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| Form | -55 | 33 | • |
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# **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

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

| B Check if applicable   American programment of parties placeting cooperative. Inc.   Desproyer identification number  | A            | For the 2  | 015 cale                                | endar year, or tax year beginning  | , 2015, a                | nd endin           | 9                                     |                   | , 20                                  |  |  |  |  |  |
|--|--------------|------------|---|--|--------------------------|--------------------|---------------------------------------|-------------------|---------------------------------------|--|--|--|--|--|
| Address change   Name change   | В            | Check if a | pplicable                               | C Name of organization Jefferson Davis Electric Cooper   | ative, Inc.              |                    |                                       | D Employ          | er identification number              |  |  |  |  |  |
| Install return.  |              | Address cl | change Doing business as 72-0362325     |  |                          |                    |                                       |                   |                                       |  |  |  |  |  |
| Instal return   Section    |              | Name cha   | nge                                     | Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number |                          |                    |                                       |                   |                                       |  |  |  |  |  |
| Final return terminated   Amended in the management of the process of the proce   |              |            | _                                       | 906 N. Lake Arthur Ave.  |                          |                    |                                       |                   | 337-824-4330                          |  |  |  |  |  |
| Application pending   La 20546   G Gross receipts \$ 24317338     Application pending   F Name and address of principal officer   Michael J. Heinen   1908 N. Lake Arthur Ave. Jennings, LA 70548   1908 N.    |              |            |   |  | ostal code               | <del></del>        |                                       |                   |                                       |  |  |  |  |  |
| Application pending   Pe   | $\bar{\Box}$ |            |   |  |                          |                    |                                       | <b>G</b> Gross re | ecepts \$ 24317338                    |  |  |  |  |  |
| Sign N. Lake Arthur Ave. Jennings, LA 76546   High Are all inthordinates inductor:   No   Ye   No   No   Ye   No   High Art and indoordinates inductor:   No   Ye   No   Ye   No   Ye   No   Ye   No   Ye   Ye   No   Ye   Ye   No   Ye   Ye   Ye   No   Ye   Ye   Ye   Ye   No   Ye   Ye   Ye   Ye   Ye   Ye   Ye   Y   | $\Box$       |            |   |  | ก                        |                    | H(a) is this a c                      | <del></del>       |                                       |  |  |  |  |  |
| Take-exempt statules   Sof(p)(s)   Sof(p)   12   4 (moset no )   4947(p)(1) or   527       11 % of attach alast (see matructions)   1  |              |            |   |  | ••                       |                    | 1                                     | -                 | _ = =                                 |  |  |  |  |  |
| Wester: ►   www.idec.org   | <u> </u>     | Tax-exemi  | nt status                               |  | 4947(a)(1) or            | ☐ <sub>527</sub>   | <b></b> ' '                           |                   |                                       |  |  |  |  |  |
| Summary  | <u></u>      |            |   |  | 3 4047 (a)(17 01         | <u> </u>           |                                       |                   |                                       |  |  |  |  |  |
| Summary   Briefly describe the organization's mission or most significant activities: Utility service distributing electricity to rural members.   | ĸ            |            |   |  | L Yea                    | er of format       |                                       | <del></del>       |                                       |  |  |  |  |  |
| Briefly describe the organization's mission or most significant activities: Utility service distributing electricity to rural members.  2 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).  4 Number of independent voting members of the governing body (Part VI, line 1b).  5 Total number of volunteers (estimate if necessary).  6 On the folial number of volunteers (estimate if necessary).  6 On the unrelated business revenue from Part VIII, column (C), line; 12.  8 Contributions and grants (Part VIII, line 1b).  8 Contributions and grants (Part VIII, line 1b).  9 Program service revenue (Part VIII, line 1b).  10 Investment income (Part VIII, line 1b).  11 Other revenue (Part VIII, line 1b).  12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3).  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3).  14 Benefits paid to or for members (Part IX, column (A), lines 1-3).  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).  16 Professional fundraising fees (Part IX, column (A), lines 1-3).  18 Professional fundraising fees (Part IX, column (A), lines 1-5).  19 Revenue less expenses (Part IX, column (A), lines 11a-11d, 11f-24e).  20 Total assets (Part X, line 16).  21 Total liabilities (Part X, line 26).  22 Net assets or fund balances. Subtract line 21 from line 20.  23 Signature Block  19 Prim's address ▶ Prim's address ▶ Prims address  |              |            |   |  | li                       |                    | 1011                                  | 1                 |                                       |  |  |  |  |  |
| Members.   |              |            |   |  | ant activities:          | Utility            | service distr                         | ibutina el        | ectricity to rural                    |  |  |  |  |  |
| B Contributions and grants (Part VIII, line 1h).  B Contributions and grants (Part VIII, line 1h).  B Contributions and grants (Part VIII, line 2g)  Program service revenue (Part VIII, line 2g)  10 Investment income (Part VIII, column (A), lines 3, 4, and 7g).  110 Other revenue (Part VIII, column (A), lines 5, 5d, 8c/3c/10c/and 14e).  12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3)  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3).  14 Benefits paid to or for members (Part IX, column (A), lines 1-3).  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16a Professional fundraising ese (Part IX, column (A), line 11e).  17 Other expenses (Part IX, column (A), line 11e).  18 Total expenses (Part IX, column (A), line 11d, 11f-24e).  19 Revenue less expenses. Subtract line 18 from line 12.  20 Total assets (Part X, line 16).  20 Total assets (Part X, line 16).  21 Total liabilities (Part X, line 26).  21 Total liabilities (Part X, line 26).  22 Total liabilities (Part X, line 26).  23 Total liabilities (Part X, line 26).  24 Beginning of Current Year End of Year  End of Year  21 Total liabilities (Part X, line 26).  22 Net assets or fund balances. Subtract line 21 from line 20.  23 Signature Block  Under pensities of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is self-employed.  Part II Signature Block  Under pensities of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is self-employed.  Prim's admess Peneral's name  Preparer's signature  Date  Check   if Firm's BIN Peneral III  | ø            |            | -                                       | <del>-</del>   | ark dollarioo.           |                    |                                       | our ig cr         |                                       |  |  |  |  |  |
| B Contributions and grants (Part VIII, line 1h).  B Contributions and grants (Part VIII, line 1h).  B Contributions and grants (Part VIII, line 2g)  Program service revenue (Part VIII, line 2g)  10 Investment income (Part VIII, column (A), lines 3, 4, and 7g).  110 Other revenue (Part VIII, column (A), lines 5, 5d, 8c/3c/10c/and 14e).  12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3)  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3).  14 Benefits paid to or for members (Part IX, column (A), lines 1-3).  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16a Professional fundraising ese (Part IX, column (A), line 11e).  17 Other expenses (Part IX, column (A), line 11e).  18 Total expenses (Part IX, column (A), line 11d, 11f-24e).  19 Revenue less expenses. Subtract line 18 from line 12.  20 Total assets (Part X, line 16).  20 Total assets (Part X, line 16).  21 Total liabilities (Part X, line 26).  21 Total liabilities (Part X, line 26).  22 Total liabilities (Part X, line 26).  23 Total liabilities (Part X, line 26).  24 Beginning of Current Year End of Year  End of Year  21 Total liabilities (Part X, line 26).  22 Net assets or fund balances. Subtract line 21 from line 20.  23 Signature Block  Under pensities of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is self-employed.  Part II Signature Block  Under pensities of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is self-employed.  Prim's admess Peneral's name  Preparer's signature  Date  Check   if Firm's BIN Peneral III  | ä            | -=         |   | <u>''</u>  |                          |                    |                                       |                   |                                       |  |  |  |  |  |
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| B Contributions and grants (Part VIII, line 1h).  Program service revenue (Part VIII, line 2g).  10 Investment income (Part VIII, column (A), lines 3, 4, and 7,0).  11 Other revenue (Part VIII, column (A), lines 5, 6d, 8d, 8d, 8d, 8d, 8d, 8d, 8d, 8d, 8d, 8   | •            |            |   |  |                          |                    |                                       |                   |                                       |  |  |  |  |  |
| 8 Contributions and grants (Part VIII, line 1h).   |              | +          | 101 01110                               | aced business taxable income from term 555 1,1   |                          | ां िं              | Prior Y                               |                   | <del></del>                           |  |  |  |  |  |
| 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7,0  |              | 8 (        | Contribu                                | tions and grants (Part VIII line 1h)   |                          |                    |                                       |                   |                                       |  |  |  |  |  |
| 10 Investment income (Part VIII, column (A), lines 3; 4; and 7(1)  | Ę            | L          |   | 1,- I WAI .  |                          | 24402504           | 24100221                              |                   |                                       |  |  |  |  |  |
| 11 Other revenue (Part VIII, column (A), lines 5, §d, 8c;9c;10c;and 14e)   | Š            | 1          | - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 |  |                          |                    |                                       |                   |                                       |  |  |  |  |  |
| Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)  13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)  | æ            |            | (D. 170) 1 (A) 1                        |  |                          |                    |                                       |                   |                                       |  |  |  |  |  |
| 13   Grants and similar amounts paid (Part IX, column (A), lines 1–3)   14   Benefits paid to or for members (Part IX, column (A), line 4)   15   Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)   374022   386909   16a   Professional fundraising fees (Part IX, column (A), line 11e)  |              |            |   |  |                          |                    |                                       |                   |                                       |  |  |  |  |  |
| Benefits paid to or for members (Part IX, column (A), line 4)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)  16a Professional fundraising fees (Part IX, column (A), line 25)  b Total fundraising expenses (Part IX, column (D), line 25)  Cother expenses (Part IX, column (A), lines 11a–11d, 11f–24e)  17 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)  18 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  20 Total assets (Part X, line 26)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Height (Object of the part of officer)  24 Interval in the preparer (other than-officer) is based on all information of which preparer has any knowledge.  25 Interval in the preparer's name  26 Professional fundraising fees (Part IX, column (A), lines 5–10)  374022  388909  374022  32343034  32377056  32317056  32343031  48185874  481 |              |            |   |  |                          | 16 12)             | <del></del>                           | 24014008          | 2431/338                              |  |  |  |  |  |
| Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)  16a Professional fundraising eees (Part IX, column (A), line 11e)  b Total fundraising expenses (Part IX, column (A), line 25)  17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)  18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  10 Total liabilities (Part X, line 26)  11 Net assets or fund balances. Subtract line 21 from line 20  11 Total liabilities (Part X, line 26)  12 Net assets or fund balances. Subtract line 21 from line 20  11 Signature Block  12 Under penalties of penury, 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 Preparer (other than officer) is based on all information of which preparer has any knowledge.  13 Signature of officer  14 Date  15 Prim's name Preparer's signature  16 Preparer's signature  16 Date  17 Prin's elfi-employed  17 Prin's elfi-employed  18 Prin's elfi-employed  19 Prin's elfi-employed  19 Prin's elfi-employed  10 Prin's elfi-employed  10 Prin's elfi-employed  10 Prin's elfi-employed  15 Prim's address Propagarer shown above? (see instructions)  |              | 1          |   |  |                          | · ·  -             |                                       |                   |                                       |  |  |  |  |  |
| 16a Professional fundraising fees (Part IX, column (A), line 11e)   17   |              | 4          |   | •  |                          | 5_10\              |                                       | 274022            | 200000                                |  |  |  |  |  |
| 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23717056  25116536  25  | Ses          | 162        |   | · · · · · · · · · · · · · · · · · · ·  |                          | 5-10) <del> </del> |                                       | 3/4022            | 386909                                |  |  |  |  |  |
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| 19   Revenue less expenses. Subtract line 18 from line 12   896952   -799198   |              | 1          |   | • • •  | •                        | "                  |                                       |                   |                                       |  |  |  |  |  |
| Beginning of Current Year End of Year  20 Total assets (Part X, line 16)   |              | 1          |   |  |                          | " ∶ ⊦              |                                       |                   |                                       |  |  |  |  |  |
| 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  Signature of officer  Date  Michael J. Heinen General Manager 4-27-2016  Print/Type or print name and title  Preparer  Use Only  Firm's name  Firm's address  May the IRS discuss this return with the preparer shown above? (see instructions)   | _ 9          |            | ieveriue                                | ress expenses. Subtract line 10 from line 12   | · <del>• • • • • •</del> | <del>· ·  </del>   | Beginning of Ci                       |                   |                                       |  |  |  |  |  |
| 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  Signature of officer  Date  Michael J. Heinen General Manager 4-27-2016  Print/Type or print name and title  Preparer  Use Only  Firm's name  Firm's address  May the IRS discuss this return with the preparer shown above? (see instructions)   | o Sta        | 20 T       | otal acc                                | eete (Part Y line 16)  |                          | F                  |                                       |                   |                                       |  |  |  |  |  |
| 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  Signature of officer  Date  Michael J. Heinen General Manager 4-27-2016  Print/Type or print name and title  Preparer  Use Only  Firm's name  Firm's address  May the IRS discuss this return with the preparer shown above? (see instructions)   | Asse         | 21 1       |   |  |                          | · ·                |                                       |                   |                                       |  |  |  |  |  |
| 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  Signature of officer  Date  Michael J. Heinen General Manager 4-27-2016  Print/Type or print name and title  Preparer  Use Only  Firm's name  Firm's address  May the IRS discuss this return with the preparer shown above? (see instructions)   | ¥.5          | 22         |   |  |                          | ·                  |                                       |                   | · · · · · · · · · · · · · · · · · · · |  |  |  |  |  |
| Under penalties of penury, 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 efficient) is based on all information of which preparer has any knowledge.  Sign  Signature of officer  Michael J. Heinen General Manager  Type or print name and title  Preparer  Preparer's signature  Date  Check if self-employed  Firm's name  Firm's name  Firm's address  May the IRS discuss this return with the preparer shown above? (see instructions)   |              |            |   |  | <del></del>              |                    |                                       | 10033331          | 13030143                              |  |  |  |  |  |
| Sign Here    Michael J. Heinen General Manager   Date  |              |            |   | <del></del>  | anvana scheduler         | e and state        | ments and to                          | the best of       | my knowledge, and helief it is        |  |  |  |  |  |
| Sign Here Signature of officer Date  Michael J. Heinen General Manager 4-27-2016  Paid Preparer Use Only Firm's name ► Firm's EIN ►  May the IRS discuss this return with the preparer shown above? (see instructions)   |              |            |   |  |                          |                    |                                       |                   | my knowledge and belief, it is        |  |  |  |  |  |
| Sign Here Signature of officer Date  Michael J. Heinen General Manager 4-27-2016  Paid Preparer Use Only Firm's name ► Firm's EIN ►  May the IRS discuss this return with the preparer shown above? (see instructions)   |              |            |   | Melle // Tolers  | <del></del>              |                    |                                       | <del></del>       | <del> </del>                          |  |  |  |  |  |
| Here    Michael J. Heinen   General Manager   4-27-2016  | Sig          | an İ       | Sign                                    |  |                          |                    | Da                                    | ite               |                                       |  |  |  |  |  |
| Type or pnnt name and title  Paid Preparer Use Only Firm's name ▶ Firm's address ▶  May the IRS discuss this return with the preparer shown above? (see instructions)  | -            | - 1        | М                                       | ichael I. Heinen General Man   | acer                     |                    | ,                                     | -27-20            | 116                                   |  |  |  |  |  |
| Paid Preparer Use Only Firm's name ► Firm's address ►  May the IRS discuss this return with the preparer shown above? (see instructions)  Left Check if self-employed sel  |              |            |   |  | ager                     |                    | <del></del>                           | 21-21             | 510                                   |  |  |  |  |  |
| Preparer Use Only Firm's name ▶ Firm's ell N Firm's ell N Firm's saddress ▶  May the IRS discuss this return with the preparer shown above? (see instructions)   | _            |            | Print/Ty                                | /pe preparer's name Preparer's signature   |                          | Da                 | ite                                   | Ta                | CT PTIN                               |  |  |  |  |  |
| Firm's name   Firm's EIN   Phone no.   |              |            |   |  |                          | 1                  |                                       |                   |                                       |  |  |  |  |  |
| Firm's address   May the IRS discuss this return with the preparer shown above? (see instructions)   |              | -          | 1                                       | name D   |                          |                    | Fire                                  |                   |                                       |  |  |  |  |  |
| May the IRS discuss this return with the preparer shown above? (see instructions)  | US           | se Uniy    |   |  |                          |                    |                                       |                   |                                       |  |  |  |  |  |
|  | Ma           | y the IRS  |   |  | instructions)            |                    | I Frit                                |                   | Yes No                                |  |  |  |  |  |
|  |              |            |   |  |                          | Cat N              | n 11282Y                              |                   |                                       |  |  |  |  |  |

