------------|--------------------------|
| 3 | Using the organization's acquisition, collection items (check all that apply) | accession, and | d other reco | rds, chec | k any of the fo | ollowing that are a | significant use of its |
| а | ☐ Public exhibition | | | | or exchange p | - | |
| b | Scholarly research | | е | ☐ Othe | , | | |
| _ | Preservation for future generations | 3 | | | le e de die e die e | | Doub |
| 4 | Provide a description of the organization. | tion's collectio | ns and expl | ain now t | ney turtner the | organization's exe | mpt purpose in Part |
| 5 | During the year, did the organization | solicit or rece | uve donation | ne of art | historical treas | ures or other simi | lar |
| 5 | assets to be sold to raise funds rather | | | | | | |
| Part | IV Escrow and Custodial Arra | | <u> </u> | <u> </u> | | | <u></u> |
| | Complete if the organization 990, Part X, line 21. | | Yes" to For | m 990, F | art IV, line 9, | or reported an ar | nount on Form |
| 1a | Is the organization an agent, trustee included on Form 990, Part X? | | | | | s or other assets r | |
| b | If "Yes," explain the arrangement in P | art XIII and coi | mplete the fo | ollowing to | able: | | |
| | | | | | | | Amount |
| С | Beginning balance | | | | | 1c | |
| d | Additions during the year | | | | | 1d | |
| e • | Distributions during the year Ending balance | | | | • • • • | 1e | |
| f 2a | Did the organization include an amount | | | 21? | | | ☐ Yes ☐ No |
| | If "Yes," explain the arrangement in P | | | | | | _ |
| | V Endowment Funds. | - | | | • | | |
| | Complete if the organization | | | m 990, F | | | |
| | | (a) Current yea | ar (b) Pr | or year | (c) Two years ba | ck (d) Three years ba | ck (e) Four years back |
| 1a | Beginning of year balance | | | | | | |
| 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 | the current vec | r and halan | | , column (a)) h | | |
| 2 a | Board designated or quasi-endowme | | | se (iirie 1ç | j, column (a)) n | eiu as. | |
| b | Permanent endowment ► | | /" | | | | |
| c | Temporarily restricted endowment ▶ | | % | | | | |
| _ | The percentages in lines 2a, 2b, and 2 | | | | | | |
| За | Are there endowment funds not in th | | | zation th | at are held and | d administered for t | :he |
| | organization by: | | | | | | Yes No |
| | (i) unrelated organizations | | | | | | . 3a(i) |
| _ | (ii) related organizations | | | | | | 3a(ii) |
| b | If "Yes" to 3a(II), are the related organ Describe in Part XIII the intended use: | | | | | | . <u>3b</u> |
| 4 Pari | | | Zalion S end | OWINEIILI | unus. | | |
| rail | Complete if the organization | | Yes" to For | m 990. F | Part IV. line 11 | a. See Form 990 | . Part X. line 10. |
| | Description of property | | or other basis | 1 | or other basis | (c) Accumulated | (d) Book value |
| | | | restment) | (0 | other) | depreciation | |
| 1a | Land | | 724,969 | | | | 724,969 |
| b | Buildings | • | 4,564,370 | | | 2,499,724 | 2,064,646 |
| C d | Leasehold improvements | • | 7 175 496 | | | 4 630 635 | 2 544 961 |
| a e | Other | : | 7,175,496 154,483,756 | 1 | | 4,630,635 32,305,551 | 2,544,861 122,178,205 |
| | Add lines 1a through 1e. (Column (d) r | nust equal For | | | 2 (B) line 10(c) | | 127,176,205 |

