

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





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Form **990** 

Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

20**16** 

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.

_	roi ule	ZUTO Cale	indar year, or tax year beginning	, 201 <del>0</del> , al	na enaing			, 20							
В	Check if	applicable	C Name of organization Cooperative Energy				D Employ	er identification number							
	Address	change	Doing business as					64-0367992							
$\checkmark$	Name ch	ange	Number and street (or P O. box if mail is not delive	red to street address)	Room/surte	е	E Telepho	ne number							
	Initial reti	ım	P.O. Box 15849					601-268-2083							
	Final retur	n/terminated	City or town, state or province, country, and ZiP o	r foreign postal code			1								
	Amended	d return	Hattiesburg, MS 39404				<b>G</b> Gross re	eceipts \$ 822,059,999							
	Application	on pending	F Name and address of principal officer			H(a) Is this a g	roup return for	subordinates? Yes No							
			James Compton (Same as C above)			H(b) Are all	subordinate	s included? 🗌 Yes 🔲 No							
$\overline{}$	Tax-exen	npt status	☐ 501(c)(3) ☐ 501(c) ( 12 ) ◀ (in:	sert no )	<b>527</b>	If "N	o," attach a	a list (see instructions)							
J	Website:		w.cooperativeenergy.com			H(c) Group	exemption	number ▶							
K	Form of o		✓ Corporation ☐ Trust ☐ Association ☐ Other	▶ L Yea	r of formation	on 1941	M State	of legal domicile MS							
Р	art I	Summ	nary			•	•								
	1		escribe the organization's mission or mos	significant activities:											
ě	1	_	AND TRANSMIT THROUGH GENERATION	=	ECTRICIT	Y. WHOLES	SALE ELE	CTRICITY TO 11							
Governance			ROWNED DISTRIBUTION COOPERATIVES, I												
e.	2	2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its													
Š	•		<del>-</del>			_	1 3	24							
∞ ∞	4	Number	of voting members of the governing body of independent voting members of the go	verning body (Part Vi	line (b)		7014	24							
es			nber of individuals employed in calendar				5	493							
ξ			nber of volunteers (estimate if necessary)	·	MAY .2	§ 2017 .	6/16	0							
Activities &	1		related business revenue from Part VIII, co	1201	MAIL		14-7a	0							
-			lated business taxable income from Form			-0.0.0.050		0							
_	<del>                                     </del>			1	<u>ÓGÐ</u>	Prior	ear	Current Year							
_	8	Contribu	tions and grants (Part VIII, line 1h)												
Revenue	1		service revenue (Part VIII, line 2g)		`	951	5,892,847	822,024,095							
Že		•	ent income (Part VIII, column (A), lines 3, 4	and 7d)	· ·		57,601	35,904							
æ			venue (Part VIII, column (A), lines 5, 4	•			•	33,304							
	1		enue—add lines 8 through 11 (must equal l	•		054	0 440	022.050.000							
_			nd similar amounts paid (Part IX, column (			85:	5,950,448	822,059,999							
	4		·	•	· ·  -		146,000	140,500							
	1 4-		paid to or for members (Part IX, column (A	•	: 10;		4,654,000								
ses	15		other compensation, employee benefits (Pa	• •	)  -	4	9,947,614	52,496,458							
ë	16a		onal fundraising fees (Part IX, column (A),		· ·		0								
Expenses	b 47		draising expenses (Part IX, column (D), lin												
	17		penses (Part IX, column (A), lines 11a-11c		∵ · ⊢		1,202,834	746,117,042							
			penses. Add lines 13–17 (must equal Part		' · ⊢	85	5,950,448	822,059,999							
_	19	Revenue	less expenses. Subtract line 18 from line		· ·	eginning of Ci	0	End of Year							
Assets or		~	. (5 . ) (1 . 40)	2017	<u>B</u>										
Sset	20		sets (Part X, line 16)	30 LO	· ·  -		9,665,875								
Net	<b>:</b>   ·		bilities (Part X, line 26)	line 20	- Viis		5,032,823								
_			ts or fund balances. Subtract line 21 from	line 20	()-2	354	4,633,052	373,535,853							
	art II	<del></del>	ture Block	- Bech a				<del></del>							
Ur	nder penal Je correct	ties of perji	ury, I declare that I have examined this return, includir lete D <u>eclara</u> tion of preparer (other than officer) is bas	ig actompanying schedules ed on all information of whic	and statem ch preparer	nents, and to t has any know	the best of I ledge	my knowledge and belief, it is							
	-	T k	D 12/1		р., р. орш о. ·	140 411, 141011	<del>- / .</del>	- / 2							
e:	~~		James Junes			i	<u> &gt; / 1</u>	7/2017							
Sig	_	11	nature of officer	لم	·			_							
ПЕ	ere 		/ · · · · / · · · · · · · · · · · · · ·	CE PRESIDENT F	CHIEF	FINAL	CIAL OF	FF1687C							
_			e or print name and title		l Det		<del></del>	DTIN							
Pa	aid	Frint 1	/pe preparer's name Preparer's si	J. Parmie	Dat	.0	Check	<b>—</b> 1							
Pr	epare	r				<del></del>	self-em	pioyea							
Us	se Onl						n's EIN 🕨								
			address >	100 /non in standard		Pho	one no								
_			s this return with the preparer shown abo			·_ · · ·	<u> </u>	· · · Yes No							
Fo	r Paperv	vork Redu	ction Act Notice, see the separate instruction	ons.	Cat No	11282Y		Form <b>990</b> (2016)							

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FUITH 5	530 (2010)	Page ∡
Part		
	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>
1	Briefly describe the organization's mission:	
	PROVIDE AND TRANSMIT THROUGH GENERATION AND PURCHASE OF ELECTRICITY,	
	WHOLESALE ELECTRICITY TO 11 MEMBER OWNER COOPERATIVES, EACH SERVING	
	RETAIL CONSUMERS.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
_		4 [7] N
		res ☑ No
3	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	4 [7] N
		res ☑ No
4	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation the total expenses, and revenue, if any, for each program service reported.	measured by ns to others,
4a	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	1
	PROVIDE AFFORDABLE AND RELIABLE ELECTRIC ENERGY TO MEMBER COOPERATIVES.	
	THE 11 MEMBER COOPERATIVES PROVIDE SERVICE TO APPROXIMATELY 423,000	
	METERS IN MISSISSIDE COORERATIVE ENERGY AND THE 44 NEMBER	
	SYSTEMS ARE CONSUMER-OWNED, NON-PROFIT BUSINESSES. DURING 2016 COOPERATIVE	
	ENERGY PROVIDED MEMBER SYSTEMS WITH 9,984,821 MWH OF ENERGY.	
	CINERGY PROVIDED MEMBER 3131EMS WITH 3,304,021 MWH OF ENERGY.	
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	
40	(Code) (Expenses \$Including graits of \$) (Nevenue \$)	)
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	· · · · ·
40	(Code) (Expenses \$) (Nevertice \$	/
4-3	Other program conjuga (Deceribe in Schodule O.)	
	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )	
40	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses >	



	90 (2016)		!	Page (
Part	IV Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	162	<b>√</b>
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		<b>√</b>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		-
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<b>✓</b>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<b>√</b>
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.	1		
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		<b>✓</b>
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<b>✓</b>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		✓
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e	✓	,
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	11f	1	<b>▼</b>
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		<b>✓</b>
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		✓
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		· ·
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		<u>·</u> ✓
.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		<u>·</u>
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		<b>✓</b>
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		<u>·</u>



Part IV	Checklist of R	equired Schedules	(continued)
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<ul> <li>20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H</li> <li>b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II .</li> <li>22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic indirection Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III</li></ul>	nization or 21 ividuals on 22 ion of the npensated 23 more than	+-	✓ ✓
<ul> <li>Did the organization report more than \$5,000 of grants or other assistance to any domestic organization domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.</li> <li>Did the organization report more than \$5,000 of grants or other assistance to or for domestic indice Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.</li> <li>Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation organization's current and former officers, directors, trustees, key employees, and highest comemployees? If "Yes," complete Schedule J</li></ul>	nization or 21 ividuals on 22 ion of the npensated 23 more than	<b>✓</b>	1
<ul> <li>domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.</li> <li>Did the organization report more than \$5,000 of grants or other assistance to or for domestic indipart IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.</li> <li>Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation organization's current and former officers, directors, trustees, key employees, and highest comemployees? If "Yes," complete Schedule J</li></ul>	ividuals on 22 ion of the inpensated 23 more than		<b>✓</b>
<ul> <li>Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III</li></ul>	ion of the inpensated 23	1	1
<ul> <li>Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation organization's current and former officers, directors, trustees, key employees, and highest comemployees? If "Yes," complete Schedule J</li></ul>	ion of the inpensated 23 more than	1	İ
\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer through 24d and complete Schedule K. If "No," go to line 25a			
	24a	1	
c Did the organization maintain an escrow account other than a refunding escrow at any time during to defease any tax-exempt bonds?			1
<ul> <li>d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year</li> <li>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an exceed transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I</li> </ul>	ar? 24d		✓
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified persor year, and that the transaction has not been reported on any of the organization's prior Forms 990 o If "Yes," complete Schedule L, Part I			
Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable current or former officers, directors, trustees, key employees, highest compensated employees disqualified persons? If "Yes," complete Schedule L, Part II	les to any		✓
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key e substantial contributor or employee thereof, a grant selection committee member, or to a 35% entity or family member of any of these persons? If "Yes," complete Schedule L, Part III			<b>&gt;</b>
Was the organization a party to a business transaction with one of the following parties (see Sc Part IV instructions for applicable filing thresholds, conditions, and exceptions):	chedule L,		
<ul> <li>a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV</li> <li>b A family member of a current or former officer, director, trustee, or key employee? If "Yes," Schedule L, Part IV</li> <li></li></ul>			<b>√</b>
c An entity of which a current or former officer, director, trustee, or key employee (or a family member was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	er thereof) 28c		✓
<ul> <li>Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Scheoo</li> <li>Did the organization receive contributions of art, historical treasures, or other similar assets, or conservation contributions? If "Yes," complete Schedule M</li></ul>			<b>√</b>
Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Sci			<u>·</u>
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? complete Schedule N, Part II	If "Yes,"		<u> </u>
Did the organization own 100% of an entity disregarded as separate from the organization under Resections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	egulations		<u>·</u>
Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, if or IV, and Part V, line 1	Part II, III,		<u>·</u>
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35а		✓
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line			
36 — Section-501(c)(3) organizationsDid the organization make-any transfers to an exempt-non-related organization? If "Yes," complete Schedule R, Part V, line 2			
Did the organization conduct more than 5% of its activities through an entity that is not a related organization that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	ganization		<b>√</b>
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 19? Note. All Form 990 filers are required to complete Schedule O.		-	<del>-</del>