| Form 99  | 90 (2015)                              |   |                                 |   | Page <b>2</b> |
|----------|--|---|---------------------------------|---|---------------|
| Part     |  |   |                                 |   |               |
| 1        |  |   | nse or note to any line in thi  | is Part III                             |               |
| '        | Briefly describe the organi            |   | Inc. is to make electric energy | y available to its members at the lowes | et oost       |
|          | consistent with sound econ             |   | _                               | y available to its members at the lowes |               |
|          |  |   |                                 |   |               |
| 2        | Did the organization undo              | rtoko ony ojanifican                    | t program continue during the   | a vacuushiah wasa saa laatad sa aha     |               |
| 2        |  |   |                                 | e year which were not listed on the     | ☐ Yes ☑ No    |
|          | If "Yes," describe these ne            |   |                                 |   | □ les ⊡140    |
| 3        | Did the organization cea               | ise conducting, or                      | make significant changes i      | in how it conducts, any program         |               |
|          | services?                              |   | · · · · · · · · · · · ·         |   | ☐ Yes ☑ No    |
| 4        | If "Yes," describe these ch            |   |                                 | f its three largest program services    |               |
| 7        |  |   |                                 | eport the amount of grants and allo     |               |
|          |  |   | ch program service reported.    |   | ,             |
|          |  |   |                                 |   |               |
| 4a       | (Code:) (Exper                         | nses \$                                 | including grants of \$          | ) (Revenue \$                           | )             |
|          |  |   |                                 |   |               |
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|          |  |   |                                 |   |               |
|          |  |   | ·                               |   |               |
| 4b       | (Code: ) (Exper                        | 1888 \$                                 | including grants of \$          | ) (Revenue \$                           | <del></del>   |
|          |  |   |                                 |   |               |
|          |  |   |                                 |   |               |
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|          |  | <b>-</b>                                |                                 |   |               |
|          |  |   |                                 |   |               |
|          |  |   |                                 | ·                                       |               |
| 4c       | (Code: ) (Exper                        | nses \$                                 | including grants of \$          | ) (Revenue \$                           | )             |
|          |  |   |                                 |   |               |
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|          |  |   |                                 |   |               |
| <u> </u> | Other pressure series (5)              | )oog=bc != C ! !!                       | -01                             |   |               |
| 4d       | Other program services (D (Expenses \$ | escribe in Schedule<br>including grants |                                 | nue \$                                  |               |
| 4e       | Total program service exp              |   | ) (1 to ver                     | ,                                       |               |

| Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A   1   1   2   2   | Form 99 |  |          |  | Page 3         |
|---|---------|--|----------|--|----------------|
| 1 Is the organization described in section 501(c)(3) or 4947(e)(1) (other than a private foundation?) // 11 // 2 Is the organization required to complete Schedule B. Schedule of Contributors (see instructions?) 2 Is the organization required to complete Schedule B. Schedule of Contributors (see instructions?) 3 Is the organization required to complete Schedule C. Part I  | Part I  | V Checklist of Required Schedules  |          |  |                |
| 2 Is the organization requage in direct or indirect political campaign activities on behalf of or in opposition to cardidates for public office? #*Yes," complete Schedule C, Part I assessments, or similar amounts as defined in Revenue Procedure 88-197 #*Yes," complete Schedule C, Part II assessments, or similar amounts as defined in Revenue Procedure 88-197 #*Yes," complete Schedule C, Part II assessments, or similar amounts as defined in Revenue Procedure 88-197 #*Yes," complete Schedule C, Part II assessments, or similar amounts as defined in Revenue Procedure 88-197 #*Yes," complete Schedule C, Part II assessments, or similar amounts as defined in Revenue Procedure 88-197 #*Yes," complete Schedule C, Part II assessments, or similar amounts as defined in Revenue Procedure 88-197 #*Yes," complete Schedule C, Part II assessments, or similar amounts as defined in Revenue Procedure 88-197 #*Yes," complete Schedule D, Part II assessments, or 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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for Which donors have the right to provide advice on the distribution or investments for preserve open space, the environment, historic land areas, or historic structures? If Yes," complete Schedule D, Part II as a custodian for amounts not listed in Part X, ilne 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ilne 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ilne 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ilne 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ilne 21, for escrow or custodial account liability, serve as a custodian for amounts           |         |  |          | Yes  | No             |
| 2 Is the organization required to complete <i>Schedule of Contributors</i> (see instructions)? 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Fes," complete Schedule C, Part II. 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) electron in effect during the tax year? If "Yes," complete Schedule C, Part III. 5 Is the organization a section 501(c)(4), 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or smillar amounts as defined in Revenue Procedure 89-19? If "Yes," complete Schedule C, Part III. 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 III. 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historical and areas, or historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," organization report an amount for any of the following questions is "Yes," and the organization report an amount for provide credit counselling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V. 10 Did the organization in ceptor an amount for land, buildings, and equipment 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. 10 Did the organization proport an amount for other assets in Part X, line 18 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 11 Did the organization separate in organization section 1700(1)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A) | 7       |  |          |  | ١,             |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "ves," complete Schedule C, Part I    4 Section S01(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year? If "ves," complete Schedule C, Part II    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 88-197 If "Yes," complete Schedule C, Part II    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 finds or accounts or his to responsible schedule D, Part II    7 Did the organization frequency or the distribution or investment of amounts in such finds or accounts or the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II    8 Did the organization sport an amount in Part X, line 21, for escrew 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 V    10 Did the organization services? If "Yes," complete Schedule D, Part V    11 If the organization services or the following questions is "Yes," then complete Schedule D, Part V    12 If 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 V    11 Did the organization report an amount for other assets 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 X    11 Did the organization separate, independent audited financial statements for the tax year? If "Yes," complete Schedul          | 2       | •  |          | <u> </u>   | 1              |
| A Section 501(c)(3) organizations. Bit 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  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  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 III 7  Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 7  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 7  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  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 VI 9  Did the organization report an amount for investments—cropied schedule D, Part VI 9  Did the organization report an amount for investments—cropied schedule D, Part VII 9  Did the organization report an amount for other ilabilities 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 VII 9  Did the organization separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X III 9  Did the organization asseparate o          |         |  |          | ļ  | -              |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year? If "Yes," complete Schedule C, Part II 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 98-197 If "Yes," complete Schedule C, Part II Is 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 II Is Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II Is 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 Is Did the organization range of the complete schedule D, Part IV Is If 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 If If the organization directly or through a related organization, hold assets in temporarily restricted endowments or provide schedule organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V Is If the organization report an amount for land, bulldings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V Is Did the organization report an amount for investments—other securities in Part X, line 10? If "Yes," complete Schedule D, Part X Is Did the organization report an amount for other li          | •       |  | 3        | <br>   | 1              |
| electron in effect during the tax year? If "Yes," complete Schedule C, Part II .  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 .  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 III .  Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historical and areas, or histonic structures? If "Yes," complete Schedule D, Part IV .  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV .  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, in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts and for expension or quasition report an amount for list of a customents? If "Yes," complete Schedule D, Part V, VI, VII, VIII, IX, or X as applicable.  Did the organization report an amount for investments—other securities in Part X, l          | 4       |  |          | · · · · ·  | <del>  `</del> |
| assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III .  10 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? II Yes," complete Schedule D, Part II .  11 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or histone structures? If "Yes," complete Schedule D, Part III .  12 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III .  13 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 .  14 Did the organization, directly or through a related organization, lod assets in temporanly restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part VI, VII, VIII, XII, X, or X as applicable.  2 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII.  2 Did the organization report an amount for investments—other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII.  2 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 VIII.  2 Did the organization assets are amount for other assets in Part X, line 15? If "Yes," complete Schedule D, Part X III.  2 Did the organization report an amount for other liabilities in Part X, line 15? If "Yes," complete Schedule D, Part X III.  3 Did the organization favore an amount for other liabilities in Part X,           |         |  | 4        |  |                |
| Part III .  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 .  Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or histonc structures? If "Yes," complete Schedule D, Part II .  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III .  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III .  Did the organization report a 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 V .  Did the organization, directly or through a related organization, hold assets in temporanly restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V .  If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V .  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V II .  Did the organization report an amount for investments—program related 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 V II .  Did the organization report an amount for other liabilities in Part X, line 22? If "Yes," complete Schedule D, Part X II .  Did the organization report an amount for other liabilities in Part X, line 22? If "Yes," complete Schedule D, Part X II .  Did the organization included in consolidated financial statements for the tax year? If "Yes,"           | 5       |  |          |  |                |
| 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 II or Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or histone structures? If "Yes," complete Schedule D, Part II or Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II or 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," ormplete Schedule D, Part IV or debt negotiation services? If "Yes," complete Schedule D, Part VV.  10 Did the organization, directly or through a related organization, hold assets in temporanly restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part VV, VII, VIII, XII, X, or X as applicable.  2 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VV.  3 Did the organization report an amount for investments—other securities in Part X, line 10? If "Yes," complete Schedule D, Part VVII.  4 Did the organization and 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 VVIII.  5 Did the organization and 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 X III VV.  6 Did the organization and 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 X III VV.  8 Did the organi          |         |  |          |  |                |
| have the night to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II .  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 III .  8 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 V .  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 .  11 If the organization asswer to any of the following questions is "Yes," then complete Schedule D, Part V .  12 If the organization asswer to any of the following questions is "Yes," then complete Schedule D, Part V .  13 If the organization report an amount for investments—other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII .  14 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 .  15 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 VII .  16 Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X .  17 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII .  18 Us the organization included in consolidated, independent audited financial statements for the tax year and XII is optional lass the organization have aggregate revenues or           | _       |  | 5        | ļ  | <b>/</b>       |
| **Yes," complete Schedule D, Part I  7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or histonic structures? If "Yes," complete Schedule D, Part II  8 Did the organization maintain collections of works of art, historical treasures, or other smillar assets? If "Yes," complete Schedule D, Part II  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  10 Did the organization, directly or through a related organization, hold assets in temporanly restricted endowments, permanent endowments, or quasi-endowments! If "Yes," complete Schedule D, Part V III, VII, IX, or X as applicable.  10 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V III III III III III III III III III   | 6       |  |          |  |                |
| To 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 III  |         |  |          | 1  | 1              |
| the environment, historic land areas, or histonc structures? If "Yes," complete Schedule D, Part II / V   Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III   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   Did the organization did interest organization, did assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V   II, III, IX, or X as applicable.  a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI   Ubd 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   Ubd 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 XII   Ubd 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 XI   Ubd the organization separate, independent audited financial statements for the tax year include a foothote that addresses the organization slability for uncertain tax positions under FIN 48 (SC 740)? If "Yes," complete Schedule D, Part X   Ubd V   U          | 7       | ·  | 6_       |  | -              |
| Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  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 counselling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  Did the organization, directly or through a related organization, hold assets in temporanly restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part VI.  If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part VI.  If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.  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 VIII.  Did the organization report an amount for investments—other securities 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.  Did the organization report an amount for other liabilities 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 X VIII.  Did the organization report an amount for other liabilities 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 X VIII.  Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets the organization report an amount for other liabilities in Part X, line 16? If "Yes," complete Schedule D, Part X VIII.  Did the organization organization consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part           | •       |  | 7        |  | 1              |
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| 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  |         |  |          |  | ١.             |
| endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  |         |  | 9        |  | /              |
| If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.  a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  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  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  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 VIII  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 X Into 14 Into 15 line 17 the second of the organization is separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X Into 15 line 12 the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts X I and XII is optional 15 lis the organization answered "No" to line 12 the completing Schedule D, Parts X Into XII is potional 15 lis the organization answered "No" to line 12 the completing Schedule D, Parts X I and XII is potional 16 list the organization answered "No" to line 12 the complete Schedule D, Parts X Into XII is potional 17 lib by 17 lib the organization and 18 lib potional 18 list the organization answered "No" to line 12 the complete Schedule E, Parts II and IV.  12a Did the organization report and total of more than \$15,000 of exp         | 10      |  |          |  | ١,             |
| Ni, Vill, IX, or X as applicable.  a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII.  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.  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.  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 VIII.  c Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  f Did the organization or in a school described financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII is optional and the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization included in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | 11      |  | 10       | <u> </u>   | 1              |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI   | ,,      |  | }        | ĺ  | 1              |
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| b Did the organization report an armount 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 VIII   | _       |  | 11a      | 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   | b       |  |          |  | 1              |
| of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII   | c       | ·  |          |  | ╁┸╌            |
| reported in Part X, line 16? If "Yes," complete Schedule D, Part IX  e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f 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 1 2 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 1 2 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 1 s the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 1 2 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. 1 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 III and IV. 1 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) 1 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 c and 8a? If "Yes," complete Schedule G, Part II 1 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  |         | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII                          | 11c      |  | 1              |
| e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's leability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII  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  13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  b Did the organization maintain an office, employees, or agents outside of the United States?  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 II and IV.  15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.  16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part I (see instructions)  17 Jilines 1c and 8a? If "Yes," complete Schedule G, Part I (see instructions)  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  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, line 9a?   | d       |  |          |  |                |
| f 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.  12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII  |         |  |          |  | <b>/</b>       |
| the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.  12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," and if 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  13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  14 a Did the organization maintain an office, employees, or agents outside of the United States?  15 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.  15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV.  16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV.  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)  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.  19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  |         |  | 11e      | <b>✓</b>   | ↓              |
| Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII  | T       |  |          | ,  | }              |
| 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  13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | 12 a    |  | 111      | -  | -              |
| 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  13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   |         |  | 12a      | 1  | }              |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | b       | Was the organization included in consolidated, independent audited financial statements for the tax year? If       |          | Ť  | †              |
| 14 a Did the organization maintain an office, employees, or agents outside of the United States?  |         | "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b      |  | 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   | 13      | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                  | 13       |  | 1              |
| 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  | 14 a    |  | 14a      | ļ  | 1              |
| foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV  | b       |  |          | -  | 1              |
| 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  |         |  | 445      | 1  | 1              |
| for any foreign organization? If "Yes," complete Schedule F, Parts II and IV  | 15      |  | 140      | -  | +-             |
| 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  |         |  | 15       |  | 1              |
| assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV   | 16      |  | <u> </u> | <del> </del>                                     | ┿              |
| Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)  |         |  | 16       |  | <b>✓</b>       |
| 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  | 17      |  |          |  |                |
| Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  |         |  | 17       | <u> </u>   | <b>✓</b>       |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?   | 18      |  |          |  |                |
|   | 10      |  | 18       | ┼  | <b>  '</b>     |
| If "Yes," complete Schedule G, Part III   | 13      | If "Yes," complete Schedule G, Part III  | 19       |  | /              |

| Form 98  | 90 (2015)   |            | 1  | Page 4   |
|----------|---|------------|--|--|
| Part     | Checklist of Required Schedules (continued)   |            |  |  |
|          |   |            | Yes  | No   |
| _        | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   | 20a        | <u> </u>   | ✓  |
| b        | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  | 20b        |  | <u> </u>   |
| 21       | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II   | 21         | <u> </u>   | 1  |
| 22       | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on   | -          | <del>                                     </del> | <del>                                     </del> |
|          | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III   | 22         | ļ<br>  | 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  |
| b        | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | 24b        |  | †  |
|          | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  | 24-        |  |  |
| d        | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   | 24c<br>24d | -  | <del> </del>                                     |
| 25a      | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  | 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 "Yes," 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):   |            | 100  |  |
| a<br>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<br>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<br>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   | 29         |  | 1  |
|          | conservation contributions? If "Yes," complete Schedule M   | 30         |  | 1  |
| 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      | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 35a        | <del> </del>                                     | 1  |
| Ь        | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2   |            |  |  |
| 36       | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable  | 35b        | }  | <del>-</del>                                     |
|          | related organization? If "Yes," complete Schedule R, Part V, line 2   | 36         | ļ  | _  |
| 37       | Did the organization conduct more than 5% of its activities through an entity that is not a related organization  | 1          | 1  | 1  |

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, 

19? Note. All Form 990 filers are required to complete Schedule O.