| | (a) Description of security or category (including name of security) | | (b) Book value | | d of valuation |
|-------------------|--|---------------------------------------|--------------------|-------------------|--------------------------------------|
| (2) Closely-h | | | | Cost or end-of | -year market value |
| | derivatives | | | | |
| | eld equity interests | [| | | |
| (3) Other | | | | | |
| (A) | | | | | |
| (B) | | | | | |
| (C) | | | | | |
| (D) | | | | | |
| (E) | | | | | |
| (F) | | | | | |
| (G) | | | | | |
| (H) |) | | | | |
| | n) must equal Form 990, Part X, col. (B) line 12.) | <u></u> | L | | |
| Part VIII | Investments – Program Related Complete if the organization answers | | 990, Part IV, line | 11c. See Form 99 | 30, Part X, line 13. |
| | (a) Description of investment | | (b) Book value | , , | d of valuation -year market value |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | o) must equal Form 990, Part X, col. (B) line 13.) | | | | |
| Part IX | Other Assets. | | | | |
| | Complete if the organization answ | wered "Yes" to Form | 990, Part IV, line | 11d. See Form 99 | 90, Part X, line 15. |
| (4) | <u> </u> | · · · · · · · · · · · · · · · · · · · | | | |
| | tion Organizations - Membership Deposi tion Organizations - Patronage Capital | <u>ts</u> | | | 2,12 29,305,45 |
| | C Capital Term Certificates | | | | 29,305,45 1,336,58 |
| | Facility Deposits | | | | 1,330,30 |
| (5) | -acincy Deposits | | | | |
| (6) | <u> </u> | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| Total. (Colur | mn (b) must equal Form 990, Part X, co | ol. (B) line 15.) | | | 30,644,55 |
| Part X | Other Liabilities. Complete if the organization answ | wered "Yes" to Form | 990, Part IV, line | 11e or 11f. See F | orm 990, Part X, |
| 1. | line 25. (a) Description of liability | (b) Book value | | | |
| (1) Federal in | | (L) Dook tales | 0 | | |
| | lated Operating Provisions and Asset | | - | | |
| | ment Obligations | 1,891, | 000 | | |
| | er Deposits | 570, | 1 | | |
| | er Advances for Construction | 241, | | | |
| (6) | | | \neg | | |
| (7) | | | | | |
| (8) | | | | | |
| | | | | | |
| (9) | 1 OC Day V and (D) Inc. OC L D | | | | |
| Total. (Column (b | b) must equal Form 990, Part X, col. (B) line 25.) | 2,702, | | | |

| Part | Reconciliation of Revenue per Audited Financial Statements W Complete if the organization answered "Yes" to Form 990, Part IV, | | Return. | - |
|----------|--|-------------------------|-------------|-------------------------|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 95,968,867 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | 99,900,007 |
| | Net unrealized gains on investments | م | | |
| a | Donated services and use of facilities | 0 0 | | |
| b | Recoveries of prior year grants | 0 | | |
| d | Other (Describe in Part XIII.) | 0 | | |
| e | Add lines 2a through 2d | | 2e | 0 |
| 3 | Subtract line 2e from line 1 | | 3 | 95,968,867 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | 00,000,007 |
| a | Investment expenses not included on Form 990, Part VIII, line 7b 4a | o | | |
| b | Other (Describe in Part XIII.) | 0 | | |
| C | Add lines 4a and 4b | | 4c | 0 |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | 5 | 95,968,867 |
| Part | | | r Retur | |
| | Complete if the organization answered "Yes" to Form 990, Part IV, | | | |
| 1 | Total expenses and losses per audited financial statements | | 1 | 90,002,241 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| а | Donated services and use of facilities | 0 | | |
| b | Prior year adjustments | 0 | | |
| С | Other losses | 0 | | |
| d | Other (Describe in Part XIII.) | 0 | | |
| е | Add lines 2a through 2d | | 2e | 0 |
| 3 | Subtract line 2e from line 1 | | 3 | 90,002,241 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b 4a | 0 | | |
| b | Other (Describe in Part XIII.) | 5,966,626 | | |
| c | Add lines 4a and 4b | | 4c | 5,966,626 |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | 5 | 95,968,867 |
| | Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par | t IV lines 1h and 2h | · Dart V | line A: Part V line |
| | t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provi | | | |
| | Dixie Electric Power Association is an organization exempt from income tax under IRS | | | |
| Part | Dixe Electric Power Association is an organization exempt from income tax under its | Code Section 301(c) | (12). 0111 | ilated busiliess |
| incom | e, of which the Association had none for the years ended December 31, 2013 and 2012, | would be subject to | federal in | come taxes |
| IIICOIII | ie, of which the Association had note for the years ended beceniber 31, 2013 and 2012 | , would be subject to | icaciai iii | come wacs. |
| Conse | equently, the accompanying financial statements do not reflect any provision for incom | e taxes. The Associa | tion follo | ws the provision |
| | <u>, , , , , , , , , , , , , , , , , , , </u> | | | |
| of unc | ertain tax positions as addressed in FASB Accounting Standards Codification 740-10-6 | 65-1. The Organizatio | n files inc | come tax returns |
| | | | | |
| in the | U.S. federal jurisdiction. The Association is no longer subject to U.S. federal income to | ax examinations by th | e tax aut | hority for years |
| | ······································ | | | |
| before | 2011. The Association recognizes interest accrued related to unrecognized tax benefi | its in interest and pen | alties in d | perating |
| | | | | |
| expen | ses. No such interest or penalties were recognized during the periods presented. The A | Association had no ac | cruals fo | r interest and |
| | | | | |
| penalt | ties at December 31, 2013 and 2012. The Association has elected to defer the provision | is of FASB ASC 740, A | Accountir | ng for Income |
| | | | | |
| Taxes | , under the provisions of ASC 740. The Association records a liability for uncertain tax | positions when it is | probable | that a loss has |
| | | | | |
| been i | incurred and the amount can be reasonably estimated. The Association continually eva | aluates expiring statu | tes of lim | itations, audits, |
| | | | | |
| propo | sed settlements, changes in tax laws, and new authoritative rulings. | ••••• | | |
| | | | | |
| | | | | |
| Part X | (II 4b \$5,966,626 represents the amount which was allocated to the members' capital cre | edit accounts. | | |