orm 99	90 (2016)			Page 5
Part				
	Check to Oak at 1, O and the survey of the state of the line that De A.V.			
	Check if Schedule O contains a response or note to any line in this Part V	· · ·	Yes	No
10	Estantha annah anna antal la Dan O of Farm 1000 Fator O Mantanalisable		163	140
1a _	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
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			ļ
_	reportable gaming (gambling) winnings to prize winners?	1c		ļ
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			ļ
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 493			<u> </u>
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)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	_	1
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	İ		
	account)?	4a	}	1
L	·	40		<del>                                     </del>
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		l	
_	(FBAR).		ļ	<del> </del> -
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<b>✓</b>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible 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?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year		-	
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<b></b>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
۰.	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711		
0	· · · · · · · · · · · · · · · · · · ·			<b></b>
	sponsoring organization have excess business holdings at any time during the year?	8		-
	Sponsoring organizations maintaining donor advised funds.			<b> </b>
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	24 ^	0 7
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:	. [		
а	Gross income from members or shareholders	` <b>!</b>		
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them.)	1		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year  -12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		<del></del>
	Note. See the instructions for additional information the organization must report on Schedule O.			
	Enter the amount of reserves the organization is required to maintain by the states in which		1	• 1
	the organization is licensed to issue qualified health plans	1	Ì	
		ł		
		44-		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<b>✓</b>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		

Form 9	90 (2016)			Page (
Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	ee in:	struct	tions.
5	Check if Schedule O contains a response or note to any line in this Part VI			. 🗸
Sect	ion 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		res	140
b 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	1	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		1
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members or stockholders?  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?	4 5 6	1	1
b 8	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	1	
а	the year by the following: The governing body?	8a	1	<del> </del>
ь 9	Each committee with authority to act on behalf of the governing body?	8b 9	✓	1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		<b>√</b>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓	
b 12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	1	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12b	<b>✓</b>	
с 13	describe in Schedule O how this was done	12c	<b>√</b>	
14 15	Did the organization have a written document retention and destruction policy?	14	<b>√</b>	
a b	The organization's CEO, Executive Director, or top management official	15a 15b	1	
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	, 5 de	7.	
	with a taxable entity during the year?	16a	,	1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	1	
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed MS  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(	c)(3)s	only)
19	✓ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of intefinancial statements available to the public during the tax year.		·	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and rec RAYMOND HALEY - 7037 HWY 49 N. HATTIESBURG, MS 39402 PHONE(601)268-2083	ords:	<b>&gt;</b>	

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Form 990 (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.

Check this box if neither the organization no	r any relate	d org	anız	zatio	on c	ompe	ensa	ated any currer	nt officer, director	r, or trustee.
(A) Name and Title	(B)  Average hours per week (list any	(do r box, office	not ch unles	Pos heck ss pe	C) sition more erson direct	e than is both or/trus	one n an tee)	(D)  Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Billy Berry	1.5									
Director		1						24,000	0	0
(2) Kevin Bonds	6.3									<del></del>
Director		✓						29,500	0	0
(3) O. Howard Davis	2.8									
Director		✓						24,400	0	0
(4) James Ginn	1.0									
Director		✓						23,200	0	0
(5) William Hardin	6.1									
Director				✓				26,800	0	0
(6) Keith Hurt	8.6									
Director		✓						30,400	0	0
(7) Don Jordan	3.8									
Director				✓				30,400	0	0
(8) Mack Mauldin	2.4									
Director				✓				24,700	0	0
(9) Odell McKenzie	5.3				l					
Director		<b>/</b>						24,400	0	0
(10) Charles Moore	1.7	1		-				· · · · · · · · ·		
Director		✓						14,800	_ 0	0
(11) Elizabeth Mosby	4.0									
Director		1						19,600	0	0
(12) John Mosley	4.8									
Director		✓					_ ]	31,200	_ 0	0
(13) David O'Bryan	5.3	7	$\sqcap$							
Director		1						30,400	0	0
(14) Bob Occhi	4.5									
Director		1	i					29,900	0	0

(B)

# 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 employees."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization n	or any relate	d org	anız	atic	on c	ompe	ensa	ited any currer	nt officer, directo	r, or trustee.
(A) Name and Title	(B) Average	box,	unles	Pos neck ss pe	rson	e than on the state of the stat	h an	(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)	Individua or directo		Officer	Key employee	Highest compensated employee	÷	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Henry C. Waterer, Jr.	7.0			1				36,550	0	o
(2) Ronald White	4.0							30,330		
Director		1						28,800	o	0
(3) James Compton	50.0							•		
President/CEO				✓				834,912	0	102,411
(4) Raymond Haley	50.0									-
Sr Vice President/CFO				✓				395,984	o	108,927
(5) Terry Lee	43.9									
Executive Vice President					✓			284,315	0	87,190
(6) Nathan Brown	50.0			- 1						
Sr Vice President/Chief Operating Officer					✓			400,440	0	<u>81,913</u>
(7) Jeff Bowman	45.0		ŀ		I	1			•	
Sr Vice President/Chief Administrative Officer						✓		364,833	0	57,982
(8) Brad Edwards	50.0				ı					
Vice President/Power Production				_		<b>✓</b>		268,249	0	103,437
(9) Steve McElhaney	42.0	ŀ								
Sr Vice President/Compliance				4		<b>✓</b>		211,981	0	75,020
(10) Trip Farris	41.6	ŀ		i						
Plant Superintendent			_		_	<b>✓</b>		188,113	0	47,856
(11) Gary Hutson	50.0			_		_				
Vice President/Power Supply	<u> </u>				_	<b>√</b>		187,273	0	48,225
(12) Brad Wolfe	42.0	- 1	İ			- 1				
Sr Vice President/ Power Delivery			_		✓		_	259,939	. 0	89,389
(13)		- 1							Ì	
(14)	1		-	$\dashv$	+		$\dashv$			<del></del>
<u> </u>	+					ľ		·		