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

37

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Form **990** (2015)

| 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   |               |                |              |
| b        | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  |               |                |              |
| С        | 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           | <b>√</b>       | <del> </del> |
|          | Statements, filed for the calendar year ending with or within the year covered by this return  2a 55   |               |                |              |
| b        | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .   | 2b            | <b>-</b>       |              |
| -        | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  |               | -              | <u> </u>     |
| 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" 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   |               |                | ١,           |
|          | account)?  | 4a            |                | /            |
| b        | If "Yes," enter the name of the foreign country: ►   |               |                |              |
|          | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  |               |                |              |
| 5a       | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 5a            |                | -,-          |
| b        | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b            |                | 1            |
| c        | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  | 5c            |                | <b> </b>     |
| 6a       | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the   |               |                | ···          |
|          | organization solicit any contributions that were not tax deductible as charitable contributions?   | 6a            |                | ✓            |
| b        | If "Yes," did the organization include with every solicitation an express statement that such contributions or   |               |                |              |
|          | 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?  |               |                |              |
| <b>h</b> | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | 7a<br>7b      |                | <del> </del> |
| b        | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was   | /0            |                | <u> </u>     |
|          | required to file Form 8282?  | 7c            |                | -            |
| d        | If "Yes," indicate the number of Forms 8282 filed during the year  |               |                |              |
| e        | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | 7e            |                |              |
| f        | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .   | 7f            |                |              |
| g        | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | 7g            |                |              |
| h        | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   | 7h            |                | ļ            |
| 8        | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | -             |                |              |
| 9        | Sponsoring organization have excess business holdings at any time during the year?   | 8             |                | -            |
| a        | Did the sponsoring organization make any taxable distributions under section 4966?   | 9a            |                |              |
| b        | Did the sponsoring 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  |               | ŀ              |              |
| 11       | Section 501(c)(12) organizations. Enter:   |               |                | 1            |
| a<br>b   | Gross income from members or shareholders  |               |                |              |
|          | 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           |                |              |
| ь        | If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b  | <del></del> - |                |              |
| 13       | Section 501(c)(29) qualified nonprofit health insurance issuers.   | L             | <u> </u>       |              |
| а        | Is the organization licensed to issue qualified health plans in more than one state?   | 13a           |                |              |
| _        | Note. See the instructions for additional information the organization must report on Schedule O.  |               |                |              |
| b        | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans                                      |               | [              |              |
| _        | 100  | l             | 1              |              |
| с<br>14а | Enter the amount of reserves on hand   | 14a           |                | 1            |
|          | If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O  | 14h           | <del> </del> - | +*-          |

| Part '         | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S  |                    |              |          |
|----------------|--|--------------------|--------------|----------|
|                | Check if Schedule O contains a response or note to any line in this Part VI  |                    |              |          |
| Section        | on A. Governing Body and Management  |                    |              |          |
|                |  |                    | Yes          | No       |
| 1a             | 5  |                    |              |          |
|                | If there are material differences in voting rights among members of the governing body, or   |                    |              |          |
|                | of the governing body delegated broad authority to an executive committee or similar   |                    |              | '        |
|                | committee, explain in Schedule O.  |                    |              | ,        |
| ь<br>2         | Enter the number of voting members included in line 1a, above, who are independent .   1b g  |                    |              | i '      |
|                | 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                  |              | <b>✓</b> |
| 4              | Did the organization make any significant changes to its governing documents since the pnor 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                  |              | <b>✓</b> |
| 6              | Did the organization have members or stockholders?   | 6                  | <u>✓</u>     | <u> </u> |
| 7a             | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?   | _                  | ,            |          |
| <b>L</b>       | one or more members of the governing body?   | 7a                 | ✓            |          |
|                | stockholders, or persons other than the governing body?  | 7b                 |              | 1        |
| 8              | Did the organization contemporaneously document the meetings held or written actions undertaken during   |                    |              | 1        |
| _              | the year by the following:   | ~_                 |              |          |
| a              | The governing body?  | 8a                 | <del>/</del> | _        |
| ь<br>9         | Each committee with authority to act on behalf of the governing body?  Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at  | 8b                 | <u> </u>     | _        |
| •              | the organization's mailing address? If "Yes," provide the names and addresses in Schedule O  | 9                  |              | 1        |
| Section        | on B. Policies (This Section B requests information about policies not required by the Internal Reven  |                    | ode.)        | _        |
|                |  |                    | Yes          | No       |
| 10a            | Did the organization have local chapters, branches, or affiliates?   | 10a                |              | 1        |
| b              | If "Yes," did the organization have written policies and procedures governing the activities of such chapters,   |                    | -            |          |
|                | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  | 10b                |              |          |
| 11a            | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?   | 11a                |              | 1        |
| b              | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  |                    |              | ,,       |
| 12a            | Did the organization have a written conflict of interest policy? If "No," go to line 13  | 12a                |              | <b>/</b> |
| b              | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?   | 12b                |              |          |
| С              | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done   | 12c                |              |          |
| 13             | Did the organization have a written whistleblower policy?  | 13                 |              | ✓        |
| 14             | Did the organization have a written document retention and destruction policy?   | 14                 | <b>✓</b>     | ļ        |
| 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?   |                    |              |          |
|                | The organization's CEO, Executive Director, or top management official   | 15a                | ✓            |          |
| b              | Other officers or key employees of the organization  | 15b                | ✓            | L        |
| 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  |                    |              | 1        |
|                | with a taxable entity during the year?   | 16a                |              | <b>✓</b> |
| 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  | ٠                  |              |          |
| C+             | organization's exempt status with respect to such arrangements?  | 16b                |              | <u>L</u> |
| <u>Section</u> | on C. Disclosure  List the states with which a copy of this Form 990 is required to be filed ► Louisiana   |                    |              | <u>_</u> |
| 17             | List the states with which a copy of this Form 990 is required to be filed Louisiana  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section  | 501/               | -)(3)-       | Oply     |
| .0             | available for public inspection. Indicate how you made these available. Check all that apply.  | , JU 1 (           | J(U)S        | orny)    |
|                | ☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)   |                    |              |          |
| 19             | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest of the conflict of the con | erest <sub>l</sub> | oolicy       | , and    |
|                | financial statements available to the public during the tax year.  |                    |              |          |
| 20             | State the name, address, and telephone number of the person who possesses the organization's books and reconstruction.   | cords              |              |          |
|                | Jefferson Davis Electric Cooperative, Inc. 906 N. Lake Arthur Ave. Jennings, LA 70546  |                    |              |          |

|     |     |        | • |
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| age. | • |

# 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                  | atic    | n c          | ompe                         | ensa   | ated any currer | it officer, director  | r, or trustee.              |
|---|-------------------------------|---|-----------------------|---------|--------------|------------------------------|--|-----------------|-----------------------|-----------------------------|
|   |                               |   |                       | (6      | C)           |                              |  |                 |                       |                             |
| (A)   | (B)                           | Position<br>(do not check more than one |                       |         |              |                              |  | (D)             | (E)                   | <b>(F)</b>                  |
| Name and Title                                | Average                       |   |                       |         |              | e than i                     |  | Reportable      | Reportable            | Estimated                   |
|   | hours per                     | office                                  | er and                |         |              | or/trus                      |  | compensation    | compensation from     | amount of                   |
|   | week (list any<br>hours for   | Individual trustee or director          | 2                     | 2       | 줍            | 흵픊                           | 77   | from<br>the     | related organizations | other<br>compensation       |
|   | related                       | d a land                                | 1                     | Officer | ğ            |                              | Former   | organization    | (W-2/1099-MISC)       | from the                    |
|   | organizations<br>below dotted | 함                                       | ğ                     |         | Key employee | 9 6                          |  | (W-2/1099-MISC) | !                     | organization<br>and related |
|   | line)                         | rs                                      | 3                     | 1       | yee          | mg                           |  | ]               |                       | organizations               |
|   |                               | 8                                       | Institutional trustee |         |              | Highest compensated employee |  |                 |                       |                             |
|   |                               |   | -                     | -       |              | -                            | <del>                                     </del> |                 |                       |                             |
| (1) John Berken                               | 2                             |   |                       |         |              | 1                            | l  |                 |                       |                             |
| Director                                      | ļ                             | ✓                                       | _                     | L       |              |                              |  | 23538           |                       |                             |
| (2) Claude Breaux                             | 10                            |   |                       |         |              |                              |  |                 |                       |                             |
| Director                                      |                               | ✓                                       |                       | _       | _            |                              | L  | 22932           |                       |                             |
| (3) Byron Hardee                              | 4                             |   |                       | 1       |              |                              |  |                 |                       |                             |
| Director                                      |                               | ✓                                       |                       | <u></u> |              |                              |  | 8185            |                       |                             |
| (4) E Garner Nunez                            | 15                            |   |                       |         |              |                              | l  |                 |                       |                             |
| Director                                      |                               | <b>✓</b>                                |                       | L       |              |                              | L.   | 22929           |                       |                             |
| (5) Reggie Murphy                             | 2                             |   |                       |         |              |                              |  |                 |                       |                             |
| Director                                      | <u> </u>                      | ✓                                       |                       |         |              |                              | <u></u>  | 23238           |                       |                             |
| (6) Herman T Precht III                       | 5                             |   |                       |         |              |                              | ]  |                 |                       |                             |
| Director                                      |                               | ✓                                       |                       |         |              |                              |  | 23238           |                       |                             |
| (7) Joseph Tupper, Jr.                        | 10                            |   |                       |         |              |                              |  |                 |                       |                             |
| Director                                      |                               | ✓                                       |                       |         |              |                              | L  | 23538           |                       |                             |
| (8) Denny Primeaux                            | 5                             |   |                       |         | Ì            |                              | İ  |                 |                       |                             |
| Director                                      |                               | ✓                                       |                       |         |              |                              |  | 23138           | <u> </u>              |                             |
| (9) Kirk Weldon                               | 5                             |   |                       |         |              |                              |  |                 |                       |                             |
| Director                                      |                               | 1                                       |                       |         |              |                              |  | 25138           |                       |                             |
| (10) Michael J. Heinen                        | 40                            |   |                       |         | 1            |                              |  |                 |                       |                             |
| General Manager                               |                               |   |                       |         |              | 1                            |  | 130777          |                       | 52329                       |
| (11) Richard Byler                            | 0                             |   |                       |         |              |                              |  |                 | ·                     |                             |
| Former  |                               |   |                       |         |              | <u> </u>                     | ✓  | 16686           |                       |                             |
| (12) Robert Sarver                            | 0                             |   |                       |         |              |                              |  |                 |                       |                             |
| Former  |                               |   |                       |         |              | <u></u>                      | 1  | 10175           |                       |                             |
| (13) Louis Trahan                             | 0                             |   |                       |         |              |                              |  |                 |                       |                             |
| Former  |                               |   |                       |         | L            |                              | ✓  | 10175           |                       |                             |
| (14) Scott Henry                              | 0                             |   |                       |         |              |                              |  |                 |                       |                             |
| Former  |                               |   |                       |         |              | <u></u>                      | ✓  | 23222           |                       |                             |

