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SCANNED JUN 0 5 2017

Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016

Open to Public Inspection

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

 \blacktriangleright 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

		e 2016 calendar year, or tax year beginning January 1st , 2016, and end		nber 31	, 20 16
		applicable C Name of organization Dixie Electric Power Association	s Decei		er identification number
$\overline{}$					64-0183177
H			unte	E Telephor	ne number
	Name cl			_ 10.00.00	
님	Initial ref				601-425-2535
\exists			1	• • • • • • • • • • • • • • • • • • • •	
H		ed return Laurel, MS 39441		G Gross re	
Ш	Applicat	tion pending F Name and address of principal officer Ralph R. Smith			subordinates? Yes V No
		Same As Above			s included? Yes No
<u></u>		mpt status			a list (see instructions)
<u>J</u> _	Website		H(c) Group	$\overline{}$	
		organization Corporation □ Trust □ Association □ Other ► L Year of form	ation 1938	M State	of legal domicile MS_
ľ	art I	Summary			
_	1	Briefly describe the organization's mission or most significant activities: Dixie			
ဦ	l	efficient electrical system 2) Support the community through local activities and en			
- <u>-</u> <u>-</u> =		work environment for its employees 4) Continue to meet the ever changing needs of			
Activities & Governance	2	Check this box ▶☐ if the organization discontinued its operations or disposed	of-more-than	1 - 1	its-net-assets
Ğ	3	Number of voting members of the governing body (Part VI, line 1a)		3	
و د	4	Number of independent voting members of the governing body (Part VI, line 1b))		7
iŧie	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)		5	102
훓	6	Total number of volunteers (estimate if necessary)		6	0
Ā	7a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0
	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0
	_	_	Pnor Ye	ear —	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)	0	0	
Revenue	9	Program service revenue (Part VIII, line 2g)	<u>9</u> 9	7,789,366	91,309,794
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		389,466	608,299
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0	1,368,562
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	100),178,832	93,286,655
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		23,179	27,073
	14	Benefits paid to or for members (Part IX, column (A), line 4)		5,180,638	4,123,645
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u> </u>	7,705,307	8,313,266
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0	0
×	b	Total fundraising expenses (Part IX, column (D), line 25)			
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		7,269,708	80,822,671
	18	Total expenses. Add lines 13–17 (must equal Part IX-column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 LUC (VIII)	100	0,178,832	93,286,655
	19_		D	0	<u> </u>
ets or		Tatal assets (Bart V line 16)	Beginning of Cu		End of Year
sset Bala	20	Total assets (Part A. line 10) MAY . M. M		<u>4,174,691</u>	200,094,282
Net Asse Fund Balz	21	Total liabilities (Part X, line 26)		3,896,029	108,407,610
_		Net assets or fund balances. Subtract line 21 from line 20.	90	0,278,662	91,686,672
_	art II			land and d	
		alties of perjury, I declare that I have examined this return, including accompanying schedules and sta ct, and complete. Declaration of preparer (other than officer) is based on all information of which prepar			my knowledge and belief, it is
_					
Sig	n	Signature of Afficer	Da	ate ,	7 10
He	_	Can Conti		~ 4/	12112017
,		Type or print name and title			or jour !
_		- 	Date	T	PTIN
Pa				Check self-em	Ш #
	epare		Т		
Us	se On	ly Firm's name ► Firm's address ►		n's EIN ▶ one no	
Ma	y the II	RS discuss this return with the preparer shown above? (see instructions)			Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form **990** (2016)

orm 99	ı0 (2016) "					Page 2
Part		t of Program Service Ac				
		chedule O contains a res		in this Part III .	<u> </u>	<u> </u>
1	Briefly describe t	the organization's mission:				
		ver Assn. strives to: 1) Provi				
	encourage econo	mic growth 3) Offer a produ	ctive work environment for	its employees 4) Co	ontinue to meet the ever	changing needs
	of its members th	rough technological advanc	es.			
2	Old the organiza	tion undertake any signific	eant program services duri	ng the year which	were not listed on the	
_		or 990-EZ?				
	•	e these new services on So		• • • • • •		Lies Milo
3		ation cease conducting,		ides in how it co	onducts any program	
•		· · · · · · · · ·				
		e these changes on Sched				
4		ganization's program service		ach of its three la	racet program convices	e as measured by
7	expenses. Section	on 501(c)(3) and 501(c)(4) es, and revenue, if any, for	organizations are required	I to report the am		
40	(Codo:) (Expenses \$ 93,20	PE SEE including grants of S	<u> </u>	\ (Payonuo \$	
4a)
	Rural electric dist	tribution cooperative which	Turnished service to 38,817	accounts as of 12	31/2016.	
_						
		••••••••••••				·
				·		
4b	(Code:) (Expenses \$	including grants of S	B) (Revenue \$)
	~					
	***************************************		·			
			~		·	
			·		·	-
			·			