rei	Section A. Officers, Directors, Trus	tees, Key E	mpio	yee	s, a	na i	igne	ST C	ompensated E	mployees	(contir	nuea)	
	(A) Name and title	(B) Average	box,	unles	Pos neck ss pe	erson	e than is bot or/trus	h an	(D)  Reportable compensation	(E) Reporta compensatio	on from	(F) Estima amoun	t of
		week (list any hours for related lorganizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizat (W-2/1099-	ions	othe compens from t organiza and rela organiza	ation he ation ated
	arold Pittman	3.5	1										
Direct	ohn Reed			-	-			╂	800		0		
Direct		3.1	1						20.400		اہ		
	liabaal Cmith	4.2	-	$\vdash$				1	22,400		0		
Direct		4.2	1						20.000		ا		
	andy Smith	4.4	- <del></del>					-	28,000		0		
Direct			1					1	27 600		o		,
	/illiam D. Smith	8.8				Η.			37,600				
Direct		0.0	1						20 200		ام		
	fillions I/ Could	2.7	•					1	30,300		0	·	
Direct		<u></u>	1					1 1	8,900		o		
	onnio Thianon	3.5			$\dashv$			Н	8,900				
Direct		3.3	1						2,800		o		
	ouis Thompson	2.6							2,800				
Direct		2.0	1						24,800		0		
	ames Ventress	2.8		$\dashv$	-	$\dashv$			24,800				
Direct		2.0	1	ł		ł		lĺ	10.600		0		0
	andy Wallace	4.4			{	$\dashv$		┤┤	19,600		-	· ,	
Direct		· <del>?:?</del>	1			ļ			20 200		ام		•
	awrence Warren	1.1	-	$\dashv$					30,300		0		0
Direct			1						20 900				•
1b	Sub-total								20,800 590,000		0		0
c	Total from continuation sheets to Part	 VII Section	 n Δ	•		•	•				0		0
d	Total (add lines 1b and 1c)	•		•	•	•	•		3,461,389		0		802,350
2	Total number of individuals (including but						hove	1 100	4,051,389	ro than C1		) of	802,350
_	reportable compensation from the organiz		נט נווי	USE	1151	eu a	iDOVE	s) vvi	57	ile man pi	00,000	JOI	
3	Did the organization list any former off employee on line 1a? If "Yes," complete S	icer, dırect						mpl		est compe	nsated	Ye 3	
4	For any individual listed on line 1a, is the organization and related organizations undividual												fg.
5	Did any person listed on line 1a receive or for services rendered to the organization?									ation or inc	lıvidua 	1 (1967) 5	, s -
Section	on B. Independent Contractors							_		·			
1	Complete this table for your five highest c compensation from the organization. Repoyear.												tax
	(A)  Name and business addre	ess							(B) Description of se	rvices — —		(C) Compensation	<del>-</del>
SIEME	IEMENS ENERGY 4400 ALAFAYA TRAIL, ORLANDO, FL 32826 POWER PLANT MAINT & REP 13,502,449												
	NS DEMAG DELAVAL TURBOMACHINERY 84							TUR	BINE PARTS			7,	624,174
ETHOS	ENERGY POW. PLT. SVC 12600 DEERFIELD	PARKWAY	, ALP	HAR	ETT	ΓA,C	A	TUR	BINE INSP/REF	AIR			413,517
	CKAGED POWER, 16415 JACINTOPORT BLV							TUR	BINE INSP/REF	AIR		2,	410,591
	AND MCDONNELL ENGINEERING 9400 WAR	RD PARKWA	<u> </u>	ANS.	AS (	CITY	/, M	ENG	INEERING & C	AP PROJE		1,	783,556
2	Total number of independent contractors							tho	se listed abo	/e) who			12.4
	received more than \$100,000 of compensa	tion from th	ne org	anız	atıc	on 🕨	•		98	1/	*5 * 1	24	



Par	VIII						
	-	Check if Schedule O contains a re-	sponse or note to	o any line in this (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a					
ğ a	b	Membership dues 1b					
S, C	С	Fundraising events 1c					
ar jit	d	Related organizations 1d			ļ		
S, E	е	Government grants (contributions) 1e			1		
i si	f	All other contributions, gifts, grants,		ļ	1		
a per		and similar amounts not included above 1f					
<u> </u>	g	Noncash contributions included in lines 1a-1f. \$			1		
Sor	h	Total. Add lines 1a-1f					
			Business Code				
Program Service Revenue	2a	REVENUE FROM MEMBERS	221000	727,968,660	727,968,660		
Pe	ь	REVENUE FROM NON-MEMBERS	221000	83,329,598	83,329,598		
8	c	PROGRAM RELATED INVESTMENTS	221000	10,725,837	10,725,837		
Ž	d		22 1000	10,723,637	10,723,837		
ဖွဲ့							
ᄪ	e	All other program contine revenue					
ē.	f	All other program service revenue .	•	222.224.225			<u> </u>
-	<u>g</u> 3	<b>Total.</b> Add lines 2a–2f		822,024,095	· ·		
	3	and other similar amounts)			1		
	4	Income from investment of tax-exempt b	L				
j	4		<u>-</u>		<del></del>		
	5	Royalties	(ii) Personal			·	
	•		(ii) i ersona.	-	I		
ŀ	6a	Gross rents	-	}	i	4	
	b	Less: rental expenses	1	Ī	1	ja -	
-	С	Rental income or (loss)					
- 1	_d	``````````````````````````````````````	•				
Ì	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory	35,904		<u> </u>		
i	b	Less: cost or other basis					
		and sales expenses .					
l	C	Gain or (loss)					
- 1	d	Net gain or (loss)	<u> ▶ </u>	35,904	35,904		
venue	8a	Gross income from fundraising events (not including \$					
Other Reve		of contributions reported on line 1c). See Part IV, line 18 a					
<b>a</b>	b	Less: direct expenses b					
_		Net income or (loss) from fundraising	events . >				
	9a	Gross income from gaming activities. See Part IV, line 19 a				,	
Í	b	Less: direct expenses b	,		_		
		Net income or (loss) from gaming act	ivities ▶				
	10a	Gross sales of inventory, less					
ŀ		returns and allowances a	,		1		
.	b-	Less: cost of goods sold b	·	-	1	-	
		Net income or (loss) from sales of inv					<del></del>
-		Miscellaneous Revenue	Business Code		<del>-</del>		1
+	11a		+				J
	b		<del>                                     </del>				<del></del>
•	C	All other revenue					<del></del>
ļ	d	All other revenue					<del></del>
- 1	-	Total Add lines 11a-11d	<b>-</b>				1
- 1	12	<b>Total revenue.</b> See instructions		822.059.999	822.059.999	Į.	



#### Part IX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns. A	VI other organization	ns must complete co	lumn (A).
	Check if Schedule O contains a respons	·			
	ot include amounts reported on lines 6b, 7b, o, 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	140,500			
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		_		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	23,305,999 3,226,601		-	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	34,334,711			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,572,204			
9	Other employee benefits	5.357.001			
10	Payroll taxes	3,005,941			
11	Fees for services (non-employees):	5,555,511		-	
a	Management	o		İ	
b	Legal	2,195,062			
c	Accounting	226,055			
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	240,760			
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	572,131			
12	Advertising and promotion	474,808			
13	Office expenses	2,194,846			
14	Information technology	769,330			
					<del></del>
15	Royalties	0			<del> </del>
16	Occupancy	0			
17 18	Travel	628,043			
19	Conferences, conventions, and meetings .	0			
20	Interest	46,545,104			
	F		-		<del>-</del> ·
21	Payments to affiliates	0 772 774			
22	Depreciation, depletion, and amortization .	83,773,771			
23	Insurance	139 238			····
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.)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A STATE OF THE STA		
a	Purchased Power for Resale to Members	343,135,718			<del> </del>
_b_	Nat. Gas, Nuclear Fuel, Coal	160,841,870			
C	Generation Plt. Operating&Maint. Expense	52,351,141		-	
d	Transmission Sys. Oper. & Maint. Expense	38,680,689			
е	All other expenses	13,487,714			
25	Total functional expenses. Add lines 1 through 24e	822,059,999			
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)				

34



#### Form 990 (2016) Page 11 Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X End of year Beginning of year 9,050,142 1 14,954,757 2 2 16,063,667 26,394,351 3 3 4 4 68,621,576 64,605,326 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 7 7 8 Inventories for sale or use . . . . . 65,828,925 48,936,921 Prepaid expenses and deferred charges . . . 106,966,151 107,523,933 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 2,351,248,229 10b 10c Less: accumulated depreciation . . . . 1,007,844,823 1,374,414,512 1,343,403,406 11 Investments—publicly traded securities . . . . . . 11 12 Investments-other securities. See Part IV, line 11 . 12 Investments-program-related. See Part IV, line 11 . . . . . . 13 78,027,449 13 68,633,438 14 14 15 97,871 15 87.464 1,709,665,875 16 1,683,944,014 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . . 17 149,721,667 17 143,402,752 18 18 19 19 20 20 35,430,000 34,405,000 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 21 Loans and other payables to current and former officers, directors, \*/ 4 Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L. . . . . . . . 22 Secured mortgages and notes payable to unrelated third parties . . . 948,862,117 23 842,447,030 23 Unsecured notes and loans payable to unrelated third parties . . . 12,853,091 24 84,018,747 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 208,165,948 25 206,134,632 Total liabilities. Add lines 17 through 25 . . . 26 26 1,355,032,823 1,310,408,161 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and **Assets or Fund Balances** complete lines 27 through 29, and lines 33 and 34. 27 27 28 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds . . . . . . . . . 0 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 0 31 Retained earnings, endowment, accumulated income, or other funds -32-32 354,633,052 373,535,853 Net 33 33 354,633,052 373,535,853

Total liabilities and net assets/fund balances . . . . . . . . . . .