|         | VII Section A. Officers, Directors, Trus  (A)  | (B)  | nibio.   | yees                  | (0            | C)<br>sition | nyne                         | si U         |  |                                      | contini | uea)                       | /Es   |                  |
|---------|--|--|--|-----------------------|---------------|--------------|------------------------------|--------------|--|--------------------------------------|---------|----------------------------|---|------------------|
|         | Name and title   | Average<br>hours per   | verage box, unless person officer and a direct |                       |               |              |                              | ı an         | (D) Reportable compensation                    | (E)<br>Reportat<br>compensatio       | n from  | (F) Estimated m amount of  |   |                  |
|         |  | week (list any<br>hours for<br>related<br>organizations<br>below dotted<br>line) |  | Institutional trustee | Officer       | Key employee | Highest compensated employee | Former       | from<br>the<br>organization<br>(W-2/1099-MISC) | related<br>organizati<br>(W-2/1099-N | ons     | comp<br>fro<br>orga<br>and | other<br>pensation the<br>nization<br>related<br>nization | on<br>d          |
| (15)    |  |  | ļ. <u>.                                   </u> |                       |               | -            |                              |              |  |                                      |         | <del></del>                |   |                  |
| (16)    |  |  |  |                       |               | -            |                              | -            |  |                                      |         | <del></del>                |   |                  |
| (17)    |  |  |  |                       |               |              |                              |              |  |                                      |         |                            |   | <del></del> .    |
| (18)    |  |  | 1  |                       |               |              |                              | <u> </u>     |  |                                      |         | · · · · · ·                |   | <del>. , .</del> |
| (19)    |  |  |  |                       |               |              |                              |              |  |                                      |         | <del></del>                |   | · · ·            |
| (20)    |  |  |  |                       |               |              |                              |              |  |                                      |         |                            |   | <del></del>      |
| (21)    |  |  |  |                       |               |              |                              |              |  |                                      |         | <u></u>                    |   |                  |
| (22)    |  |  |  |                       |               |              |                              | <u> </u>     |  |                                      |         | ···········                |   |                  |
| (23)    |  |  |  |                       |               |              |                              |              |  |                                      |         |                            | -   |                  |
| (24)    |  |  |  |                       |               | <u>-</u>     |                              |              |  |                                      |         |                            | <del>.</del>  |                  |
| (25)    |  |  |  |                       |               |              |                              |              |  |                                      |         |                            | <del></del>   |                  |
| 1b<br>c | Sub-total  | VII, Sectio  |  | •                     | •             | <br>         | •                            | <b>&gt;</b>  | 386909   |                                      |         | ·                          |   | 52329            |
| d<br>2  | Total (add lines 1b and 1c)  | not limited  |  |                       |               |              |                              | e) w         | 386909<br>ho received mo                       | ore than \$1                         | 00,000  | ) of                       | ···.  | 52329            |
| 3       | Did the organization list any former of employee on line 1a? If "Yes," complete s              | ficer, direct  |  |                       |               |              |                              | emp          | oloyee, or high                                | est compe                            | nsated  | 1 <u>3</u>                 | Yes   | No               |
| 4       | For any individual listed on line 1a, is the organization and related organizations individual |  |  |                       |               |              |                              |              |  |                                      |         |                            |   |                  |
| 5       | Did any person listed on line 1a receive of for services rendered to the organization?         |  |  |                       |               |              |                              |              | _  | ation or inc                         |         | 5                          |   | /                |
|         | on B. Independent Contractors  |  |  |                       |               |              |                              |              |  |                                      |         |                            |   |                  |
| 1       | Complete this table for your five highest of compensation from the organization. Repyear.      | compensate   | ed inc<br>nsatio                               | n fo                  | ende<br>or th | ent d        | contra<br>alend              | acto<br>ar y | rear ending wit                                | d more that<br>h or within           | the org | 0,000 of<br>ganizatio      | on's t  | tax              |
|         | (A)<br>Name and business add   | ress   |  |                       |               |              |                              |              | (B)<br>Description of se                       | ervices                              |         | (C)<br>Compens             | ation   |                  |
|         | hie Treating, LLC  |  |  |                       |               |              |                              |              | le Treating Serv                               | ice                                  |         |                            |   | 114477           |
| BHA, I  | Powerline, LLC<br>nc.  |  |  |                       |               |              |                              | _            | ntractor<br>gineering Firm                     |                                      |         |                            |   | 114742<br>100783 |
| 2       | Total number of independent contractor received more than \$100,000 of compens                 | rs (includin   | ng bu  | t no                  | ot li         | ımite        | ed to                        | th           | ose listed abo                                 | ove) who                             |         |                            |   |                  |

| Par  | t VIII | Statement of Revenue   |                                       |                                      | _                              |                                       |  |
|--|--------|--|---------------------------------------|--------------------------------------|--------------------------------|---------------------------------------|--|
|  |        | Check if Schedule O contains a res                               | ponse or note t                       | o any line in this (A) Total revenue | (B) Related or exempt function | (C) Unrelated business revenue        | (D) Revenue excluded from tax under sections |
| - S &  | 1a     | Federated campaigns 1a   | <del></del>                           |                                      | revenue                        |                                       | 512-514                                      |
| Contributions, Gifts, Grants and Other Similar Amounts | b      | Membership dues 1b   |                                       | 1                                    | 1                              |                                       |  |
| ۾<br>۾ ۾   | C      | Fundraising events 1c  |                                       | 1                                    |                                |                                       |  |
| ar A   | d      | Related organizations 1d   |                                       | 1                                    |                                |                                       |  |
| is, C  | е      | Government grants (contributions) 1e                             |                                       | 1                                    |                                |                                       |  |
| tion<br>Fr S   | f      | All other contributions, gifts, grants,                          |                                       | 1                                    | ł                              |                                       |  |
| 혈  |        | and similar amounts not included above 11                        |                                       | ]                                    |                                |                                       | ]  |
| d d  | g      | Noncash contributions included in lines 1a-1f: \$                | **                                    |                                      | ł                              |                                       |  |
|  | h      | Total. Add lines 1a-1f   | <u> ▶</u>                             |                                      |                                | · · · · · · · · · · · · · · · · · · · |  |
| 뎚  |        |  | Business Code                         |                                      | Į                              | -                                     |  |
| leve   | 2a     | Electricity Sales Misc. Electric Revenue                         | 221000                                | 23882581                             | 23882581                       |                                       |  |
| 9  | b      |  | 221000                                | 307750                               | 377750                         |                                       |  |
| er <u>č</u>  | d      |  |                                       |                                      | ·                              | <del></del>                           |  |
| Š  | , u    |  | <del></del>                           |                                      |                                |                                       |  |
| Program Service Revenue                                | f      | All other program service revenue .                              |                                       | 24190331                             |                                | <del></del>                           |  |
| 5  | g      | Total. Add lines 2a-2f   | · · · · •                             | 2110001                              |                                |                                       | I  |
|  | 3      | Investment income (including divid                               | ends, interest,                       |                                      |                                |                                       |  |
|  |        | and other similar amounts)                                       |                                       | 28338                                |                                |                                       | 28338  |
|  | 4      | Income from investment of tax-exempt b                           | •                                     |                                      |                                |                                       |  |
|  | 5      | Royalties  |                                       |                                      |                                |                                       |  |
|  | 0-     | (i) Real   | (ii) Personal                         |                                      |                                |                                       |  |
|  | 6a     | Gross rents  | <u> </u>                              | }                                    |                                |                                       |  |
|  | b      | Less: rental expenses Rental income or (loss)                    |                                       |                                      |                                |                                       |  |
|  | d      | Net rental income or (loss)                                      |                                       |                                      |                                | -                                     |  |
|  | 7a     | Gross amount from sales of (i) Securities                        | (ii) Other                            |                                      |                                |                                       |  |
|  |        | assets other than inventory                                      |                                       |                                      |                                |                                       |  |
|  | b      | Less: cost or other basis  |                                       |                                      |                                |                                       |  |
|  |        | and sales expenses .   | L                                     |                                      |                                |                                       |  |
| ,  | С      | Gain or (loss)   |                                       |                                      |                                |                                       |  |
|  | d      | Net gain or (loss)   | >                                     |                                      |                                |                                       |  |
| enne   | 8a     | Gross income from fundraising events (not including \$           |                                       |                                      |                                |                                       |  |
| Other Reve   |        | of contributions reported on line 1c).<br>See Part IV, line 18 a | :                                     |                                      |                                |                                       |  |
| ¥  | ь      | Less: direct expenses b  | <del></del>                           |                                      |                                |                                       |  |
|  | С      | Net income or (loss) from fundraising                            | events . >                            | _                                    |                                |                                       | •  |
|  | 9a     | Gross income from gaming activities.                             |                                       |                                      |                                |                                       |  |
|  |        | See Part IV, line 19 a   |                                       | }                                    |                                |                                       |  |
|  |        | Less: direct expenses b  |                                       |                                      |                                | _                                     |  |
|  | C      | Net income or (loss) from gaming act                             | vities ▶                              |                                      |                                |                                       |  |
|  |        | Gross sales of inventory, less returns and allowances a          |                                       |                                      |                                |                                       |  |
|  |        | Less: cost of goods sold <b>b</b>                                |                                       |                                      |                                | -                                     | -  |
|  | С      | Net income or (loss) from sales of inv  Miscellaneous Revenue    | Business Code                         |                                      |                                |                                       |  |
|  | 11a    |  | · · · · · · · · · · · · · · · · · · · | -                                    |                                |                                       | -  |
|  | b      | Other capital credits  | 900099                                | 98669                                | 98669                          |                                       |  |
|  | C      |  | <b></b>                               |                                      | <del>- ··· - ···  </del>       |                                       |  |
|  | ď      | All other revenue  |                                       |                                      |                                | · · · - · ·                           |  |
|  | ө      | Total. Add lines 11a-11d   | >                                     | 98669                                |                                |                                       |  |
|  | 12     | Total revenue. See instructions                                  |                                       | 24317338                             | 24289000                       |                                       |  |

| Part X Statement of Functional Expenses                                 |   |
|---|---|
| Section 501(c)(2) and 501(c)(4) organizations must complete all columns | All other argonizations maked assemble and in a |

| Section              | in 501(c)(3) and 501(c)(4) organizations must con   |                       | <del></del>                  | <del></del>                               | <del></del>                           |
|----------------------|---|-----------------------|------------------------------|---|---------------------------------------|
| <u> </u>             | Check if Schedule O contains a respon   |                       |                              | (0)                                       | <u> </u>                              |
|                      | t include amounts reported on lines 6b, 7b,<br>, and 10b of Part VIII.  | (A)<br>Total expenses | (B) Program service expenses | (C)<br>Management and<br>general expenses | (D)<br>Fundraising<br>expenses        |
| 1                    | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21  |                       |                              |   |                                       |
| 2                    | Grants and other assistance to domestic individuals. See Part IV, line 22   |                       |                              |   | 1                                     |
| 3                    | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16  |                       |                              |   |                                       |
| <b>4</b><br><b>5</b> | Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees  | 386909                |                              |   |                                       |
| 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<br>8               | Other salaries and wages  |                       |                              |   |                                       |
| 9<br>10<br>11        | Other employee benefits   |                       |                              |   |                                       |
| a<br>b               | Management  |                       |                              |   |                                       |
| c<br>d<br>e          | Accounting  |                       |                              |   |                                       |
| f<br>g               | Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)   |                       |                              |   |                                       |
| 12<br>13<br>14       | Advertising and promotion   |                       |                              |   |                                       |
| 15<br>16             | Royalties   |                       |                              |   |                                       |
| 17<br>18             | Payments of travel or entertainment expenses for any federal, state, or local public officials  |                       |                              |   |                                       |
| 19<br>20             | Conferences, conventions, and meetings . Interest   | 625204                |                              |   |                                       |
| 21<br>22<br>23       | Payments to affiliates  | 1794893               |                              |   |                                       |
| 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.)               |                       |                              |   | i                                     |
| а                    | Purchased Power   | 15990099              |                              |   |                                       |
| b                    | Transmission Expense  | 12413                 |                              |   |                                       |
| C                    | Distribution Expense-Operations   | 1724200               |                              |   |                                       |
| d                    | Distribution Expense-Maintenance  | 2165916               |                              |   |                                       |
| e                    | All other expenses  | 2416902               |                              |   | · · · · · · · · · · · · · · · · · · · |
| 25                   | Total functional expenses. Add lines 1 through 24e  | 25116536              |                              |   |                                       |
| 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) |                       |                              |   |                                       |