						·
						·
4c	(Code:) (Expenses \$	including grants of	\$) (Revenue \$)
				••		
						
4d	Other program s (Expenses \$	services (Describe in Sched including grai		(Revenue \$)	
4e		ervice expenses >	93,286,655			
			20,400,003			

Part	Checklist of Required Schedules		V T	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No_
	complete Schedule A	1		<u>√</u>
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		√
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
_	Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓
. 9	Did the organization report an amount in Part X, line 21, 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		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10		-
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	✓	,
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		✓
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		✓
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16° If "Yes," complete Schedule D, Part IX	11d		
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e	√	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	√	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		-
b	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		√
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		✓
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
		Forr	n 990	(2016)

Part	Checklist of Required Schedules (continued)		· -	
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	No 🗸
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	1	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	✓	
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		>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		√
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		√
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		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? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section $512(b)(13)$? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a		✓
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.	35b		
37	related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	1	
				. —

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			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	}	j	-
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		_	
0-	reportable gaming (gambling) winnings to prize winners?	1c		;
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	Ì		1
	Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
р	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	20	•	 i
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			
	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		1	
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		<u> </u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax-shelter-transaction?	_5b_	-	_/_
C C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	- Ja		
_	gifts were not tax deductible?	6ь		
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	ł	ł	
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	.)		
	required to file Form 8282?	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 confract?. If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f 7g		
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	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:	. !		İ
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]	. {		1
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			'
a b	Gross income from members or shareholders	i 1		1
_	against amounts due or received from them.)	1		1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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	i i		
C	Enter the amount of reserves on hand			<u> </u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	. 000	(2016)
		FORM	・ココリ	∕(∠∪⊺0)

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. Schedule O contains a response or note to any line in this Part VI	ee ins	tructi	ions.
Secti	on A. Governing Body and Management			
-			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 7			
	If there are material differences in voting rights among members of the governing body, or			[
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.	1		1
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2	✓_	_
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		-
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4_		-
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		₩
6	Did the organization have members or stockholders?	6	✓	├
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint		,)
_	one or more members of the governing body?	7a	✓	├
<u>b</u> _	Are any governance decisions of the organization reserved to (or subject to approval by) members,		1-	
•	stockholders, or persons other than the governing body?	7b	√ –	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			}
а	The governing body?	8a	√ ✓	├─
9	Each committee with authority to act on behalf of the governing body?	8b	*	├──
9	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		
Socti	on B. Policies (This Section B requests information about policies not required by the Internal Reven		ode	<u> </u>
Seci	on b. Folicies (This Section B requests information about policies not required by the internal never	De C	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		
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	1	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		\vdash
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? <i>If "No," go to line 13 </i>	12a	1	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	_	\vdash
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	1	1
13	Did the organization have a written whistleblower policy?	13	1	
14	Did the organization have a written document retention and destruction policy?	14	1	\top
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?			ł
а	The organization's CEO, Executive Director, or top management official	1 <u>5</u> a	1	
b	Other officers or key employees of the organization	15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			L
	with a taxable entity during the year?	16a		✓
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		<u> </u>	-
	organization's exempt status with respect to such arrangements?	16b		<u></u>
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NA		(-)(c)	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	1 501	(c)(3)s	s only
	available for public inspection. Indicate how you made these available. Check all that apply.			
40	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 int	erest	polic	y, and
00	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 re	cords	: ▶	
	Aaron Zumwalt PO Box 88 Laurel, MS 39441			

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Form	aan	(2016)	

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees, officers; key employees; highest compensated employees; and former such persons.

				((C)					
(A) Name and Title	(B) Average hours per	box,	ot ch unles er anc	eck s pe	more rson	than on the state of the state	an tee)	(D) Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of other
	week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Mack Mauldin	2									
Director-President		✓		<u> </u>	<u> </u>	L		14,391	0	0
(2) Michael Shows	2		[[[1	1	
Director-Vice President		1		<u> </u>	_		_	10,154	0	0
(3) Robert Smith	. 3									
Director-Secretary Treasurer		_		<u> </u>	<u> </u>	Ļ	Ļ_	9,328	0	0
(4) Allen Sledge Director-Alt. Secretary Treasurer	3	1						9,355	0	0
(5) Albert Hutto	2									
Director		✓				}	ļ	13,705	0	. 0
(6) Faye Bonner	3									
Director		✓						11,032	0	0
(7) Sears Ward	3							!		
Director		✓		Ĺ	Ĺ.	Ĺ		7,615	0	0
(8) Ralph R. Smith	41]]]]		ļ	,	
General Manager				✓				179,202	0	118,569
(9) Aaron Zumwalt	38			ļ	ļ	ŀ	}	J		
Administration & Finance Manager				L		✓		120,644	0	36,052
(10) Thomas McCarthy	37	ł	1		l	ļ	1		}	
Operations Manager						/		106,767	0	102,464
(11) James Grantham	38				i	ĺ		1	į	
Information Technology Manager						✓_		105,993	0	39,520
(12) Lydia Walters	38	1	[]						1	•
Communication & Human Resource Manager		<u> </u>				✓		104,141	0	37,092
(13) June Doggett							1			<u></u>
Former Director					L		1	10,865	0	0
(14)		1	1	i	1		1	1		