1,683,944,014 Form **990** (2016)

1,709,665,875



Par	t XI Reconciliation of Net Assets				
Lai	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)	11			. <u> </u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			59,999
3	Revenue less expenses. Subtract line 2 from line 1	3			0
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		354.6	33.052
5	Net unrealized gains (losses) on investments	5		00,1,0	
6	Donated services and use of facilities	6			<del></del>
7	Investment expenses	7	_		
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		18.9	02,801
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			,.	
	33, column (B))	10		373.5	35.853
Part	XII Financial Statements and Reporting	<del></del>			
	Check if Schedule O contains a response or note to any line in this Part XII				. 🗸
				Yes	No
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," ex	plain in			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		1
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled or		•	
	reviewed on a separate basis, consolidated basis, or both:			}	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	1	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a			
	separate basis, consolidated basis, or both:			,	
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or				
	of the audit, review, or compilation of its financial statements and selection of an independent account		2c	1	<u></u>
	If the organization changed either its oversight process or selection process during the tax year, ex	plain in			
	Schedule O.			<u> </u>	<b> </b>
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?	• • •	3a	✓	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	ergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b	<u>√</u>	<u> </u>
			Fort	n <b>99</b> 0	(2016)



#### 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.

20**16**Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of	the organization		Employer identification number
Cooper	ative Energy		64-0367992
Part			ds or Accounts.
	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) .		
	Aggregate value at end of year		
	Did the organization inform all donors and donor funds are the organization's property, subject to th		
	Did the organization inform all grantees, donors, a only for charitable purposes and not for the benet conferring impermissible private benefit?	fit of the donor or donor advisor, or fo	or any other purpose
Part			
	Complete if the organization answered '		
[ [ 2	Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., recreat Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization here easement on the last day of the tax year.	tion or education)	a certified historic structure
a	Total number of conservation easements		2a
ь -	Total acreage restricted by conservation easement	is	1 1
	Number of conservation easements on a certified h		
d l	Number of conservation easements included in		on a
	Number of conservation easements modified, trans ax year ▶	sferred, released, extinguished, or term	ninated by the organization during the
5 I	Number of states where property subject to conser Does the organization have a written policy requirions, and enforcement of the conservation ear	garding the periodic monitoring, insp	
6	Staff and volunteer hours devoted to monitoring, inspect	ting, handling of violations, and enforcing o	conservation easements during the year
	Amount of expenses incurred in monitoring, inspectin  \$	g, handling of violations, and enforcing of	conservation easements during the year
	Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of	section 170(h)(4)(B)(i)
l C	n Part XIII, describe how the organization reports of palance sheet, and include, if applicable, the text of prganization's accounting for conservation easeme	of the footnote to the organization's fina ents.	ancial statements that describes the
Part I	Complete if the organization answered "	'Yes" on Form 990, Part IV, line 8.	
•	f the organization elected, as permitted under SFA works of art, historical treasures, or other similar public service, provide, in Part XIII, the text of the fo	assets held for public exhibition, ed	ucation, or research in furtherance of
•	f-the-organization-elected, as permitted under-SI vorks of art, historical treasures, or other similar bublic service, provide the following amounts relations.	assets held for public exhibition, ed	
2	i) Revenue included on Form 990, Part VIII, line 1 ii) Assets included in Form 990, Part X	historical treasures, or other similar	▶ \$ assets for financial gain, provide the
	ollowing amounts required to be reported under Si		
a F	Revenue included on Form 990, Part VIII, line 1 .		<b>&gt;</b> \$
<b>b</b> /	Assets included in Form 990, Part X	<u> </u>	<b>&gt;</b> \$



Par	t III Organizations Maintaining								
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and ot	her reco	rds, ched	k any of th	e follow	ring that are a s	significant u	se of its
а	☐ Public exhibition		d	☐ Loan	or exchang	e progr	ams		
b	☐ Scholarly research								
С	☐ Preservation for future generations	<b>S</b>							
4	Provide a description of the organizat XIII.		and expl	ain how t	hey further	the org	anization's exe	mpt purpose	e in Part
5	During the year, did the organization assets to be sold to raise funds rather							_	□ No
Par	IV Escrow and Custodial Arra	ngements.							•
	Complete if the organization 990, Part X, line 21.								orm
1a	Is the organization an agent, trustee, included on Form 990, Part X?							ot 🗌 Yes	☐ No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the fo	llowing to	able:		A	mount	
С	Beginning balance					1c			
đ	Additions during the year					1d			4, 4,
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amoun					stodial	account liability	/? 🗌 Yes	☐ No
b	If "Yes," explain the arrangement in Pa	art XIII. Check here	if the ex	colanation	n has been	provide	d on Part XIII .		
	EV Endowment Funds.							-	
	Complete if the organization	answered "Yes"	on For	m 990, f	Part IV, line	10.			
		(a) Current year		or year	(c) Two years		(d) Three years bac	k (e) Four yea	ars 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					1			
f	Administrative expenses							<del></del>	
g	End of year balance								
2	Provide the estimated percentage of the	ne current vear end	d balanc	e (line 1a	column (a)	) held a	s:		
a	Board designated or quasi-endowmen	•	%	o (iiilo 19	, 001411111 (4)	, 1101a a			
b	Permanent endowment	%	-70						
c	Temporarily restricted endowment ▶	· <sup>/</sup>							
•	The percentages on lines 2a, 2b, and 2		nn%						
3a	Are there endowment funds not in the organization by:			zation tha	it are held a	and adn	ninistered for th	e <b>Ye</b>	s No
								3a(i)	3 140
								3a(ii)	+
ь	If "Yes" on line 3a(ii), are the related or				hedule R2			3b	<del></del>
4	Describe in Part XIII the intended uses							30 ]	<del></del>
Part			ii a ciido	WITICITE TO				<del> </del>	
rart	Complete if the organization		on For	~ 000 E	art IV line	112 9	Soo Form 990	Part Y line	10
	Description of property	(a) Cost or oth	er basıs	(b) Cost o	other basis	(c) A	ccumulated preciation	(d) Book va	
	Lond	<u> </u>							450.005
1a - — h -	Land		,459,397				100 100 100		459,397
ь	Büildings	329,	718,120	· · · · · · · · · · · · · · · · · · ·			186,182,186		535,934
C	Leasehold improvements		843,925				475,905		368,020
d	Equipment		,614,283				703,754,093		860,190
e Total	Other		,612,504	/ acl::	/D) line 10	- 1	117,432,639		179,865
ı otal.	Add lines 1a through 1e. (Column (d) me	usi equai rorm 99	υ, raπ X	., column	וווו אווו, נסן, ווווe ו	<i>)</i>	· · · 🚩 📗	7,343,	403,406