Form 990 (2015)

Part X Balance Sheet

|                             |            | Check if Schedule O contains a response or note to any line in this Pal   | t X                      |               |                    |
|-----------------------------|------------|---|--------------------------|---------------|--------------------|
|                             |            |   | (A)<br>Beginning of year |               | (B)<br>End of year |
|                             | 1          | Cash—non-interest-bearing   | 82556                    | 1             | 190260             |
|                             | 2          | Savings and temporary cash investments  | 93280                    | 2             | 93349              |
|                             | 3          | Pledges and grants receivable, net  |                          | 3             |                    |
|                             | 4          | Accounts receivable, net  | 2229281                  | 4             | 1919161            |
|                             | 5          | Loans and other receivables from current and former officers, directors,  |                          |               |                    |
|                             |            | trustees, key employees, and highest compensated employees.   |                          |               |                    |
|                             |            | Complete Part II of Schedule L  |                          | 5             |                    |
| ts                          | 6          | 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 organizations (see instructions). Complete Part II of Schedule L |                          | 6             |                    |
| Assets                      | 7          | Notes and loans receivable, net   |                          | 7             |                    |
| As                          | 8          | Inventories for sale or use   | 1048752                  | 8             | 1189314            |
|                             | 9          | Prepaid expenses and deferred charges   | 2404473                  | 9             | 4064103            |
|                             | 10a        | Land, buildings, and equipment: cost or   |                          |               |                    |
|                             |            | other basis. Complete Part VI of Schedule D 10a 51244075  | :                        |               |                    |
|                             | b          | Less: accumulated depreciation 10b 12225868   | 35796533                 | 10c           | 39018207           |
|                             | 11         | Investments—publicly traded securities  |                          | 11            |                    |
|                             | 12         | Investments—other securities. See Part IV, line 11  | 1673640                  | 12            | 1704292            |
|                             | 13         | Investments—program-related. See Part IV, line 11 [   |                          | 13            |                    |
|                             | 14         | Intangible assets   |                          | 14            |                    |
|                             | 15         | Other assets. See Part IV, line 11  | 7189                     | 15            | 7188               |
|                             | 16         | Total assets. Add lines 1 through 15 (must equal line 34)   | 43335704                 | 16            | 48185874           |
|                             | 17         | Accounts payable and accrued expenses   | 1790816                  | 17            | 1947396            |
|                             | 18         | Grants payable  |                          | 18            |                    |
|                             | 19         | Deferred revenue  | 4919653                  | 19            | 4943505            |
|                             | 20         | Tax-exempt bond liabilities   |                          | 20            |                    |
|                             | 21         | Escrow or custodial account liability. Complete Part IV of Schedule D .   | <del></del>              | 21            | · <del></del>      |
| es                          | 22         | Loans and other payables to current and former officers, directors,   |                          |               |                    |
| Ħ                           |            | trustees, key employees, highest compensated employees, and   |                          |               |                    |
| Liabilities                 |            | disqualified persons. Complete Part II of Schedule L  |                          | 22            |                    |
| _                           | 23         | Secured mortgages and notes payable to unrelated third parties  | 15199709                 |               | 17627030           |
|                             | 24         | Unsecured notes and loans payable to unrelated third parties  |                          | 24            | <del> </del>       |
|                             | 25         | Other liabilities (including federal income tax, payables to related third  |                          |               |                    |
| Ì                           |            | parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D  |                          |               |                    |
|                             | 00         |   | 4729595                  | $\overline{}$ | 7831800            |
|                             | <u> 26</u> | Total liabilities. Add lines 17 through 25  | 26639773                 | 26            | 32349731           |
| တ္ထ                         |            | complete lines 27 through 29, and lines 33 and 34.  |                          |               |                    |
| 2                           | 27         | Unrestricted net assets   |                          | 27            |                    |
| ala                         | 28         | Temporarily restricted net assets   |                          | 28            |                    |
| 18                          | 29         | Permanently restricted net assets   |                          | 29            | <del></del>        |
| Ĕ                           | 23         | Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and   |                          | 25            |                    |
| E                           |            | complete lines 30 through 34.   |                          |               |                    |
| Net Assets or Fund Balances | 30         | Capital stock or trust principal, or current funds  |                          | 30            | J                  |
| set                         | 31         | Paid-in or capital surplus, or land, building, or equipment fund  |                          | 31            | <del></del>        |
| AS                          | 32         | Retained earnings, endowment, accumulated income, or other funds .  | 16695931                 |               | 15836143           |
| et                          | 33         | Total net assets or fund balances   | 16695931                 | <del></del>   | 15836143           |
| ~                           | 34         | Total liabilities and net assets/fund balances  | 43335704                 | -             | 48185874           |
| _                           |            |   | 10000707                 | لنتا          | 70100077           |

| Form 99 | 90 (2015)   |         |      | 1   | Page 12  |
|---------|---|---------|------|-----|----------|
| Part    | XI Reconciliation of Net Assets   |         |      |     |          |
|         | Check if Schedule O contains a response or note to any line in this Part XI   |         |      |     | . 🗸      |
| 1       | Total revenue (must equal Part VIII, column (A), line 12)   | 1       |      | 24  | 317338   |
| 2       | Total expenses (must equal Part IX, column (A), line 25)  | 2       |      |     | 116536   |
| 3       | Revenue less expenses. Subtract line 2 from line 1  | 3       |      |     | 799198   |
| 4       | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))   | 4       |      |     | 695931   |
| 5       | Net unrealized gains (losses) on investments  | 5       | -    |     |          |
| 6       | Donated services and use of facilities  | 6       |      | _   |          |
| 7       | Investment expenses   | 7       |      |     |          |
| 8       | Prior period adjustments  | 8       |      |     |          |
| 9       | Other changes in net assets or fund balances (explain in Schedule O)  | 9       |      |     | -60590   |
| 10      | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line  |         |      |     |          |
|         | 33, column (B))   | 10      |      | 15  | 836143   |
| Part    | Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII   |         |      |     | . 🗆      |
| 1       | Accounting method used to prepare the Form 990:  Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," expected to the control of |         |      | Yes | No No    |
| 2a      | Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both:   |         |      | 3   | <b>√</b> |
| b       | Separate basis Consolidated basis Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both:  | ed on a | . 2i | o √ |          |
| С       | 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 or   | ersigh/ | ıt   |     | -        |

of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in

За

3b

Form **990** (2015)

If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Schedule O.

## SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

|         | or die organization  | Employer identification number              |
|---------|--|---|
| Jeffer: | son Davis Electric Cooperative, Inc  | 72-0362325                                  |
| Pai     | Organizations Maintaining Donor Advised Funds or Other Similar                                 | Funds or Accounts.                          |
|         | Complete if the organization answered "Yes" on Form 990, Part IV, lir                          | ne 6.                                       |
|         | (a) Donor advised funds  | (b) Funds and other accounts                |
| 1       | Total number at end of year  |   |
| 2       | Aggregate value of contributions to (during year)  |   |
| 3       | Aggregate value of 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 ass              | oto hold in depar advised                   |
| 3       | funds are the organization's property, subject to the organization's exclusive legal of        | . 10  |
| _       |  |   |
| 6       | Did the organization inform all grantees, donors, and donor advisors in writing that           |   |
|         | only for charitable purposes and not for the benefit of the donor or donor advisor             | or for any other purpose                    |
|         | conferring impermissible private benefit?  | · · · · · · ·                               |
| Par     |  |   |
|         | Complete if the organization answered "Yes" on Form 990, Part IV, lir                          | ne 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           |   |
|         | _  | on of a certified historic structure        |
|         | Preservation of open space   | ov or a common motorio di dotaro            |
| 2       | Complete lines 2a through 2d if the organization held a qualified conservation contr           | ibution 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   |   |
|         | Total acreage restricted by conservation easements   |   |
| b       |  |   |
| C       | Number of conservation easements on a certified histonic structure included in (a) .           |   |
| d       | Number of conservation easements included in (c) acquired after 8/17/06, and                   |   |
| _       | historic structure listed in the National Register   |   |
| 3       | Number of conservation easements modified, transferred, released, extinguished, o              | r terminated by the organization during the |
|         | tax year ▶   |   |
| 4       | Number of states where property subject to conservation easement is located ▶                  |   |
| 5       | Does the organization have a written policy regarding the periodic monitoring                  |   |
|         | violations, and enforcement of the conservation easements it holds?                            | <u> </u>                                    |
| 6       | Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enfor | cing conservation easements during the year |
|         | <b>&gt;</b>  |   |
| 7       | Amount of expenses incurred in monitoring, inspecting, handling of violations, and enfor       | cing conservation easements during the year |
|         | <b>▶</b> \$  | •   |
| 8       | Does each conservation easement reported on line 2(d) above satisfy the requirement            | nts of section 170(h)(4)(B)(i)              |
|         | and section 170(h)(4)(B)(ii)?  | · · · · · · · · · · · · · · · · · · ·       |
| 9       | In Part XIII, describe how the organization reports conservation easements in its rev          |   |
|         | balance sheet, and include, if applicable, the text of the footnote to the organization        | 's financial statements that describes the  |
|         | organization's accounting for conservation easements.  |   |
| Part    |  | s or Other Similar Assets                   |
|         | Complete if the organization answered "Yes" on Form 990, Part IV, lir                          |   |
| 12      | If the organization elected, as permitted under SFAS 116 (ASC 958), not to report              |   |
| ·a      | works of art, historical treasures, or other similar assets held for public exhibition         | no direction or research in furtherence of  |
|         | public service, provide, in Part XIII, the text of the footnote to its financial statement     |   |
|         |  |   |
| b       | If the organization elected, as permitted under SFAS 116 (ASC 958), to report in               | its revenue statement and balance sheet     |
|         | works of art, historical treasures, or other similar assets held for public exhibition         | n, education, or research in furtherance of |
|         | public service, provide the following amounts relating to these items:                         |   |
|         | (i) Revenue included on 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 si           |   |
|         | following amounts required to be reported under SFAS 116 (ASC 958) relating to the             |   |
| а       | Revenue included on Form 990, Part VIII, line 1  | ▶ \$  |
| b       | Assets included in Form 990, Part X  | <b>&gt;</b> \$                              |

