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Firm's address ▶

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Open to Public

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

▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service Inspection ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. For the 2016 calendar year, or tax year beginning 2016, and ending 20 C Name of organization Jefferson Davis Electric Cooperative, Inc. D Employer identification number Check if applicable. Doing business as Address change 72-0362325 Number and street (or P.O. box if mail is not delivered to street address) Boom/suite E Telephone number Name change Initial return 906 N. Lake Arthur Ave 337-824-4330 City or town, state or province, country, and ZIP or foreign postal code Final return/terminated Amended return Jenninas, LA 70546 G Gross receipts \$ 25119677 Application pending F Name and address of principal officer. Michael J. Heinen H(a) Is this a group return for subordinates? Yes Vo No 906 N. Lake Arthur Ave Jennings, LA 70546 H(b) Are all subordinates included? Tyes No. √ 501(c) (12)
√ (insert no)
√ 4947(a)(1) or
√ 527 If "No," attach a list. (see instructions) 501(c)(3) Tax-exempt status: Website: ▶ www.jdec.org H(c) Group exemption number ▶ Form of organization:

Corporation

Trust Association

Other ▶ L Year of formation M State of legal domicile: Part I Summary Briefly describe the organization's mission or most significant activities; Utility service distributing electricity to rural 1 Activities & Governance consumers/members. Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 9 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 51 A Total number of volunteers (estimate if necessary) 6 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 7b 0 Current Year Prior Year Contributions and grants (Part VIII, line 1h) . Revenue Program service revenue (Part VIII, line 2g) 24190331 24970545 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 28338 28758 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 98669 120374 12 Total revenue—add lines 8 through T1 (must equal Pakt AIII) column (A), line 12) 24317338 25119677 Grants and similar amounts paid (Part IX column (A), lines 1-3) 13 Benefits paid to or for members (Part IX, column (A), line 4). Salaries, other compensation, employee benefits (Part IX, column (A)) 14 15 lines 5-10) 386909 395322 Professional fundraising fees (Part X, column (A), line 11e) 16a Total fundraising expenses (Part IX column (D), line 25) b Other expenses (Part IX, column (A), times that 10, 111-24e 17 24729627 25061135 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 25116536 25456457 19 Revenue less expenses. Subtract line 18 from line 12 -799198 -336780 **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 48185874 48196946 21 Total liabilities (Part X, line 26) . 32349731 32759335 22 Net assets or fund balances. Subtract line 21 from line 20 15836143 15437611 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other transformation of which preparer has any knowledge tyran officer) is based on all information of which preparer has any knowledge Sign Date 5/2/2017 Michael J. Heinen General Manager Here Type or print name and title Pnnt/Type preparer's name Date Preparer's signature Paid Check [] if self-employed **Preparer** Firm's name Firm's EIN ▶ **Use Only**

Yes No

Form 990 (2016)

Phone no

Cat. No 11282Y

| Form 99 | | | | | | Page 2 |
|-------------|--------|---|---|--|-----------------------|--|
| Part | | Statement of Program Service A | | | | |
| | | describe the organization's mission | esponse or note to any line in this Pa | art III | <u>· · · · · </u> | <u>. </u> |
| • | | _ | ''. ative, Inc. is to make electric energy ava | ilable to its members at the lowest | cost | |
| | | stent with sound economy and good | | made to its members at the lowest | | |
| | | | | | | |
| 2 | | | ficant program services during the ye | | | · ·- |
| | • | | Cabadula O | | ☐ Ye s | ✓ No |
| 3 | | s," describe these new services on | Schedule O. , or make significant changes in h | ow it conducts any program | | |
| | | es? | | - · · · · | Yes | ⊘ No |
| | If "Ye | s," describe these changes on Sch | edule O. | | | |
| 4 | exper | nbe the organization's program senuses. Section 501(c)(3) and 501(c)(4) tall expenses, and revenue, if any, for | vice accomplishments for each of its) organizations are required to report or each program service reported. | three largest program services, the amount of grants and allocated | as measi ations to | ured by others |
| 4a | (Code | :) (Expenses \$ | including grants of \$ |) (Revenue \$ | |) |
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| 4b | (Code | :) (Expenses \$ | including grants of \$ | (Hevenue \$ | | _) |
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| 4c | (Code | :) (Expenses \$ | including grants of \$ |) (Revenue \$ | | _) |
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4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$
 4e Total program service expenses ►