(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of hability (b) Book value  (1) Federal income taxes (2) Accum. Provision for Pensions&Benefits 13,219,791 (3) Asset Retirement Obligations 100,850,025 (4) Capital Lease -dissolved 1,019,456 (5) Deferred Credit-Power Cost Adjustment 24,775,968 (6) Deferred Credit-Economic Development Grants 4,256,952 (7) Def. Credit-Power Supply Development Fund 35,000,000 (8) Def. Credit-Depr.&Amortization Fund 10,000,000 (9) Def. Credit-Medical Insurance Contribution Acct 1,928,347	Part VII	Investments – Other Securities		000 Part IV II	ine 11h See Form	n 990 Part Y line 12
20 Closely-held equity interests		(a) Description of security or category			(c) Me	thod of valuation
(3) Other   (3)   (6)   (7)   (7)   (7)   (7)   (8)	(1) Financia	I derivatives				
(i) (ii) (ii) (iii)  (2) Closely-	held equity interests	[				
(i) (ii) (ii) (iii)  (3) Other						
C    C    C    C    C    C    C    C	(A)					
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.   (a) Description of investment   (b) Book value   (c) Method of valuation. Cost or end-of-year market value						
(6) (7) (8) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10						
(G) (G) (H) Total, (Column (b) must equal Form 990, Part X, oil (B) line 12.) ▶    Part VIII   Investments → Program Related.						
(6) (7) (8) (9) (9) (101.				· -	-  -	
(b)   Control (b)   must squal Form 930, Part X of (B) line 12) ▶						
Total, (Column (b) must equal Form 990, Part X, col. (B) line 12						
Investments - Program Related.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.    (a) Description of investment   (b) Book value   (c) Method of valuation. Cost or end-of-year market value		(h) must equal Form 99() Part X col (R) line 12 )			TE STORY OF THE	Sign Adjusted Little
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part IV, line 13.  (a) Description of investment (b) Book value (c) Method of valuation. Cost or end-of-year market value (c) (d) (e) (e) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g			<u>.</u>			
(e) Description of investment (b) Book value (c) Method of valuation. Cost or end-of-year market value (f) Cost or end-of-year for end-of-year for end of year for end of	TOTOTIM			990, Part IV, li	ne 11c. See Form	990, Part X, line 13.
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) Accum. Provision for Pensions&Benefits 13,219,791 (3) Asset Retirement Obligations 100,850,025 (4) Capital Lease dissolved — 1,019,456 (5) Deferred Credit-Power Cost Adjustment 24,775,968 (5) Deferred Credit-Power Cost Adjustment 24,775,968 (5) Deferred Credit-Power Supply Development Fund 35,000,000 (6) Def. Credit-Power Supply Development Fund 10,000,000 (7) Def. Credit-Medical Insurance Contribution Acct 1,928,347						
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Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.   ►						
Part IX   Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.		(h) must equal Form 990 Part Y col (R) line 13 )				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (c) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of hability (b) Book value (1) Federal income taxes (2) Accum. Provision for Pensions&Benefits 13,219,791 (3) Asset Retirement Obligations 100,850,025 (4) Capital Lease dissolved — — — 1,019,456 (5) Deferred Credit-Power Cost Adjustment 24,775,968 (6) Deferred Credit-Conomic Development Fund 35,000,000 (9) Def. Credit-Depr.&Amortization Fund 10,000,000 (9) Def. Credit-Medical Insurance Contribution Acct 1,928,347					<u> </u>	
(a) Description (b) Book value (c) (c) (d) (d) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	Turtix		wered "Yes" on Form	990. Part IV. li	ne 11d. See Form	990, Part X, line 15.
(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of hability (b) Book value (1) Federal income taxes (2) Accum. Provision for Pensions&Benefits 13,219,791 (3) Asset Retirement Obligations 100,850,025 (4) Capital Lease -dissolved — — — — — — — — — — — — — — — — — — —						
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(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) Accum. Provision for Pensions&Benefits 13,219,791 (3) Asset Retirement Obligations 100,850,025 (4) Capital Lease -dissolved 1,019,456 (5) Deferred Credit-Power Cost Adjustment 24,775,968 (6) Deferred Credit-Power Cost Adjustment 4,256,952 (7) Def. Credit-Power Supply Development Fund 35,000,000 (8) Def. Credit-Depr.&Amortization Fund 10,000,000 (9) Def. Credit-Medical Insurance Contribution Acct 1,928,347	(5)					
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) Accum. Provision for Pensions&Benefits 13,219,791 (3) Asset Retirement Obligations 100,850,025 (4) Capital Lease -dissolved — — 1,019,456 (5) Deferred Credit-Power Cost Adjustment 24,775,968 (6) Deferred Credit-Economic Development Grants 4,256,952 (7) Def. Credit-Power Supply Development Fund 35,000,000 (8) Def. Credit-Depr.&Amortization Fund 10,000,000 (9) Def. Credit-Medical Insurance Contribution Acct 1,928,347	(6)					
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Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes  (2) Accum. Provision for Pensions&Benefits 13,219,791  (3) Asset Retirement Obligations 100,850,025  (4) Gapital Lease -dissolved — — — 1,019,456  (5) Deferred Credit-Power Cost Adjustment 24,775,968  (6) Deferred Credit-Economic Development Grants 4,256,952  (7) Def. Credit-Power Supply Development Fund 35,000,000  (8) Def. Credit-Medical Insurance Contribution Acct 1,928,347		· · · · · · · · · · · · · · · · · · ·				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes  (2) Accum. Provision for Pensions&Benefits 13,219,791  (3) Asset Retirement Obligations 100,850,025  (4) Capital Lease -dissolved — — — — 1,019,456  (5) Deferred Credit-Power Cost Adjustment 24,775,968  (6) Deferred Credit-Economic Development Grants 4,256,952  (7) Def. Credit-Power Supply Development Fund 10,000,000  (8) Def. Credit-Medical Insurance Contribution Acct 1,928,347	(9)	mp (h) must equal Form 990, Part Y or	ol (R) line 15 )			
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of hability (b) Book value  (1) Federal income taxes  (2) Accum. Provision for Pensions&Benefits 13,219,791  (3) Asset Retirement Obligations 100,850,025  (4) Capital Lease - dissolved — — — — — — 1,019,456  (5) Deferred Credit-Power Cost Adjustment 24,775,968  (6) Deferred Credit-Economic Development Grants 4,256,952  (7) Def. Credit-Power Supply Development Fund 35,000,000  (8) Def. Credit-Depr.&Amortization Fund 10,000,000  (9) Def. Credit-Medical Insurance Contribution Acct 1,928,347			л. (Б) iii е то.)	<u> </u>		
line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes  (2) Accum. Provision for Pensions&Benefits 13,219,791  (3) Asset Retirement Obligations 100,850,025  (4) Capital Lease -dissolved — — — — 1,019,456  (5) Deferred Credit-Power Cost Adjustment 24,775,968  (6) Deferred Credit-Economic Development Grants 4,256,952  (7) Def. Credit-Power Supply Development Fund 35,000,000  (8) Def. Credit-Medical Insurance Contribution Acct 1,928,347	raitx		wered "Yes" on Form	990. Part IV. li	ne 11e or 11f. Se	e Form 990. Part X.
1. (a) Description of hability (b) Book value  (1) Federal income taxes  (2) Accum. Provision for Pensions&Benefits 13,219,791  (3) Asset Retirement Obligations 100,850,025  (4) Capital Lease -dissolved — — — — — — — 1,019,456  (5) Deferred Credit-Power Cost Adjustment 24,775,968  (6) Deferred Credit-Economic Development Grants 4,256,952  (7) Def. Credit-Power Supply Development Fund 35,000,000  (8) Def. Credit-Medical Insurance Contribution Acct 1,928,347		,		,		• · • · · · · · · · · · · · · · · · · ·
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(3) Asset Retirement Obligations100,850,025(4) Capital Lease -dissolved- 1,019,456(5) Deferred Credit-Power Cost Adjustment24,775,968(6) Deferred Credit-Economic Development Grants4,256,952(7) Def. Credit-Power Supply Development Fund35,000,000(8) Def. Credit-Depr.&Amortization Fund10,000,000(9) Def. Credit-Medical Insurance Contribution Acct1,928,347		ncome taxes				
(3) Asset Retirement Obligations100,850,025(4) Capital Lease -dissolved- 1,019,456(5) Deferred Credit-Power Cost Adjustment24,775,968(6) Deferred Credit-Economic Development Grants4,256,952(7) Def. Credit-Power Supply Development Fund35,000,000(8) Def. Credit-Depr.&Amortization Fund10,000,000(9) Def. Credit-Medical Insurance Contribution Acct1,928,347	(2) Accum.	Provision for Pensions&Benefits	13,219,7	91		
(4)Capital Lease -dissolved- 1,019,456(5)Deferred Credit-Power Cost Adjustment24,775,968(6)Deferred Credit-Economic Development Grants4,256,952(7)Def. Credit-Power Supply Development Fund35,000,000(8)Def. Credit-Depr.&Amortization Fund10,000,000(9)Def. Credit-Medical Insurance Contribution Acct1,928,347						
(5) Deferred Credit-Power Cost Adjustment 24,775,968 (6) Deferred Credit-Economic Development Grants 4,256,952 (7) Def. Credit-Power Supply Development Fund 35,000,000 (8) Def. Credit-Depr.&Amortization Fund 10,000,000 (9) Def. Credit-Medical Insurance Contribution Acct 1,928,347			<u> </u>	56		
(6) Deferred Credit-Economic Development Grants 4,256,952 (7) Def. Credit-Power Supply Development Fund 35,000,000 (8) Def. Credit-Depr.&Amortization Fund 10,000,000 (9) Def. Credit-Medical Insurance Contribution Acct 1,928,347			24,775,9	68		
(7) Def. Credit-Power Supply Development Fund 35,000,000 (8) Def. Credit-Depr.&Amortization Fund 10,000,000 (9) Def. Credit-Medical Insurance Contribution Acct 1,928,347			4,256,9	52		
(9) Def. Credit-Medical Insurance Contribution Acct 1,928,347	(7) Def. Cre	dit-Power Supply Development Fund	35,000,0	00		
	(8) Def. Cre	dit-Depr.&Amortization Fund		<del></del>		
Total, (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ \ 206 134 632		edit-Medical Insurance Contribution Acct	<del></del>	_		

_	17	)
d	Financ	ial

Part	Reconciliation of Revenue per Audited Financial Staten Complete if the organization answered "Yes" on Form 990,			Return.	
1	Total revenue, gains, and other support per audited financial statements			1	811,298,258
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a		1	
b	Donated services and use of facilities			]	
С	Recoveries of prior year grants	2c		}	
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		]	
b	Other (Describe in Part XIII.)	4b	10,761,741		
C	Add lines <b>4a</b> and <b>4b</b>			4c	10,761,741
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	822,059,999
Part				er Return	l <b>.</b>
	Complete if the organization answered "Yes" on Form 990,	, Part IV,	line 12a.		
1	Total expenses and losses per audited financial statements			1	798,754,000
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	2b		*	
C	Other losses		=-		
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			*> ,	
	Investment expenses not included on Form 990, Part VIII, line 7b	F			
	Other (Describe in Part XIII.)		23,305,999		
	Add lines <b>4a</b> and <b>4b</b>			4c	23,305,999
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.	ne 18.) .	· · · · · ·	5	822,059,999
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this par	t to provid	le any additional in	formation.	
	Line 4b-Other Adjustments:Interest income in the amount of \$9,815,003, net				35,904, and
patrona	age income in the amount of \$910,834 are shown as non-operating margins in	n the audit	ed financials, but in	cluded as	
revenu	e on Form 990 .				
Part XII	Line 4b-Other Adjustments: 2016 net margin of \$23,305,999 is reflected as e	xpense on	the Form 990 since	the margi	1
is alloc	ated to the 11 members as patronage capital, though no payment was made	to the mer	nbers in 2016 for thi	s allocated	<u> </u>
patrona	age capital.				
- <b>-</b>					



Schedule D (Form 990) 2016

Part XIII	Supplemental Information (contin	ued)		
***************************************				
Part X-Other	Liabilities(continued)		 	
	-Quality of Life Fund	\$18,553		
	Gain Decommissioning Trust	\$4,584,087		
	Gain Natural Gas Hedges	\$9,167,130		
	Gain- Financial Transmission Rights	\$1,314,323		
*				
			 	·
***************************************			 	