| Part   |  |  |               |             |            |                         |         |                         |                       |
|--------|--|--|---------------|-------------|------------|-------------------------|---------|-------------------------|-----------------------|
| 3      | Using the organization's acquisition, collection items (check all that apply): |  | sion, and o   | ther reco   | ds, chec   | k any of the            | follo   | wing that are a s       | ignificant use of its |
| а      | ☐ Public exhibition  |  |               | ď           | Loan       | or exchange             | e prog  | rams                    |                       |
| b      | ☐ Scholarly research   |  |               | е           | Other      | <b>,</b>                |         |                         |                       |
| C      | ☐ Preservation for future generations  | S  |               |             |            |                         |         |                         |                       |
| 4      | Provide a description of the organization XIII.                                | tion's                                       | collections   | and expla   | un how t   | hey further t           | he org  | ganization's exer       | npt purpose in Par    |
| 5      | During the year, did the organization  | solici                                       | t or receive  | donation    | s of art,  | historical tre          | easure  | s, or other simil       | ar                    |
|        | assets to be sold to raise funds rather  | r than                                       | to be mainta  | ained as p  | art of the | e organizatio           | on's co | ollection?              | 🗌 Yes 🗌 No            |
| Part   |  |  |               | •           |            |                         |         |                         |                       |
|        | Complete if the organization 990, Part X, line 21.                             |  |               |             |            | •                       | -       | •                       |                       |
| 1a     | Is the organization an agent, trustee included on Form 990, Part X?            |  |               |             |            |                         |         |                         | ot Yes No             |
| b      | If "Yes," explain the arrangement in P   | art XII                                      | and compl     | ete the fo  | llowing ta | able:                   |         | A                       | mount                 |
| С      | Beginning balance  |  |               |             |            |                         | 10      | ;                       |                       |
| d      | Additions during the year  |  |               |             |            |                         | 10      | <del></del>             | <del></del>           |
| θ      | Distributions during the year  |  |               |             |            |                         | 16      | )                       |                       |
| f      | Ending balance   |  |               |             |            |                         | 11      |                         | <del></del>           |
| 2a     | Did the organization include an amount   | nt on I                                      | Form 990, P   | art X, line | 21, for e  | scrow or cu             | stodia  | account liability       | /? 🗌 Yes 🗌 No         |
| b      | If "Yes," explain the arrangement in P   | art XII                                      | l. Check her  | e if the ex | planatio   | n has been p            | orovid  | ed on Part XIII .       | 🗆                     |
| Par    | V Endowment Funds.   |  |               |             |            |                         |         |                         |                       |
|        | Complete if the organization   | ansv   | vered "Yes    | on For      | m 990, F   | Part IV, line           | 10.     |                         |                       |
|        |  | (a) (  | Current year  | (b) Pro     | or year    | (c) Two years           | back    | (d) Three years bac     | k (e) Four years back |
| 1a     | Beginning of year balance  |  |               |             |            |                         |         |                         |                       |
| b      | Contributions  |  |               |             |            |                         |         |                         |                       |
| С      | Net investment earnings, gains, and losses                                     |  |               |             |            |                         |         | · · · · ·               | _                     |
| d      | Grants or scholarships   |  |               |             |            |                         |         |                         |                       |
| e      | Other expenditures for facilities and  |  |               |             |            |                         |         |                         |                       |
|        | programs   |  |               |             |            |                         |         |                         |                       |
| f      | Administrative expenses  |  |               |             |            |                         |         |                         |                       |
| g      | End of year balance  |  |               |             |            |                         |         |                         |                       |
| 2      | Provide the estimated percentage of t  | the cu                                       | rrent year er | nd balanc   | e (line 1g | , column (a)            | ) held  | as:                     |                       |
| а      | Board designated or quasi-endowment  | nt 🕨   |               | %           |            |                         |         |                         |                       |
| b      | Permanent endowment ▶  | %  |               |             |            |                         |         |                         |                       |
| C      | Temporarily restricted endowment ▶   |  | %             |             |            |                         |         |                         |                       |
|        | The percentages on lines 2a, 2b, and   | 2c she                                       | ould equal 1  | 00%.        |            |                         |         |                         |                       |
| 3a     | Are there endowment funds not in the   | e poss                                       | session of th | ne organi   | zation tha | at are held a           | and ac  | ministered for th       | ne                    |
|        | organization by:   |  |               |             |            |                         |         |                         | Yes No                |
|        | (i) unrelated organizations  |  |               |             |            |                         |         |                         | 3a(i)                 |
|        | (ii) related organizations   |  |               |             |            |                         |         |                         | 3a(ii)                |
| b      | If "Yes" on line 3a(ii), are the related o                                     | rganiz                                       | ations listed | as requi    | red on So  | chedule R?              |         |                         | 3b                    |
| 4      | Describe in Part XIII the intended uses  | s of th                                      | e organizati  | on's endo   | wment fu   | unds.                   |         |                         |                       |
| Part   |  |  |               |             |            |                         |         | . <u>-</u>              | -                     |
|        | Complete if the organization   | ansv   | vered "Yes    | " on For    | m 990, F   | Part IV, line           | 11a.    | See Form 990,           | Part X, line 10.      |
|        | Description of property  |  | (a) Cost or o |             |            | or other basis<br>ther) |         | Accumulated epreciation | (d) Book value        |
| 1a     | Land   |  |               | 160078      |            |                         |         |                         | 160078                |
| b      | Buildings  | . [  |               |             |            |                         |         |                         |                       |
| C      | Leasehold improvements   | . [  |               |             |            |                         |         |                         |                       |
| d      | Equipment  |  |               | 3155387     |            |                         |         | 2119854                 | 1035533               |
| е      | Other  | <u>.                                    </u> |               | 47928010    |            |                         |         | 10106014                | 37821993              |
| Total. | Add lines 1a through 1e. (Column (d) n   | nust e                                       | qual Form 9   | 90, Part )  | (, column  | (B), line 10            | c.) .   |                         | 39018207              |

| Part VII            | Investments—Other Securitic Complete if the organization a |  | rm 000 Part IV                                   | line 11h See Form       | n 000 Part V line 12                          |
|---------------------|--|--|--|-------------------------|---|
|                     | (a) Description of security or cate                        |  | (b) Book value                                   | (c) Me                  | thod of valuation:                            |
|                     | (including name of security)                               |  |  | Cost or end             | d-of-year market value                        |
| (1) Financial       |  |  |  |                         |   |
|                     | neld equity interests                                      |  | ļ  | <del> </del>            | ·   |
| (3) Other           |  |  |  |                         | <del>-</del>                                  |
| (A)<br>(B)          |  |  |  | <del>-  </del>          | <del> </del>                                  |
| (C)                 | <del></del>  |  |  |                         | · · · · · · · · · · · · · · · · · · ·         |
| (D)                 |  |  | · · · · · · · · · · · · · · · · · · ·            |                         |   |
| (E)                 | ·  |  |  |                         | · · · · · · · · · · · · · · · · · · ·         |
| (F)                 |  |  |  |                         |   |
| (G)                 |  |  |  |                         |   |
| (H)                 |  |  |  |                         |   |
|                     | b) must equal Form 990, Part X, col. (B) line 12.)         |  |  |                         |   |
| Part VIII           | Investments—Program Rela                                   |  |  |                         |   |
|                     | Complete if the organization a                             | <del> </del>                           | rm 990, Part IV,                                 | line 11c. See Form      | n 990, Part X, line 13.                       |
|                     | (a) Description of investment                              |  | (b) Book value                                   |                         | ethod of valuation:<br>d-of-year market value |
| (1)                 | · · · · · · · · · · · · · · · · · · ·                      | · · · · · · · · · · · · · · · · · · ·  |  |                         |   |
| (2)                 |  |  |  |                         |   |
| _(3)                |  |  |  |                         | <del></del>                                   |
| (4)                 |  | ·                                      |  |                         |   |
| (5)                 |  |  |  |                         |   |
| <u>(6)</u>          |  |  | <u> </u>   |                         | · · · · · · · · · · · · · · · · · · ·         |
| (7)                 |  | ······································ |  |                         |   |
| (8)                 |  |  |  |                         |   |
|                     | b) must equal Form 990, Part X, col (B) line 13.)          | <b>&gt;</b>                            | <del>                                     </del> |                         |   |
| Part IX             | Other Assets.  |  | . <u>L</u>                                       |                         |   |
|                     | Complete if the organization a                             | nswered "Yes" on Fo                    | rm 990, Part IV,                                 | line 11d. See Forn      | n 990, Part X, line 15.                       |
|                     |  | (a) Description                        |  |                         | (b) Book value                                |
| (1)                 |  |  |  |                         |   |
| (2)                 |  |  |  | ·                       |   |
| (3)                 |  |  |  |                         |   |
| (4)                 |  |  |  |                         |   |
| (5)                 |  |  |  |                         |   |
| (6)                 |  | <del>.</del>                           |  |                         |   |
| (7)                 | <del></del>  |  | <del></del>                                      |                         | · · · · · · · · · · · · · · · · · · ·         |
| (8)                 | ······································                     | <del></del>                            |  |                         |   |
| (9)<br>Total. (Colu | mn (b) must equal Form 990, Part X                         | . col. (B) line 15.)                   |  |                         |   |
| Part X              | Other Liabilities.   | , (- <b>,</b>                          |  |                         |   |
|                     | Complete if the organization a line 25.                    | nswered "Yes" on Fo                    | rm 990, Part IV,                                 | line 11e or 11f. Se     | e Form 990, Part X,                           |
| 1.                  | (a) Description of liability                               | (b) Book value                         |  |                         | ·   |
| (1) Federal ır      | ncome taxes  |  |  |                         |   |
| (2)                 |  |  |  |                         |   |
| (3)                 |  |  |  |                         |   |
| (4)                 |  |  |  |                         |   |
| (5)                 |  |  |  |                         |   |
| (6)                 |  |  |  |                         |   |
| (7)                 |  |  |  |                         |   |
| (8)                 |  |  |  |                         |   |
| (9)                 | b) must equal Form 990, Part X, col. (B) line 25.)         |  |  |                         |   |
|                     | r uncertain tax positions. In Part XIII, pr                |  | note to the organiza                             | tion's financial state— | onto that roporto the                         |
|                     | s liability for uncertain tax positions un                 |  |  |                         |   |
| - 3                 | J 2 pooono an  | 23.7.1.7.2.7.1007.107.07               | TOTAL CONTRACTOR                                 |                         |   |