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	ees	, <u>a</u> r	nd F	lighes	st C	ompensated E	mployees (continued)
						C)			l			
	(A)	(B)	Position (do not check more than one				(D)	(E)	[(F)		
	Name and title	Average	box, t	ınles	s pe	rson	ıs both	an	Reportable compensation	Reportable	1	Estimated amount of
		hours per week (list any		$\overline{}$	_		or/trust	-	from	compensation related	1 Ironi	other
		hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the	organizatio		compensation
		related organizations	rect	tutic	ěř) j	est	} ₫	organization (W-2/1099-MISC)	(W-2/1099-M	1150)	from the organization
		below dotted	오늘	nal		ğ	POS		ľ.		Ì	and related
		line)	ste	trus		(#	pens		1		1	organizations
		}	"	ee			äte		}			
(15)		 				-		_				
112/			1			ĺ	[[[
(16)		 -	<u> </u>			 -	 	_	 			
3											ļ	
(17)			f						f			
3			İ			ļ			ŀ			
(18)												
31_		<u> </u>	1		ĺ		ĺ	ĺ			1	
(19)												
				_		_			<u></u>			
(20)												
					L	_		L				
(21)												
		ļ				_	<u> </u>	L_		ļ		
(22)					ļ	ļ	1]	ļ			
				_	<u> </u>	-	<u> </u>	<u> </u>				
(23)		ļ			ľ	1		ľ		1	1	
		<u> </u>	ļ	_	_	 	ļ	ļ_	ļ			
(24)		ļ	-					l				
(05)		 		_		├—	 -	├-		ļ		
(25)		}	1	ļ	ļ	}	1)]	
1b	Sub-total	L	L	L		<u> </u>	L	┶	703,192		-+	333,697
C	Total from continuation sheets to Part		n Δ	•	•	•	• •		703,192			
ď	Total (add lines 1b and 1c)	-		•	•	•		•	703,192			333,697
2	Total number of individuals (including bu							e) w			00 000 c	
_	reportable compensation from the organ		2 10 11	1030	, 1.0	····	abov	C) **	ino received in	ore than wr	00,000	'
	<u> </u>											Yes No
3	Did the organization list any former of	ficer, direc	tor, c	or tr	ust	ee,	key (emp	oloyee, or high	nest compe	ensated	
	employee on line 1a? If "Yes," complete	Schedule J	for s	uch	ınd	ivid	ual					3 🗸
4	For any individual listed on line 1a, is the	sum of re	porta	ble	con	npe	nsatio	on a	and other comp	oensation fr	om the	
	organization and related organizations	greater th	an \$1	150,	000)? [f "Ye	s,"	complete Scl	nedule J fo	r such	
	ındıvıdual				•	•		•				4 🗸
5	Did any person listed on line 1a receive of											
	for services rendered to the organization	? If "Yes," (compl	ete	Sci	ned	ule J	for s	such person	· · · ·	<u>· · · </u>	5 🗸
Section	on B. Independent Contractors											
1	Complete this table for your five highest	•										
	compensation from the organization. Rep	oort compe	ensatio	on to	or ti	ne c	alenc	dar y	year ending wi	th or within	the orga	nization's tax
	year.							τ-				
	(A) Name and business add	tress							(B) Description of s	services	G	(C) ompensation
								 			<u> </u>	
	II & Sons Construction, LLC 17 Dusty Todd			<u>480</u>				_	ght of Way Clea		 	1,715,101
	Construction Inc. 621 Baylis Chapel Rd. Colu			_	_				ectric Line Cons			1,219,160
	Construction Company, Inc. PO Box 8327 La							$\overline{}$	ght of Way Clea		 	773,610
	els Contracting, LLC PO Box 17586 Hattiesbu							$\overline{}$	ght of Way Clea ofessional Serv		 	468,67
Patter:	son & Dewar Engineers, Inc. PO Box 2808 No Total number of independent contractor				ot	lımı	ted to					335,993
-	received more than \$100,000 of compens								13	,		