Page 5

# SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

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

OMB No 1545-0047

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Open to Public Inspection

**ECONOMIC DEVELOPMENT ECONOMIC DEVELOPMENT ECONOMIC DEVELOPMENT ECONOMIC DEVELOPMENT** ECONOMIC DEVELOPMENT ECONOMIC DEVELOPMENT **ECONOMIC DEVELOPMENT ELECTRICITY IN DEV. NATI** Lineman Training Program **ջ** □ Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form (h) Purpose of grant or assistance Employer identification number 3 √ Yes 64-0367992 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 (f) Method of valuation (book, FMV, appraisal, other) Cat No 50055P Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 0 0 0 0 0 0 0 C (e) Amount of non-cash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 25,000 10,000 25,000 25,000 20,000 10,000 10,000 8,000 7,500 (d) Amount of cash grant Enter total number of other organizations listed in the line 1 table (c) IRC section (if applicable) For Paperwork Reduction Act Notice, see the Instructions for Form 990. the selection criteria used to award the grants or assistance? 501(c)(12) 501(c)(12) General Information on Grants and Assistance 501(c)(12) 501(c)(12) 501(c)(12) 501(c)(3) 501(c)(3) 501(c)(6) 501(c)(3) 64-0243969 64-0239641 64-0183177 64-0146265 64-0146265 57-0884979 64-0293716 52-1409279 64-0588668 (p) EIN 4301 WILSON BLVD. ARLINGTON, VA (2) JACKSON COU. ECON. DEV. FOR P.O. BOX 88 LAUREL, MS 39441-0088 (4) Greenwood Leflore Carroll Econd P.O. BOX 60 TAYLORSVILLE, MS 391 (3) ECONOMIC DEV. AUTH.-JONES P.O. Box 9399 Greenwood, MS 38930 P.O. Box 9399 Greenwood, MS 38930 P.O. BOX 767 LUCEDALE, MS 39452 1 (a) Name and address of organization or government (9) MS Gulf Coast Comm College P.O. Box 99 Perkinston, MS 39573 (8) NRECA INTL. FOUNDATION (6) AREA DEV. PARTNERSHIP ONE CONV. CNTR PLAZA 39401 (7) MS ECONOMIC COUNCIL PO BOX 23276 JACKSON, MS (5) DELTA STRONG (1) CITY OF NEWTON Name of the organization Sooperative Energy Part II Partl 12

Schedule I (Form 990) (2016)

Schedule I (Fo	Schedule I (Form 990) (2016)					Page 2	22
Part III	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 to Domestic Individue Iditional space is needed	ils. Complete if the	organization answ	rered "Yes" on Form 990,	Part IV, line 22.	1
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance	<b>4</b> 1
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2							1 1
9							Ì
7							1
Part IV	Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	Provide the information re	equired in Part I, lin	ne 2; Part III, colum	n (b); and any other addit	ional information.	1 1
PART I, LINE 2:	IE 2:						1
THE COOP	THE COOPERATIVE ENERGY BOARD OF DIRECTORS EVALUATES REQUESTS, SUBSEQUENT TO SCREENING BY MEMBER SYSTEM BOARD OF	CTORS EVALUATES REQUES	STS, SUBSEQUENT TO	) SCREENING BY MEA	MBER SYSTEM BOARD OF		-
DIRECTOR	DIRECTORS, FOR PROJECTS THAT WILL ENHANCE OR STIMULATE	ANCE OR STIMULATE ECON(	ECONOMIC GROWTH IN				į
MEMBER S	MEMBER SYSTEM AREAS, THE COOPERATIVE ENERGY BOARD APPROVES THESE REQUESTS PRIOR TO DISBURSEMENT.	ENERGY BOARD APPROVE	S THESE REQUESTS	PRIOR TO DISBURSE	MENT.		į
							1
PART II, ITEMS 1-5	EMS 1-5						į
COOPERA	COOPERATIVE ENERGY ISSUED PAYMENT TO MEMBER DISTRIBUTION COOPERATIVES. THE MEMBER DISTRIBUTION COOPERATIVE IN TURN	MEMBER DISTRIBUTION CC	OPERATIVES. THE M	EMBER DISTRIBUTION	N COOPERATIVE IN TURN		i
ISSUED PA	ISSUED PAYMENT TO ENTITIES DENOTED IN COLUMN 1 (A). EIN, ADDRESS, AND IRC SECTION REPORTED IN PART II ARE THOSE FOR THE	COLUMN 1 (A), EIN, ADDRES!	S, AND IRC SECTION F	REPORTED IN PART II	ARE THOSE FOR THE		į
MEMBER D	MEMBER DISTRIBUTION COOPERATIVE.						į
							i
							j
						Schedule I (Form 990) (2016)	6

	P. Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  P. Attach to Form 990, Part IV, line 23.  P. Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. Inspection	ganization Temployer identification number Employer identification number iden	Part I Questions Regarding Compensation  Yes No  The Chack the environ listed on Form I the parameters of the following to be for a normal listed on Form I the following to be for a normal listed on Form I the following to be for a normal listed on Form I the following to be for a normal listed on Form I the following to be for a normal listed on Form I the following to be form I the following to
SCHEDULE J	Department of the Treasury	Name of the organization	Part I Questions
(Form 990)	Internal Revenue Service	Cooperative Energy	

			Yes	ŝ	
<del>a</del>	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items    Interpretate the companions   Interpretate the co				
٩	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	9			
84	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	7	`		
ო	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.  Compensation committee  I compensation contract  I compensation consultant  I Approval by the board or compensation committee				
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization				
<b>a</b> 2	Receive a severance payment or change-of-control payment?  Participate in or receive payment from a supplemental proportialitied retirement plan?	<del>2</del> 4			
O	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	40			
S	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of				
e Q	The organization? Any related organization? If "Yes" on line 5a or 5h clearche in Part III	5a 5b			
ø	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		,	\$	
e Q	The organization? Any related organization? If "Yes" on line 6a or 6b, describe in Part III	සි පි			
~	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	^			
<b>∞</b>	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	<u>!</u>			
6	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53,4958-6(c)?	6			
ė. Pi	For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50053T Schedul	Schedule J (Form 990) 2016	2rm 99(	0) 2016	

Schedule J (Form 990) 2016

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 aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must (

(B) Breakdown of W-2 and	5	(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	ure total arribunt of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.	a, applicable columr	(D) and (E) amounts	s for that individual.
(A) Name and Title		(I) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(c) hetirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(I)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
James Compton, General	≘ ≘	729,955	98,953	6,004	85,261	17,150	937,323	0
Raymond Haley, Sr. Vice 2 President/CFO	<b>E</b>	358,654	31,859	5,471	91,780	17,147	504,911	0
Terry Lee, Executive Vice 3 President	<b>E E</b>	267,597	11,916	4,802	70,947	16,243	371,505	0
Nathan Brown, Sr. Vice 4 President/Chief OP. Officer	€ €	374,752	17,550	8,138	64,864	17,049	482,353	0
Brad Wolfe, Sr. Vice President / 5 Power Delivery	(1)	242,195	11,639	6,105	73,440	15,949	349,328	0
Jeff Bowman, Sr. Vice President 6 Chief Administrative Officer	(3)	340,451	16,304	8,078	41,091	16,891	422,815	0
Brad Edwards, Vice President/ 7 Power Production	(ii)	252,369	11,484	4,396	87,424	16,013	371,686	0
Steve McElhaney, Sr Vice 8 President/Compliance	€ 🖺	196,852	9,672	5,457	60,077	14,943	287,001	0
9 Trip Farris, Plant Superintendent	<b>E E</b>	173,157	8,660	6,296	33,946	13,910	235,969	0
Gary Hutson, Vice President	<b>E E</b>	175,620	8,759	2,894	33,687	14,538	235,498	0
=	€ €							
12	€ €							
13	€ €							
14	<b>E</b>							
15	<u>e</u>							
16	≘ ≘							
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Schedule J (Form 990) 2016

SCHEDULE K (Form 990)

**Supplemental Information on Tax-Exempt Bonds** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
 ▶ Attach to Form 990.
 ▶ Information about Schedule K (Form 990) and its instructions is at www.lrs.gov/form990.

**Employer identification number** 

Open to Public Inspection

OMB No 1545-0047

201

Name of the organization

Department of the Treasury Internal Revenue Service

(g) Defeased behalf of financing issuer Yes No Yes No Yes No 64-0367992 (f) Description of purpose 24,530,000 SEE PART VI 11,890,000 SEE PART VI (e) Issue price (c) CUSIP # (d) Date issued 10/08/08 10/08/08 60528BAP7 60528BAN2 (b) Issuer EIN 64-0679132 64-0679132 B MISSISSIPPI BUSINESS FINANCE CORPORATI MISSISSIPPI BUSINESS FINANCE CORPORATI (a) Issuer name **Bond Issues** Proceeds Cooperative Energy Part Part II ⋖

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Ţ	Proceeds								
		A	1	_	8	O	4.	Δ	
-	Amount of bonds retired								
7	Amount of bonds legally defeased								
က	Total proceeds of issue		24,530,000		11.890.000				
4	Gross proceeds in reserve funds								
2	Capitalized interest from proceeds		309.794.		150.161				
9	Proceeds in refunding escrows.								
7	Issuance costs from proceeds		76,276		36.972				
Φ	Credit enhancement from proceeds								
တ	Working capital expenditures from proceeds								
9	Capital expenditures from proceeds		24,143,930		11,702,867				
F	Other spent proceeds								
12	Other unspent proceeds								
<del>1</del> 3	Year of substantial completion		2009		2009				
		Yes	Š	Yes	ON	Yes	No	Yes	S.
4	Were the bonds issued as part of a current refunding issue?	>		>					
15	Were the bonds issued as part of an advance refunding issue?		>		>				
16	Has the final allocation of proceeds been made?	`~		>					
17	Does the organization maintain adequate books and records to support the								
	final allocation of proceeds?	>		`					
Par	Part III Private Business Use								
		A			В	S		٥	
•	Was the organization a partner in a partnership, or a member of an LLC,	Yes	N <sub>O</sub>	Yes	No	Yes	No	Yes	No
	which owned property financed by tax-exempt bonds?		`		`				] ;

(24)

Schedule K (Form 990) 2016

Cat No 50193E

Are there any lease arrangements that may result in private business use of

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

bond-financed property? .