| Par  | ΧI    | Reconciliation of Revenue per Audited Financial Statemer Complete if the organization answered "Yes" on Form 990, F                               |            |                                       | Return.          |          |
|------|-------|---|------------|---------------------------------------|------------------|----------|
| 1    | Total | revenue, gains, and other support per audited financial statements  |            |                                       | 1                | 24317338 |
| 2    |       | ints included on line 1 but not on Form 990, Part VIII, line 12:  | • •        |                                       |                  | 2431/330 |
| a    |       | nrealized gains (losses) on investments   | 2a         | 1                                     |                  |          |
| b    |       | red services and use of facilities  | 2b         | <del></del>                           | 1                |          |
| c    |       | veries of prior year grants   | 2c         |                                       | 1                |          |
| d    |       | (Describe in Part XIII.)  | 2d         | <del></del>                           | 1                |          |
| e    |       | nes 2a through 2d   |            | <u> </u>                              | 2e               |          |
| 3    |       | act line <b>2e</b> from line <b>1</b>   |            |                                       | 3                | 24247220 |
| 4    |       | nts included on Form 990, Part VIII, line 12, but not on line 1:  | i ·        | · · · · · · ·                         | <del>  •  </del> | 24317338 |
| a    |       | ment expenses not included on Form 990, Part VIII, line 7b  | 4a         |                                       |                  |          |
| b    |       | (Describe in Part XIII.)  | 4b         | · · · · · · · · · · · · · · · · · · · | -                |          |
| c    |       | nes <b>4a</b> and <b>4b</b>   |            | I.,                                   | 4c               |          |
| 5    |       | revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line  |            |                                       | 5                | 24247220 |
| Part |       | Reconciliation of Expenses per Audited Financial Statem   |            |                                       | 1 - 1.           | 24317338 |
|      |       | Complete if the organization answered "Yes" on Form 990, F  |            |                                       | er metum.        |          |
| 1    | Total | expenses and losses per audited financial statements  | aiti       | v, iiiic 12a.                         | 11               | 05440500 |
| 2    |       | nts included on line 1 but not on Form 990, Part IX, line 25:   |            |                                       | <del> </del>     | 25116536 |
| a    |       | red services and use of facilities  | 2a         | i .                                   |                  |          |
| b    |       | year adjustments  | 2b         |                                       | <del> </del>     |          |
| C    |       | losses  | 2c         | <del></del>                           | -                |          |
| ď    |       | (Describe in Part XIII.)  | 2d         |                                       | -                |          |
| e    |       | nes 2a through 2d   |            |                                       | <del> </del>     |          |
| 3    |       | act line <b>2e</b> from line <b>1</b>   | • •        |                                       | 2e 3             | 05445530 |
| 4    |       | nts included on Form 990, Part IX, line 25, but not on line 1:  | i ·        |                                       |                  | 25116536 |
| a    |       | ment expenses not included on Form 990, Part VIII, line 7b  | 40         |                                       |                  |          |
| b    |       | (Describe in Part XIII.)  | 4a<br>4b   |                                       | 1                |          |
| C    |       | nes <b>4a</b> and <b>4b</b>   |            |                                       | 4                |          |
| 5    |       | expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line   | <br>. 18 ) |                                       | 4c               | 05440500 |
| Part |       | Supplemental Information.   | . 10./     |                                       | ] ]              | 25116536 |
|      |       | lescriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and es 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part |            |                                       |                  |          |
|      |       |   |            |                                       |                  |          |
|      |       |   |            |                                       |                  |          |
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| Schedule D (For |                                      | Page <b>5</b>                           |
|-----------------|--------------------------------------|---|
| Part XIII       | Supplemental Information (continued) |   |
|                 |                                      |   |
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### **SCHEDULE J** (Form 990)

Compensation Information

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

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

Attach to Form 990.

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

**Employer identification number** 

| Jeffers | on Davis Electric Cooperative, Inc.  |   | 72-036232           | 5   | _        |  |
|---------|--|---|---------------------|-----|----------|--|
| Part    |  |   |                     |     |          |  |
|         | <u> </u>   |   |                     |     | Yes      | No   |
| 1a      | Check the appropriate box(es) if the organization pr<br>990, Part VII, Section A, line 1a. Complete Part III to p  |   |                     |     |          |  |
|         | ☐ First-class or charter travel  | ☐ Housing allowance or residence fo         | r personal use      | 1   |          |  |
|         | ☐ Travel for companions  | Payments for business use of pers           | •                   |     |          | 1  |
|         | ☐ Tax indemnification and gross-up payments  | Health or social club dues or initiat       |                     |     | •        | ,  |
|         | ☐ Discretionary spending account   | Personal services (e.g., maid, chau         | ffeur, chef)        | 1   | ~        |  |
|         | _ closs such and specific ing account  |   | ,                   |     |          |  |
| b       | If any of the boxes on line 1a are checked, did to or reimbursement or provision of all of the exexplain   |   |                     | 1b  | -        |  |
|         |  |   |                     |     |          |  |
| 2       | Did the organization require substantiation price directors, trustees, and officers, including the CE 1a?  |   |                     | 2   |          | - /  |
| 3       | Indicate which, if any, of the following the filing org<br>organization's CEO/Executive Director. Check all t<br>related organization to establish compensation of | hat apply. Do not check any boxes for i     | methods used by a   |     |          | ,  |
|         | ☐ Compensation committee   | ☐ Written employment contract               |                     |     |          | [ '  |
|         | ☐ Independent compensation consultant  | ☐ Compensation survey or study              |                     |     |          | l  |
|         | Form 990 of other organizations  | Approval by the board or compens            | sation committee    |     |          | <u> </u>   |
|         |  |   |                     | · 1 |          | ĺ  |
| 4       | During the year, did any person listed on Form 990 organization or a related organization:   | ), Part VII, Section A, line 1a, with respe | ect to the filing   |     |          |  |
| а       | Receive a severance payment or change-of-control   | ol payment?                                 |                     | 4a  |          | 1  |
| b       | Participate in, or receive payment from, a supplem   | · •   |                     | 4b  |          | 1  |
| C       | Participate in, or receive payment from, an equity-  |   |                     | 4c  |          | 1  |
|         | If "Yes" to any of lines 4a-c, list the persons and p  |   | item in Part III.   |     |          |  |
|         |  |   | !                   |     |          |  |
| 5       | Only section 501(c)(3), 501(c)(4), and 501(c)(29) of For persons listed on Form 990, Part VII, Section A compensation contingent on the revenues of:               |   |                     |     | İ        |  |
| а       | The organization?  |   |                     | 5a  | -        | -  |
| b       |  |   |                     | 5b  | <b>-</b> | <del>                                     </del> |
|         | If "Yes" to line 5a or 5b, describe in Part III.   |   |                     |     |          |  |
|         | 1 100 10 1110 02 01 02, 40001120 11.1 21.1 111   |   |                     |     |          | l  |
| 6       | For persons listed on Form 990, Part VII, Section A compensation contingent on the net earnings of:  | A, line 1a, did the organization pay or ac  | ccrue any           |     |          |  |
| а       | The organization?  |   |                     | 6a  | 1        |  |
| b       | Any related organization?  |   |                     | 6b  |          |  |
|         | If "Yes" on line 6a or 6b, describe in Part III.   |   |                     |     |          |  |
|         | ·  |   |                     | l   |          |  |
| 7       | For persons listed on Form 990, Part VII, Section payments not described on lines 5 and 6? If "Yes,  |   |                     | 7   |          |  |
| 8       | Were any amounts reported on Form 990, Part VII to the initial contract exception described in   | Regulations section 53.4958-4(a)(3)?        | If "Yes," describe  |     |          |  |
|         | in Part III  |   |                     | 8   |          | ļ  |
|         |  |   |                     |     |          |  |
| 9       | If "Yes" to line 8, did the organization also fo   | llow the rebuttable presumption pro-        | cedure described in | 1   |          | 1  |

Regulations section 53.4958-6(c)?

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

For each individual whose compensation must be reported on 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 900 Part VIII

|                    |          | (B) Breakdown of W-2 and/or 1099-MISC compensation | (B) Breakdown of W-2 and/or 1099-MISC compensation | C compensation                          | (C) Retirement and                      | (I) Nontaxable                        | (E) Total of columns                    | (F) Compensation                 |
|--------------------|----------|--|--|---|---|---------------------------------------|---|----------------------------------|
|                    |          |  |  | 240                                     | other deferred                          | (b) Nontaxabte                        |   | In column (B) reported           |
| (A) Name and Title |          | (i) Base<br>compensation                           | (ii) Bonus & incentive<br>compensation             | reportable compensation                 | compensation                            |                                       |   | as deferred on prior<br>Form 990 |
|                    | 8        | 130777   |  | 52329                                   |   |                                       | 183106                                  |                                  |
| 1 Michael 1 Heinen | <b>E</b> |  |  |   |   |                                       |   |                                  |
|                    | E        | 16686  |  |   |   |                                       | 16686                                   | 1                                |
| 2 Dichard Byler    | E        |  |  |   |   |                                       |   |                                  |
|                    | €        | 10174  |  |   |   |                                       | 10174                                   |                                  |
| 3 Robert Sarver    | €        | 1            |  |   |   |                                       |   |                                  |
|                    | ε        | 10174  |  |   | 0 | 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 10174                                   |                                  |
| 4 Louis Trahan     | €        |  |  |   |   |                                       |   |                                  |
|                    | (2)      | 23222  |  |   |   |                                       | 23222                                   |                                  |
| 5 Scott Henry      | 8        |  |  |   |   |                                       |   |                                  |
|                    | Ξ        |  |  |   |   |                                       |   |                                  |
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| 15                 | (II)     |  |  |   |   |                                       |   |                                  |
|                    | (1)      |  |  | 0 | 1 |                                       |   |                                  |
|                    | 9        |  |  |   |   |                                       | _                                       |                                  |

| Supplemental morniago, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part Provide the information, explanation. |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| Pare in Supplemental mornings. Provide the information, explanation, or descriptions required for Part I, line or any additional information.   |  |  |  |  |  |  |  |

## SCHEDULE O (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 20**15** 

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ 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. Name of the organization Employer identification number

Jefferson Davis Electric Cooperative, Inc. 72-0362325 Part VI Line 6: The Cooperative was formed by its members. Membership is required to receive electrical service from the Cooperative. Part VI Line 7a: Members elect the governing body, which is the Board of Directors. Part VI Line 11b: The Form 990 is provided to the organization's auditor for review before mailing. Part VI Line 15: Compensation for highly paid employees/key officers is determined on a yearly basis by the Board of Directors of Jefferson Davis Electric. Jefferson Davis Electric Cooperative, Inc. makes its governing documents and financial statements available to the public upon request. Part IX Line 24e: General and Administrative Expenses: 1274643 274118 Tax Expenses: Consumer Accounts Expenses: 832011 Other Expenses: 36130 2416902 Totals: Part XI Line 9: Board of Directors determines amount of capital credits to retire to heirs of deceased members on a yearly basis. New Memberships: 740 Retirement of Capital Credits: -61330 Totals:

| Schedule O (Form 990 or 990-EZ) (2015) |  | Page 2  |
|--|--|---------|
| Name of the organization               | Employer identification number         |         |
|  |  |         |
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