13

Part	VIII	Statement of Revenue					
		Check if Schedule O contains a res	sponse or note to	Total revenue	Part VIII (B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1a	Federated campaigns 1a					
Grants	b	Membership dues 1b			[i
Am Am	C	Fundraising events 1c		1	ļ		
ia gi	d	Related organizations 1d			ļ		}
S, E	е	Government grants (contributions) 1e		}	l		
er S	f	All other contributions, gifts, grants,	1]			
를 됨		and similar amounts not included above 1f	<u> </u>				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f			ĺ		
	- "	Total. Add liftes 1a-11	Business Code	+			
e I	2a	Sale of Electricity	221122	88,633,970	88,633,970	o	
Pe	ь	Member Fees	221122	281,380	281,380	0	0
<u>ş</u>	С	Patronage Capital	221122	2,394,444	2,394,444	0	0
Sen	d						
_ E	е						
Program Service Revenue	f	All other program service revenue.					
	g	Total. Add lines 2a–2f		91,309,794			
	3	and other similar amounts)		573,337	573,337	o	•
	4	Income from investment of tax-exempt to		3/3,33/	5/3,33/		
	5	Royalties	•	+			
		(i) Real	(II) Personal				
	6a	Gross rents 1,368,562	2				
,	ь	Less: rental expenses			ĺ		
	С	Rental income or (loss)1,368,565					
	d	Net rental income or (loss)	.	1,368,562	1,368,562	0	0
	7a	Gross amount from sales of assets other than inventory	(II) Other		ļ		
	b	Less. cost or other basis and sales expenses	34,962				
	c	Gain or (loss)	34,962				
	d	Net gain or (loss)		34,962	34,962	0	
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c).					
, E	}	0 5 10/1 40	•				
돭	ь		6]			
O	С	Net income or (loss) from fundraising	events .				
	9a	Gross income from gaming activities. See Part IV, line 19					
	b		b[- <u> </u>
	С	Net income or (loss) from gaming ac					₋
	10a	returns and allowances ;	a				
	i	Less: cost of goods sold Net income or (loss) from sales of in	ventory ▶				
	<u> </u>	Miscellaneous Revenue	Business Code	 			\
	11a						
	b						
	С						
	d	All other revenue					
	е	Total. Add lines 11a-11d					
	12	Total revenue. See instructions	<u></u>	93.286.655	93.286.655		0
							Form 990 (2016)

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	II other organization	ns must complete co	lumn (A).
	Check if Schedule O contains a respon-	se or note to any lin	ne in this Part IX		
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments See Part IV, line 21 .	27,073			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign			,	
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16			<u> </u>	
4	Benefits paid to or for members	4,123,645		 	
5	Compensation of current officers, directors,				
	trustees, and key employees	373,351			
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	Other salaries and wages	4 070 272		 	
8	Pension plan accruals and contributions (include	4,079,372		 	
— -	section 401(k) and 403(b) employer contributions)	1,736,635		ļ. — — —	-
9	Other employee benefits	1,664,485			
10	Payroll taxes	459,423			
11	Fees for services (non-employees):				
а	Management				
b	Legal	30,553			
С	Accounting	13,820			
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				<u> </u>
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
40	- 1	3,147,617			
12 13	Advertising and promotion	197,161			
14	Office expenses	320,307 785,539		 	
15	Royalties	82,414	 	 	
16	Occupancy	243,575		 	
17	Travel	362,375		,	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	58,073			
20	Interest	3,271,955		<u> </u>	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	5,774,426	L	ļ — — — — — — — — — — — — — — — — — — —	<u> </u>
23	Insurance	189,489			
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column	1			
	(A) amount, list line 24e expenses on Schedule O.)				}
•	Durchased Floatricity	65 761 105		 	
a b	Distribution Expense-Operations	65,761,185 45,227		 	
c	Distribution Expense-Maintenance	131,725			
d	Customer Accounts Expense	126,003			
е		281,227			L
25	All other expenses Total functional expenses. Add lines 1 through 24e	93,286,655			
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)				1