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Are there any ritumgement or service contracts that may result in private business are of business and processing the course of the contracts of the course of the contracts of the course of the contract of processing the course of the cours	Part III Private Business Use (Continued)									:
The types of management or seaving contracts that may result in private briskes used of broad-financed property.  The types and management or seaving contracts that may result in private business used or developed by the seaver and					8		O			•
safets to bond-filterable to property of the Version British and the Version B	Are there any management or service contracts that may result in private	Yes	S N	Yes	No	Yes	N <sub>o</sub>	Yes	No.	_
Was for the skid does the experization routinely grappe band course of orther voltation was in margin to result in private business use of reduction of the state	business use of bond-financed property?		1		`					
The state of the search agreements that may result in private business use of the search agreement statement that may result in private business are of the search agreement statement or other statements of the search agreement statement or other statements of the search agreement statement or other statements of the search	If "Yes" to line 3a, idoes the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?									
itisfe counsel to review any research agreement realiting to the filteranced property?  The trans execution (1907) agrantation or a state or transfer on by your organization or a state or disposition or a state or disposition or a state or transfer or the property used in a private business use as a state or transfer or the property used in a private business use as a state or transfer or the property used in a private business use as a state or transfer or the property used in a private business use as a state or transfer or the property used in a private business use as a state or transfer or the property used in a private business use as a state or transfer or the property used in a private business use as a state or transfer or the property used in a private business use as a state or transfer or the property used in a private business use as a state or transfer or the property used in a private business used or the property used in a private business used or the property used in a private business used or the property sold or a state or transfer or the property sold or a state or transfer or the property sold or a state or transfer or the property sold or a state or transfer or the property sold or a state or transfer or the property sold or a state or transfer or the property sold or a state or transfer or the property sold or a state or transfer or the property sold or a state or transfer or the property sold or a state or transfer or the property sold or a state or transfer or the property sold or a state or transfer or the property sold or a state or transfer or the property sold or a state or transfer or the property sold or a state or transfer or the property sold or a state or transfer or the property sold or a state or transfer or the property sold or a state or transfer or the property or the property sold or the property sold or a state or transfer or the property or the property or the property or the property or the property or the property sold or the property or the property or the property o	Are there any research agreements that may result in private business use of bond-financed property?		>		>					
the the acercing of interaction or a stitle or local government was the threat acercing of interaction or a stitle or local government.  In the percentage of interaction or a stitle or local government.  In the percentage of interaction or a stitle or local government.  In the percentage of interaction or a stitle or local government.  In the percentage of the board where its accordance or local government.  In the percentage of the board financed property to a stitle or local government.  In the percentage of the stitle or local government to repeat or local government to stitle or local government to repeat or local government	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?									
Ability of the percendage of financed property used in a private business use as a start or unchasted trade or by your organization, or a state or local government in the percendage of organization or a state or local government test?  **As start or unchasted trade or business activity or payment test?  **As start or unchasted trade or used government test?  **As start or unchasted trade or used government test?  **As start or unchasted trade or used government test?  **As the organization of any of the bond-financed property sold or sposed of it.  **As the organization of any of the bond-financed property sold or sposed of it.  **As the organization of such as a start or unchasted broad to the such as a start or unchasted action taken pursuant to Regulations  **Start organization or the percendage of bond-financed property sold or sposed of it.  **As the organization or the percendage of bond-financed property sold or sposed of it.  **As the organization or the percendage of bond-financed property sold or set as the organization or the date the rebate computation was start or departical or the governmental issuer entered into a qualified or set of the bond issues a variable rate issue?  **Arbitrage**	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		%0		%0		%		%	
State bean as all or dises 4 and 5.  The state bean as all or dises a configuration since the bonds were issued?  The state bean as all or disposition of any of the bond-financed property to a many in the angle of disposition of any of the bond-financed property to a many in the angle of disposition of any of the bond-financed property and or state bean as any remedial action taken pursuant to Regulations  The state of property and or state of the state of	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		%0		%0		%		%	
as the bond issue meet the private security or payment test?  State benefits as the private security or payment test?  State benefits as the private security or payment test?  Yes' to line 8a, enter the percentage of bond-linanced property sold or  Yes' to line 8a, enter the percentage of bond-linanced property sold or  Yes' to line 8a, enter the percentage of bond-linanced property sold or  Yes' to line 8a, was any remedial action taken pursuant to Regulations  State benefits and 1.145-27  Arbitrage  Arbitrage  Betaler 7  Arbitrage Rebate?  Arbitrage Rebate Reba	Total of lines 4 and 5		%0		%0		%		8	
so there been a sale or disposition of any of the bond-financed property to a store been a sale or disposition of any of the bond-financed property sold or sposed of it. I was not the them of the bond-financed property sold or sposed of it. I was not the percentage of bond-financed property sold or sposed of it. I was not the percentage of bond-financed property sold or sposed of it. I was not in the percentage of bond-financed property sold or sposed of it. I was not in the percentage of bond-financed property sold or sposed of it. I was not in the percentage of bond-financed property sold or sposed of it. I was not in the percentage of bond-financed property sold or sposed of it. I was not in the percentage of bond-financed property sold or sposed of it. I was not in the percentage of bond-financed property sold or sposed of it. I was not in the percentage of bond-financed property sold or sposed of it. I was not in the percentage of provider in the	Does the bond issue meet the private security or payment test?		1.							
"Yes," to line 8a, enter the percentage of bond-financed property sold or sposed of . I	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		>		`					
"Yes" to line 8a, was any remedial action taken pursuant to Regulations as the variable taken by the pursuant to Regulations sections 1.141-12 and 1.145-2?  Arbitrage  Arbitrage  Arbitrage  Arbitrage Rebate?  "No" to line 1, clid the following apply?  "Yes" to line 2c, provide in Part VI the date the rebate computation was saft the organization or the governmental issuer entered into a qualified of the bond issue?  "Yes" to line 2c, provide in Part VI the date the rebate computation was saft the organization or the governmental issuer entered into a qualified of as the hedge superintegrated?  "Yes" to line 2c, provide in Part VI the date the rebate computation was as the organization or the governmental issuer entered into a qualified of as the hedge superintegrated?  "Yes" to line 2c, provide in Part VI the date the rebate computation was as the organization or the governmental issuer entered into a qualified of as the hedge superintegrated?  "Yes" to line 2c, provide in Part VI the date the rebate computation was as the organization or the governmental issuer entered into a qualified of as the hedge superintegrated?  "Yes" to line 2c, provide in Part VI the date the rebate computation was as the organization of the bond issue?  "Yes" to line 2c, provide in Part VI the date the rebate computation was as the organization of the governmental issuer entered into a qualified of as the hedge superintegrated?  "Yes" to line 2c, provide in Part VI the date the rebate computation was as the organization of the bond issue?  "Yes" to line 2c, provide in Part VI the date the rebate computation was as the organization of the governmental issuer entered into a qualified of the governmental issuer entered into a qualified of the governmental issuer entered into a qualified of the governmental issuer entered into a qualified of the governmental issuer entered into a qualified of the governmental issuer entered into a qualified of the governmental issuer entered into a qualified of the governmental issuer entered into a quali	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		8		%		8	
as the organization established written procedures to ensure that all and understand written procedures with the quinements under Regulations sections 1.141-12 and 1.145-2?  Arbitrage  Arbitrage  as the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Yes No Y	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								2	
Arbitrage  as the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Ves No Ves	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	`		<b>\</b>						
ed Form 8038-T, Arbitrage Rebate, Yield Reduction and Abitrage Rebate?         Ves         No         Yes         No         Yes         No           Arbitrage Rebate?         Id the following apply?         Y         Y         Y         No         Y         No         Yes         No         Yes         No         Yes         No         Yes         No         Yes										25
ed Form 8038-T, Arbitrage Rebate, Yield Reduction and Arbitrage Rebate?         Yes         No         Yes         No           Arbitrage Rebate?         *		A			8		C	7	0	5)
tid the following apply?	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penatty in Lieu of Arbitrage Rebate?	Yes	₽ >	Yes	S.	Yes	S.	Yes	No	
te?	If "No" to line 1, did the following apply?									
te?	Rebate not due yet?		,		,					
y provide in Part VI the date the rebate computation was a variable rate issue?  It to the bond issue?  It to the	Exception to rebate?		`		,					
y, provide in Part VI the date the rebate computation was a variable rate issue?  a variable rate issue?  tion or the governmental issuer entered into a qualified to the bond issue?  to the bond issue?  LEHMAN BROTHERS S  Definitegrated?  Thin at the computation was the computation was a substituted with the computation was a substituted was a substitute was a substituted was a substitute	No rebate due?		`		,					
tion or the governmental issuer entered into a qualified to the bond issue?  It to the bond	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed									
tion or the governmental issuer entered into a qualified  it to the bond issue?  It to the	Is the bond issue a variable rate issue?		>		•					
	tion or the governmental issuer entered into a	>								
perintegrated?         30.00         30.00           minated?         4         4		EHMAN BR	OTHERS S		ROTHERS S					
,	Ci T	00.00		30.00						
, , , , , , , , , , , , , , , , , , , ,	Was the hadge superintegrated?	,	>		,					
	was the neage terminated?	>		$\setminus$						