SCHEDULE (Form 990)

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.

2013

OMB No. 1545-0047

Schedule 1 (Form 990) (2013) Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Open to Public Inspection **%**□ (h) Purpose of grant or assistance Employer identification number o ✓ Yes 64-0183177 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance . Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. (f) Method of valuation (book, FMV, appraisal, other) Cat. No. 50055P Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of non-cash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ► Attach to Form 990. (d) Amount of cash Enter total number of other organizations listed in the line 1 table (c) IRC section if applicable the selection criteria used to award the grants or assistance? For Paperwork Reduction Act Notice, see the Instructions for Form 990. General Information on Grants and Assistance (p) EIN 1 (a) Name and address of organization Dixie Electric Power Association or government Department of the Treasury Internal Revenue Service Name of the organization E (1) None Part Part II

ල

3

€

<u>0</u>

9

9

®

9

Ξ

(12)

. ن

Schedule I (Form 990) (2013)

Schedule I (Form 990) (2013) (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. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant Part III can be duplicated if additional space is needed. All donations are presented to the Board of Directors before they are given. (b) Number of recipients (a) Type of grant or assistance Part IV Part III က ß 9 0 4

SCHEDULE J (Form 990)

Compensation Information

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

OMB No 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► See separate instructions.
 ► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

| | lectric Power Association | 64-01831 | 77 | | |
|------|---|----------------------|----|-----|-------------|
| Part | Questions Regarding Compensation | | | | |
| | | | | Yes | No |
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regardin | | | | |
| | ☐ First-class or charter travel ☐ Housing allowance or residence for | or personal use | | | |
| | ☐ Travel for companions ☐ Payments for business use of personal payments for business payments fo | sonal residence | | , | |
| | Tax indemnification and gross-up payments Health or social club dues or initia | | 1 | | |
| | ☐ Discretionary spending account ☐ Personal services (e.g., maid, char | uffeur, 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," of | complete Part III to | | | |
| | explain | | 1b | | ļ |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expen | ses incurred by all | | | |
| - | directors, trustees, and officers, including the CEO/Executive Director, regarding the it | | | | |
| | 1a? | | 2 | | |
| | | | | | ļ |
| 3 | Indicate which, if any, of the following the filing organization used to establish the compe | nsation of the | | | |
| | organization's CEO/Executive Director. Check all that apply. Do not check any boxes for | | | | ĺ |
| | related organization to establish compensation of the CEO/Executive Director, but explain | n in Part III. | | | |
| | ✓ Compensation committee | | | | ļ |
| | ☐ Independent compensation consultant ☑ Compensation survey or study | | | | |
| | Form 990 of other organizations Approval by the board or compensations | sation committee | | | |
| 4 | During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respe | ct to the filing | | | |
| • | organization or a related organization: | or to the ming | | | |
| а | Receive a severance payment or change-of-control payment? | | 4a | | 1 |
| 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 | ı ıtem ın Part III. | | | |
| | Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9. | | | | |
| 5 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or ac | crue anv | | | |
| | compensation contingent on the revenues of: | , | | | |
| а | The organization? | | 5a | | |
| b | Any related organization? | | 5b | | |
| | 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 ac compensation contingent on the net earnings of: | crue any | | | |
| а | The organization? | | 6a | | |
| b | Any related organization? | | 6b | | |
| | If "Yes" to line 6a or 6b, describe in Part III. | | | | |
| - | For a second letter of Force 2000, Post VIII, O. A. | | | | |
| 7 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization propayments 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 | | | | |
| | to the initial contract exception described in Regulations section 53.4958-4(a)(3)? | | | | |
| | ın Part III | | _8 | | |
| 9 | If "Yes" to line 8, did the organization also follow the rebuttable presumption prod | redure described in | | | |
| | Regulations section 53.4958-6(c)? | · · · · · · | 9 | | |