P.	art X	Balance Sheet				
		Check if Schedule O contains a response or not	e to any line in this Par	t X		<u> </u>
				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		3,632,317	1	6,367,968
	2	Savings and temporary cash investments		4,132,757	2	6,079,491
	3		[3	
	4	Accounts receivable, net	[5,107,156	4	3,518,914
Assets	5	Loans and other receivables from current and form trustees, key employees, and highest complete Part II of Schedule L		5		
	6	Loans and other receivables from other disqualified persons 4958(f)(1)), persons described in section 4958(c)(3)(B), and co sponsoring organizations of section 501(c)(9) voluntary organizations (see instructions). Complete Part II of Schedule	(as defined under section ntributing employers and employees' beneficiary		6	
	7	Notes and loans receivable, net	[7	
¥	8	Inventories for sale or use		2,513,469	8	2,329,630
	9	Prepaid expenses and deferred charges	[7,923,457		7,429,389
!	10a	Land, buildings, and equipment: cost or				
		other basis. Complete Part VI of Schedule D	188,743,981			
	b	Less: accumulated depreciation 10	51,218,986	135,490,036	_10c	137,524,995
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11		12		
	13	Investments—program-related. See Part IV, line 11		13		
	14	Intangible assets		14	·	
	15	Other assets. See Part IV, line 11		35,375,499	15	36,843,895
	16	Total assets. Add lines 1 through 15 (must equal lin		194,174,691		200,094,282
ł	17	Accounts payable and accrued expenses	-	8,197,416	-	8,332,194
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Part		21		
ies	22	Loans and other payables to current and forme				
Ę	ĺ	trustees, key employees, highest compensate disqualified persons. Complete Part II of Schedule L				
Liabilities		,	<u></u>		22	
_	23	Secured mortgages and notes payable to unrelated	92,635,765	_	96,857,837	
	24	Unsecured notes and loans payable to unrelated this	· -		24	
	25	Other liabilities (including federal income tax, paya parties, and other liabilities not included on lines 17)		
	ļ	of Schedule D		3,062,848	25	2 217 670
	26	Total liabilities. Add lines 17 through 25	103,896,029		3,217,579 108,407,610	
		Organizations that follow SFAS 117 (ASC 958), ch	eck here ▶ ☐ and	103,030,029		100,407,010
es	1	complete lines 27 through 29, and lines 33 and 34	1			
Ĕ	27	Unrestricted net assets			27	
39	28	Temporarily restricted net assets			28	
ᅙ	29	Permanently restricted net assets	[29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), complete lines 30 through 34.	check here ► 🔲 and			
ts (30	Capital stock or trust principal, or current funds .			30	
Se	31	Paid-in or capital surplus, or land, building, or equip	-		31	
Ž	32	Retained earnings, endowment, accumulated incom	-	90,278,662	32	91,686,672
Š	33	Total net assets or fund balances	[90,278,662		91,686,672
_	34	Total liabilities and net assets/fund balances	<u> </u>	194,174,691		200,094,282
						Form 990 (2016)

		Pa	ge 12			
_	<u>· ·</u>		<u> </u>			
-			6,655			
-		33,20	6,655 0			
_		90,27	8,662			
_						
_						
_						
_	4 400 040					
-		1,40	8,010			
		91,68	6,672			
_		91,68	36,672			
_	<u>.</u> .					
_	<u>·</u>	91,68				
_	· ·					
	· ·					
	2a					
	2a					
	2a 2b					

Form **990** (2016)

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 2 3 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . 5 6 Donated services and use of facilities 7 7 8 8 9 Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 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," explain in Schedule O. 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 compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Consolidated basis ☐ Both consolidated and separate basis Separate basis **b** 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 audited on a separate basis, consolidated basis, or both: ☑ 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 oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?............ За b 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. 3b

Form 990 (2016) .

SCHEDULE D (Form 990)

2016

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

OMB No 1545-0047

Name o	r the organization		Employer identification number
	lectric Power Association		64-0183177
Par			
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 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 assets h	ield in donor advised
	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, a	and donor advisors in writing that gra	nt funds can be used
	only for charitable purposes and not for the bene		
	conferring impermissible private benefit?	. 	· · · · · · · · · · · · · · · · · · ·
Par	Conservation Easements.		
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the		
	☐ Preservation of land for public use (e.g., recrea		f a historically important land area
	Protection of natural habitat	·	f a certified historic structure
	Preservation of open space	-	
2	Complete lines 2a through 2d if the organization h	eld a qualified conservation contribute	on in the form of a conservation
	easement on the last day of the tax year.	·	Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easemen	ts	2b
С	Number of conservation easements on a certified		
d	Number of conservation easements included in		
	historic structure listed in the National Register .		· · 2d
3	Number of conservation easements modified, tran	sferred, released, extinguished, or ter	minated by the organization during the
	tax year ►		
4	Number of states where property subject to conse	ervation easement is located >	
5	Does the organization have a written policy re		· -
	violations, and enforcement of the conservation ea	asements it holds?	· · · · · · · · Tyes I No
6	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of violations, and enforcing	conservation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecti	ng, handling of violations, and enforcing	conservation easements during the year
	▶ \$		
8	Does each conservation easement reported on line		f section 170(h)(4)(B)(i)
			· · · · · · · 🗌 Yes 🗌 No
9	In Part XIII, describe how the organization reports	conservation easements in its revenue	e and expense statement, and
	balance sheet, and include, if applicable, the text	_	nancial statements that describes the
	organization's accounting for conservation easem		- <u>-</u>
Pari			
	Complete if the organization answered		
1a	If the organization elected, as permitted under SF	•	
	works of art, historical treasures, or other simila		
4.	public service, provide, in Part XIII, the text of the		
þ	If the organization elected, as permitted under S		
	works of art, historical treasures, or other similal	· · · · · · · · · · · · · · · · · · ·	ducation, or research in furtherance of
	public service, provide the following amounts relative	_	
	(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		r assets for financial gain, provide the
	following amounts required to be reported under S	· · · · · · · · · · · · · · · · · · ·	
a	Revenue included on Form 990, Part VIII, line 1		• \$
n	Assets included in Form 990, Part X		- 4:

Part	Organizations Maintaining	Collections of	Art, Hist	orical T	reasures,	or Ot	her Similar A	ssets (continued)
3	Using the organization's acquisition, collection items (check all that apply):		ner record	ds, chec	k any of the	follow	ring that are a	significant use of its
а	☐ Public exhibition		d [Loan	or exchange	e progr	ams	
	☐ Scholarly research		е [Other				
С	☐ Preservation for future generations						_	
4	Provide a description of the organiza XIII.							
5	During the year, did the organization assets to be sold to raise funds rather	solicit or receive than to be mainta	donations ined as p	of art, l	historical tre e organizatio	asures	s, or other simi llection?	lar Ves No
Part	Complete if the organization 990, Part X, line 21.	angements. n answered "Yes"	' on Forn	n 990, F	Part IV, line	9, or	reported an a	mount on Form
1a	Is the organization an agent, trustee included on Form 990, Part X?			-				
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the fol	lowing ta	able:			
								Amount
C	Beginning balance		. <i></i>			10		
d	Additions during the year					<u>1d</u>		
е	Distributions during the year					1e		
f	Ending balance		- : - :			_ <u> −1f</u>		
2a	Did the organization include an amou							
	If "Yes," explain the arrangement in P	art XIII. Check here	e if the ex	planatio	n has been p	orovide	ed on Part XIII .	<u> </u>
Par		anowarad "Vas"	on Form	~ 000 E	Oort IV Juno	10		
	Complete if the organization	(a) Current year	(b) Prio		(c) Two years		(d) Three years ba	ck (e) Four years back
1a	Beginning of year balance	(a) Carrent year	(2) 1 110	. you	(o) Two years	, buon	(4) 111100 yours bu	OK (b) (our your o out)
b	Contributions							
	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			e (line 1g	, column (a)) held	as:	
а	Board designated or quasi-endowme	nt 🕨	_%					
b	Permanent endowment ▶	%						
С	Temporarily restricted endowment	·%						
_	The percentages on lines 2a, 2b, and							
За	Are there endowment funds not in the	ie possession of th	ne organiz	ation th	at are held a	and ad	ministered for	
	organization by:							Yes No
	(i) unrelated organizations					• •		. 3a(i)
_	(ii) related organizations			od on S	 shadula B2			. 3a(ii)
b 4	Describe in Part XIII the intended use							. 50
Pari			<u> </u>					
	Complete if the organization		" on Fori	n 990. I	Part IV, line	11a.	See Form 990), Part X, line 10.
	Description of property	(a) Cost or ot (investm	her basis	(b) Cost of	or other basis other)	(c)	Accumulated epreciation	(d) Book value
1a	Land		723,169					723,169
b	Buildings		5,050,527				3,059,053	1,991,475
С	Leasehold improvements		0				0	
d	Equipment		8,773,103				6,182,124	2,590,979
e	Other		4,197,182				41,977,810	132,219,372
Total.	Add lines 1a through 1e. (Column (d)	must equal Form 9	90 Part >	Columi	(B) line 10	c.) .		137.524.995