Page 3

Schedule K (Form 990) 2016

Part IV Arbitrage (Continued)									1
		4	ł	8		O		ام	٠
	Yes	õ	Yes	N <sub>o</sub>	Yes	Š	Yes	Š	1
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		^		,					
b Name of provider									ı
c Term of GIC									ı
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?									1
6 Were any gross proceeds invested beyond an available temporary period?		>		>					1
7 Has the organization established written procedures to monitor the requirements of section 148?		,							1
PartV Procedures To Undertake Corrective Action				•					ı
		A		8		O		٥	ı
	Yes	No	Yes	No.	Yes	S S	Yes	S.	, 1
声급	<del></del>								
Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K.	sponses to	questions	on Schedu	ile K. See i	See instructions	8			, ,
PART I (F)PURPOSE									ı
THE PURPOSE OF THE BOND ISSUE IS FOR COOPERATIVE ENERGY									ı
TO CONSTRUCT AND INSTALL APPROXIMATELY 2.3 MILES OF NEW									
115KV POWER LINES AND SWITCHING STATIONS IN YAZOO CITY, MS AND 2.8									1 1
MILES OF NEW 115KV POWER LINES AND SWITCHING STATIONS IN ADAMS COUNTY,									
MS. BOND PROCEEDS HAVE ALSO BEEN USED FOR THE PURPOSE OF CONSTRUCTION									, (
AND/OR PURCHASE AND INSTALLATION OF FIXED IMPROVEMENTS IN CONNECTION									
THEREWITH OF THE FOLLOWING PROJECTS LOCATED AT THE FOLLOWING ADDRESSES.	ES:								. V 
1. HEADQUARTERS EXPANSION LOCATED AT 7037 US HWY 49, HATTIESBURG, MS									ر
2. FIELD OPERATIONS CENTER LOCATED AT 3492 HWY 42, HATTIESBURG, MS						-			1
3. PLANT MORROW FACILITIES, BUILDING AND OFFICE RENOVATION LOCATED AT									1
304 OLD OKAHOLA ROAD, PURVIS, MS									1
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#### 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

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.

Open to Public Inspection

Name of the organization	Employer identification number
COOPERATIVE ENERGY	64-0367992
FORM 990, PART VI, SECTION A, LINE 2:	
THE BOARD OF DIRECTORS OF COOPERATIVE ENERGY CONSISTS OF 2	DIRECTORS FROM EACH OF THE 11 MEMBER
NONPROFIT DISTRIBUTION COOPERATIVES THAT OWN COOPERATIVE E	NERGY , PLUS 2 AT-LARGE DIRECTORS WHO ALSO SERVE
ON THE BOARD OF DIRECTORS OF THE MEMBER COOPERATIVE FOR A 1	OTAL OF 24 DIRECTORS. ELEVEN DIRECTORS
SERVING ON COOPERATIVE ENERGY'S BOARD OF DIRECTORS ARE GEN	ERAL MANAGER OF THE MEMBER COOPERATIVE.
THUS THE GENERAL MANAGER AND DIRECTOR FROM EACH MEMBER C	OOPERATIVE HAVE A BUSINESS RELATIONSHIP
WITH EACH OTHER WHILE SERVING AS DIRECTORS FOR COOPERATIVE	ENERGY.
FORM 990, PART VI, SECTION A, LINE 6:	
SEE RESPONSE TO PART VI SECTION A QUESTION 2 ABOVE.	
FORM 990, PART VI, SECTION A, LINE 7A:	
SEE RESPONSE TO PART VI SECTION A QUESTION 2 ABOVE.	
FORM ON DART VI CECTION D. LINE 44.	
FORM 990, PART VI, SECTION B, LINE 11:	
COPY OF THE 2016 FORM 990 WAS REVIEWED WITH THE BUDGET AND	FINANCE
COMMITTEE AND REPORTED TO THE BOARD OF DIRECTORS. ON THE BU	DGET AND
FINANCE COMMITTEE'S RECOMMENDATION, THE BOARD AUTHORIZED T	HE EXECUTION AND
FILING OF THE RETURN.	
	-
CONTRACTOR DE LA CONTRA	
CONFLICT OF INTEREST POLICY ENFORCEMENT - DIRECTORS, OFFICERS	, AND KEY
EMPLOYEES ANNUALLY COMPLETE, AND SIGN, A QUESTIONNAIRE RELA	TIVE TO
INDEDENDENCE RUSINESS RELATIONSHIPS ETC	

Schedule O (Form 990 or 990-EZ) (2016)

Schedule O (Form 990 or 990-EZ) (2016)		Page 2
Name of the organization		Employer identification number
COOPERATIVE ENERGY		64-0367992
		·
	·	
FORM 990, PART VI, SECTION B, LINE 15:		
Cooperative Energy uses several means to inform manage	gement and the board of market changes in	compensation so as to offer competitive
pay to technical and managerial employees. In 2015 Coo	operative Energy participated in a survey by	y Old Dominion Electric
Cooperative which covered the CEO and top managemer	nt positions. I hat survey was shared with the	ne board.
In 2016, the job descriptions of all salaried positions were	re updated and evaluated in conjunction wi	th an outside electric industry consultant.
Part of that review included comparing salary grades will	th market in the industry. Using the survey:	s, the board sets the CEO's salary.
The CEO sets top management's salaries subject to the	payroll budget as approved by the budget a	and finance committee and the board.
Approval of the payroll portion of the budget is part of the	e budget approval process, and documents	ed in the Budget & Finance
committee minutes and board approval documented in t	the minutes.	
FORM 990, PART VI, SECTION C, LINE 19:		•
RECEPTIONISTS HAVE BEEN INFORMED THAT THE FOR	RM 990 WILL BE MADE AVAILABLE. A FOR	M IS UTILIZED FOR PARTIES
REQUESTING A COPY OF THE FORM 990. THIS FORM A	DVISES REQUESTING PARTIES THAT PHO	TOCOPIES WILL
	-	
BE MADE AVAILABLE UPON RECEIPT OF COPYING FEE	S (ALSO SPECIFIED IN THE REQUEST FOR	RM). FINANCIAL STATEMENTS ARE
AVAILABLE ON THE ORGANIZATION'S WEBSITE.		
EODIA OGO DA DE VILLINE O OTRED QUANCE IN ACCET		
FORM 990, PART XI, LINE 9 - OTHER CHANGE IN ASSET	OR FUND BALANCE	
EXCESS OF REVENUES OVER EXPENSES, OR NET MAR	GIN OF \$23,305,999, IS ALLOCATED TO TH	IE 11 MEMBER COOPERATIVES BASED
ON SALES. THIS IS ONLY AN ALLOCATION OF PATRONA	AGE CAPITAL. NO ACTUAL PAYMENT IS N	MADE TO THE
MEMBERS. THIS ALLOCATION OF PATRONAGE CAPITAL	L IS SHOWN AS A FUNCTIONAL EXPENSE	IN PART IX, NUMBER 4, PER FORM 990
INSTRUCTIONS EFFECTIVE FOR 2012 REPORTING. COO	PERATIVE ENERGY DOES NOT INCLUDE T	THIS ALLOCATION OF PATRONAGE
CAPITAL AS AN EXPENSE FOR FINANCIAL REPORTING.	. DURING 2016, PATRONAGE CAPITAL AM	OUNTING TO
\$4,403,198 WAS RETIRED.		
FORM 990, PART XII, LINE 2C:		
THERE WERE NO CHANGES IN THE PROCESS FOR THE	2016 TAX YEAR.	

## F0012

## 2016261574

Fee: \$ 50



#### DELBERT HOSEMANN Secretary of State

P.O. BOX 136 JACKSON, MS 39205-0136 TELEPHONE: (601) 359-1633

## Articles/Certificate of Amendment

#### **Business Details**

**Business ID:** 402243

Business Name: SOUTH MISSISSIPPI ELECTRIC POWER

**ASSOCIATION** 

Future Effective Date: 11/10/2016

#### **Current Business Name**

Business Name: SOUTH MISSISSIPPI ELECTRIC POWER ASSOCIATION

#### **Amended Business Name**

Business Name: Cooperative Energy, a Mississippi electric cooperative

# **Adoption and Approval Voting**

The amendment(s) was(were) adopted on 05/18/2016.

☑ Board of directors without member action and member action was not required.

☐ The members pursuant to statute and the results of the voting on the amendment a	ıre
attached. (The option to attach a file will be displayed on the next screen)	

#### **Signature**

By entering my name in the space provided, I certify that I am authorized to file this document on behalf of this entity, have examined the document and, to the best of my knowledge and belief, it is true, correct and complete as of this day 11/08/2016.

#### Name:

James Compton
Chief Executive Officer

#### Address:

7037 Highway 49 North Hattiesburg, MS 39402