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.

| | | D Dreakdown of | W-2 and/or 1099-MIS | SC compensation | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | |
|-----------------------------------|-----------|---|---|---|--|--|---|---|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported as deferred in prior Form 990 |
| | (3) | 141,196 | 0 | 3,669 | 78,655 | 15,830 | 239,350 | 0 |
| 1 Ralph R. Smith, General Manager | 8 | | | | | | | |
| | | 3,600 | 0 | 9717,7 | 0 | 0 | 10,779 | 0 |
| 2 L.G. Pierce Former Director | € | | | | | | | |
| | € | | | | | | | |
| ო | € | | · · · · · · · · · · · · · · · · · · · | | 1 | 1 | , , , , , , , , , , , , , , , , , , , | |
| | 8 | | | | | | | |
| 4 | € | | · · · · · · · · · · · · · · · · · · · | | 1 | 1 | , , , , , , , , , , , , , , , , , , , | • • • • • • • • • • • • • • • • • • • |
| | € | | | | | | | |
| ĸ | € | | | | | | | |
| | (1) | | | | | | | |
| 9 | € | ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; | ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; | | | | | |
| | (1) | | | | | | | |
| 7 | E | | | | | | | |
| | (| | | | | | | |
| 8 | € | | | | | | | |
| | € | | | | | | | |
| 6 | (ii) | | | | | | | |
| | (1) | | | | | | | |
| 10 | (ii) | | | | | | | |
| | € | | | | | | | |
| 11 | (E | | | | | | | |
| | € | | | | | | | |
| 12 | E | | | | | | | |
| | ⊜ | | | | | | | |
| 13 | (E) | | | | | | | |
| | € | | | | | | | |
| 14 | (ii) | | | | | | | |
| | 8 | | | 1 | 8 8 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 | 8 | | |
| 15 | € | | | | | | | |
| • | € | | | | | | | |
| 16 | | | | | | | | |

Schedule J (Form 990) 2013

SCHEDULE Q (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

| Dixie Electric Power Association | 64-0183177 | | | |
|---|---|--|--|--|
| Part VI | | | | |
| Line 2 The General Manager and one board member of Dixie Electric serve on the Board of Directors of | f South Mississippi Electric Power | | | |
| Association. Ralph R. Smith served as our General Manager representative and Mack Mauldin served | as our board member representative | | | |
| <u>in 2013.</u> | | | | |
| Line 6 Dixie Electric Power Association is a member owned cooperative. Each person must apply for r | nembership before receiving electricity | | | |
| from the cooperative. | | | | |
| Line 7a Each member has the right to vote for the Board of Directors each year at the annual meeting. | · | | | |
| Line 7b In order for the cooperative to dissolve or sale a majority of the current membership must vote | in favor of proposal. | | | |
| Line 11a The General Manager, Administration and Finance Manager and the Accounting Supervisor a | nd Auditor will review the Form 990. | | | |
| After this, the General Manger will present the Form 990 to the Board of Directors at the next scheduled board meeting. | | | | |
| Line 12c The Board of Directors and the General Manager are required to complete questionnaire and fully disclose any outside | | | | |
| relationships that could result in a conflict of interest. | | | | |
| Line 15 The Human Resource Manager and the Administration and Finance Manager conducted a wag | e and salary study in 2012 using | | | |
| comparability data of our state and national averages for our industry. Any recommended changes ar | e presented to the Board of Directors | | | |
| for approval. | | | | |
| Line 19 The documents are available upon request. | | | | |
| Part XI | | | | |
| Line 9 Other changes in net assets include: 1) \$17,815 increase in memberships 2) \$10,670 increase in | additional deposits 3) \$5,966,626 | | | |
| increase in patronage capital assignable for 2013 4) \$1,907,000 decrease from patronage capital refund | ded in 2013 5) \$271,739 increase from | | | |
| patronage capital that was retired in 2013 but no check was written 6) \$41,400 increased ASC Topic 71 | 5 liability. | | | |
| | | | | |
| | | | | |
| | · | | | |
| | | | | |
| | | | | |