Part VII	Investments — Other Securities. Complete if the organization answers		990. Part IV. lin	ne 11b. See Form	990. Part X. line 12.
	(a) Description of security or category (including name of security)		(b) Book value	(c) Met	hod of valuation -of-year market value
(1) Financia	derivatives				
(2) Closely-l	held equity interests	[
(3) Other					
(A)				<u></u>	
(B)					
(C)				<u> </u>	
(D)					
(E)					
(F)				<u> </u>	
(G)				ļ	
(H)					
	(b) must equal Form 990, Part X, col. (B) line 12.) ▶				
Part VIII	Investments—Program Related				
	Complete if the organization answ	wered "Yes" on Form			
	(a) Description of investment		(b) Book value		thod of valuation: -of-year market value
(1)					
(2)				 -	
_(3)				 	
(4)				 	
(5)				 	
(6)				 	
(7)				 	
(8)				 	
(9)	(b) must equal Form 990, Part X, col. (B) line 13.)			 	
Part IX	Other Assets.			<u> </u>	
Partix	Complete if the organization ansi	vered "Yes" on Form	990 Part IV lin	e 11d. See Form	990 Part X line 15
) Description	000,1 41111, 111	10 114. 000 10111	(b) Book value
(1) Associa	ation Organizations - Membership Deposi	` 			2,12
	ation Organizations - Patronage Capital				35,536,286
	C Capital Term Certificates				1,305,097
	Facility Deposits				387
(5)	Tacinty Deposits				
(6)					
(7)					
(8)					
(9)					 -
	ımn (b) must equal Form 990, Part X, co	ol. (B) line 15.)			36,843,89
Part X	Other Liabilities.				
	Complete if the organization answ	wered "Yes" on Form	990, Part IV, lır	ne 11e or 11f. See	e Form 990, Part X,
	line 25.				·
1.	(a) Description of liability	(b) Book value			
(1) Federal ı	ncome taxes				
(2) Accumi	ulated Operating Provisions and Asset				
-(2)	etirement Obligations	2,340,5	00		
745	ner Deposits	600,8			
	ner Advances for Construction	276,1			
(6)			7		
(7)			7		
(8)			7		
(9)					
Total. (Column	(b) must equal Form 990, Part X, col. (B) line 25.) ▶	3,217,5	79		
2. Liability fo	r uncertain tax positions. In Part XIII, provi			n's financial stateme	ents that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part	Reconciliation of Revenue per Audited Financial Stater Complete if the organization answered "Yes" on Form 990		r Return.	
1	Total revenue, gains, and other support per audited financial statement		T 1 T	93,286,655
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		-	33,200,033
- a	Net unrealized gains (losses) on investments	. 2a		
b	Donated services and use of facilities		7	
c	Recoveries of prior year grants		-	
ď	Other (Describe in Part XIII.)		7	
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	93,286,655
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a		
b	Other (Describe in Part XIII.)	· · · · · · · · · · · · · · · · · · ·	7	
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, lin		5	93,286,655
Part	XII Reconciliation of Expenses per Audited Financial State	ements With Expenses p	er Return	
	Complete if the organization answered "Yes" on Form 990), Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		1	89,163,010
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	. 2a	_ _ _	
b	Prior year adjustments			
C	Other losses	. 2c		
d	Other (Describe in Part XIII.)	. 2d]	
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	_89,163,010
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b		_	
b	Other (Describe in Part XIII.)	. 4b 4,123,64	5	
C	Add lines 4a and 4b		4c	4,123,645
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I,	<u>line 18.) </u>	5	93,286,655
Provid	XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a at XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this pa			
Dixie E	lectric Power Association is an organization exempt from income tax under	IRS Code Section 501(c)(12).	Unrelated b	usiness income,
of whic	ch the Association had none for the years ended December 31, 2016 and 201	5, would be subject to federal	l income tax	es. Consequently,
the acc	companying financial statements do not reflect any provision for income tax	es. The Association follows t	he provision	of uncertain tax
positio	ons as addressed in FASB Accounting Standards Codification 740-10-65-1. T	he Organization files income	tax returns i	n the U.S. federal
jurisdio	ction. The Association is no longer subject to U.S. federal income tax exami	inations by the tax authority fo	or years befo	ore 2012. The
Associ	iation recognizes interest accrued related to unrecognized tax benefits in int	terest and penalties in operati	ng expenses	. No such
interes	t and penalties at December 31, 2016 and 2015. The Association has elected	d to defer the provisions of FA	ASB ASC 740), Accounting
for Inc	ome Taxes, under the provisions of ASC 740. The Association records a lial	bility for uncertain tax position	ns when it is	probable that a
loss ha	as been incurred and the amount can be reasonably estimated. The Associa	tion continually evaluates exp	piring statur	es of limitations,
audits,	proposed settlements, changes in tax laws, and new authoritative rulings.			
Part XI	l			
	CAE represents the amount which was allocated to the members conital are			

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States

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

r 22.

2016

OMB No 1545-0047

Open to Public Inspection

Employer identification number

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

Schedule I (Form 990) (2016) Electric Lineman Program **%**□ Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form Site Certification Grant (h) Purpose of grant or assistance ✓ Yes 64-0183177 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (g) Description of noncash assistance (d) Amount of cash (e) Amount of non-grant cash assistance (book, FMV, appraisal, other) Cat No 50055P Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 8,000 7,500 Enter total number of other organizations listed in the line 1 table (c) IRC section (if applicable) the selection criteria used to award the grants or assistance? Government Part I General Information on Grants and Assistance For Paperwork Reduction Act Notice, see the Instructions for Form 990. 501(c)(3) 64-0588668 64-0688690 (p) EIN 1 (a) Name and address of organization or government PO Box 609 Perkinston, MS 39573 Dixie Electric Power Association (1) MGCCC Foundation, Inc. (2) EDA of Jones County PO Box 527 Laurel, MS 39441 Part II ල 9 **(12**) € 9 8 8 6)

Schedule I (Form 990) (2016) (f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) (2016) Part IV Part III 0 က S 9

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.

Inspection

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Dixie E	lectric Power Association		64-018317	77		
Part	Questions Regarding Compensation					
					Yes	No
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a. Complete Part III to p					
	☐ First-class or charter travel	☐ Housing allowance or residence for	-	1		
	Travel for companions	Payments for business use of pers		}		
	Tax indemnification and gross-up payments	Health or social club dues or initial				
	☐ Discretionary spending account	Personal services (such as, maid,	chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the or reimbursement or provision of all of the exp					
	explain			1b		
2	_Did_the_organization require substantiation prio	ır to reimbursing or allowing expen	ses incurred by all			
	directors, trustees, and officers, including the CEC	D/Executive Director, regarding the ite	ms-checked on-line			l
	1a?	, . ,		2		
_						[
3	Indicate which, if any, of the following the filing org organization's CEO/Executive Director. Check all the					
	related organization to establish compensation of t					
	✓ Compensation committee	☐ Written employment contract		1		1
	✓ Independent compensation consultant	☑ Compensation survey or study				
	Form 990 of other organizations	Approval by the board or compens	sation committee			
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		ı	
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-l			4c		1
	If "Yes" to any of lines 4a-c, list the persons and p	rovide the applicable amounts for each	item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) of	organizatione must complete lines 5.	۵			
5	For persons listed on Form 990, Part VII, Section A					1
	compensation contingent on the revenues of:	,, (2, 2, 2 a. a. a. a. ga	,			1
а	The organization?			5a	_	
b				5b		
	If "Yes" on line 5a or 5b, describe in Part III.					
6	For persons listed on Form 990, Part VII, Section A	a, line 1a, did the organization pay or a	crue any			
	compensation contingent on the net earnings of:	, , , , , , , , , , , , , , , , , , ,	,			
а	The organization?			6a		
b	Any related organization?			6b		
_						
7	For persons listed on Form 990, Part VII, Section payments not described on lines 5 and 6? If "Yes,"		rovide any nonfixed	7		
8	Were any amounts reported on Form 990, Part VII,			<u> </u>		1
-	to the initial contract exception described in			[ĺ	
	ın Part III	_		8	}	1
9	If "Yes" on line 8, did the organization also fo					1
	Regulations section 53.4958-6(c)?			9	J	

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

For each individual whose compensation must be reported 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 aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(I)—(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

Note: The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 950, Part VII, Section A, IIIIe 1a, applicable column (U) and (E) amounts for that Individual.	or each	n listed individual mu	ist equal the total am	ount of Forth 990, Fa	t vii, section A, Illi	e la, applicable colum	(U) and (E) amounts	for that individual.
	. -	(B) Breakdown of W-2	f W-2 and/or 1099-MK	and/or 1099-MISC compensation	(C) Retirement and	(n) Nontaxable	(F) Total of columns	(F) Compensation
(A) Name and Title		(I) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)—(D)	in column (B) reported as deferred on prior Form 990
Ralph R. Smith 1 General Manager	€ €	174,700	0	4,502	101,048	17,521	297,771	
Aaron Zumwalt 2 Admin & Finance Manager	€ €	116,350	0	4,295	18,530	17,521	156,696	
Thomas McCarthy 3 Operations Manager	€ €	103,317	0	3,451	89,043	13,420	209,231	
June Doggett 4 Former Director	E E	2,400	0	8,465	0	0	10,865	
ഹ	S E							
0	E E							
2	€ €							
σ.	E E							
o.	€ €							
10	EE							
11	88							
12	(E)							
13	E (E)							
14	E E							
15	3 3							
16	8 8							

Schedule J (Form 990) 2016

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

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection Employer identification number

Dixie Electric Power Association	64-0183177
Part VI	
Line 2 The General Manager and one board member of Dixie Electric serve on the Board of Directors of	of South Mississippi Electric Power
Association. Ralph R. Smith served as our General Manager representative and Mack Mauldin served	as our board member representative
in 2016.	
Line 6 Dixie Electric Power Association is a member owned cooperative. Each person must apply for	membership before receiving electricity
from the cooperative.	
Line 7a Each member has the right to vote for the Board of Directors each year at the annual meeting	
Line 7b In order for the cooperative to dissolve or sale a majority of the current membership must vot	e in favor of the proposal.
Line 11a The General Manager, Administration and Finance Manager, Accounting Supervisor and the	Auditor will review the Form 990.
After this, the General Manager will present the Form 990 to the Board of Directors at the next schedu	led board meeting.
Line 12c The Board of Directors and the General Manager are required to complete a questionnaire ar	nd fully disclose any outside
relationships that could result in a conflict of interest.	
Line 15 Intandem, LLC was hired in 2016 to conduct a wage and salary review. Recommended change	es were presented to the Board of
Directors for approval.	
Line 19 The documents are available upon request.	
Part XI	
Line 9 Other changes in net assets include: 1) \$23,475 increase in memberships 2) \$16,670 increase in	n additional deposits 3) \$4,123,645
increase in patronage capital assignable for 2016 4) \$3,372,060 decrease from patronage capital refur	nded in 2016 5) \$698,678 increase from
patronage capital that was retired in 2016 but no check was written 6) \$82,400 increased Accumulated	1 Other Comprehensive Income