) (Revenue \$

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 | | 1 |
| 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 | | 1 |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | 4 | | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | 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 | | ✓ |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | √ |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | √ |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | ✓ |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a | 1 | |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | ✓ |
| C | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | ✓ |
| 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 | 12a | 1 | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | , | 1 |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | 1 |
| 14 a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | 1 |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. | 14b | | √ |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | √ |
| 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 | | <i>'</i> |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | 1 |
| | | | m 99 0 | (2016) |

| Form 99 | 0 (2016) | | _ [| Page 4 |
|----------|--|------------|----------|----------|
| Part | V Checklist of Required Schedules (continued) | | | |
| 00 | Did the consideration and the constant for the facilities of 16 W/co # accorded Octobrille 11 | <u> </u> | Yes | No |
| | Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | 20a | | 1 |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | 20b | | <u> </u> |
| 22 | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | 21 | | / |
| 22 | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | 1 |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | √ | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a | 24a | | 1 |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24b | | |
| đ 25a | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 24d 25a | | |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II | 26 | | 1 |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | 1 |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| a b | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Schedule L, Part IV | 28a 28b | | 1 |
| C | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | 1 |
| 29 30 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 29 | | 1 |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | | | |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 31 | - | 1 |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 32 | | ✓ |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 33 | | <u> </u> |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 34 35a | | 1 |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | / |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. | 38 | ✓ | |
| | | For | ロタダじ | (2016) |

Form **990** (2016)

| Part | Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V | | | |
|----------|---|-------------|-------------|--|
| | Check it Schedule O contains a response or note to any line in this Part V | • • | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 60 | · [| | ļ |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b | 7 | 1 | |
| C | Did the organization comply with backup withholding rules for reportable payments to vendors and | 1 | | |
| | reportable gaming (gambling) winnings to prize winners? | 1c | 1 | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | <u> </u> | |
| | Statements, filed for the calendar year ending with or within the year covered by this return 2a 51 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . | 2b | 1 | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | · · · · | - |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | 1 |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority | | | |
| | over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | | 1 |
| | · | <u>4a</u> | | <u> </u> |
| b | If "Yes," enter the name of the foreign country: ► | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) | } | | ļ |
| E. | | - | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | / |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | 1 |
| с 6а | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | <u> </u> |
| VL | organization solicit any contributions that were not tax deductible as charitable contributions? | 6- | | , |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | 6a | _ | / |
| | | Ch. | | |
| 7 | gifts were not tax deductible? | 6b | - | - |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | 1 | | ĺ |
| _ | and services provided to the payor? | 70 | | |
| ь | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7a 7b | - | |
| C | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | 10 | - | ļ |
| | required to file Form 8282? | 7c | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . | 7f | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | <u></u> | | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | 1 | | l |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b | | | Ì |
| 11 | Section 501(c)(12) organizations. Enter: | | | 1 |
| a | Gross income from members or shareholders | 4 | | ŀ |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | | | |
| | against amounts due or received from them.) | ! | | |
| 12a b | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | 12a | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | 1 | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| - | Note. See the instructions for additional information the organization must report on Schedule O. | 1.54 | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | ŀ | | |
| - | the organization is licensed to issue qualified health plans | | | |
| С | Enter the amount of reserves on hand | 1 | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | 1 |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. | 14b | - | * |

| 1a Enter the number of voting members of the governing body at the end of the tax year. 1a Enter the number of voting members of the governing body at the end of the tax year. 1a Enter the number of voting members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 1b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management of other officer of the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or frustees, or key employees to a management company or other person? 4 Did the organization have members or stockholders? 5 Did the organization have members, stockholders? 6 Did the organization have members or stockholders? 7 Did the organization have members or stockholders? 8 Did the organization have members or stockholders? 9 Did the organization have members or stockholders? 10 Did the organization have members or stockholders? 10 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? 10 Did the organization of the governing body? 11 Did the organization of the governing body? 12 Did the organization of the governing body? 13 Did the organization of the governing body? 14 Each committee with authority to act on behalf of the governing body? 15 Each committee with authority to act on behalf of the governing body? 16 Each committee with authority to act on behalf of the governing body? 17 Each body? 18 Each committee with authority to act on behalf of the governing body? 19 Each body? 10 Did the organization have local chapters, branches, or affiliates? 10 Did the organization have local chapters, branches, or affilia | Part | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Check if Schedule O contains a response or note to any line in this Part VI | See in | struct | ions. | | | |
|--|-------|--|----------|--------------|--|--|--|--|
| there are material differences in voting mambers of the governing body at the end of the tax year. If the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, furstee, or key employees the average of the proof of the pro | Secti | on A. Governing Body and Management | · · · | <u> </u> | <u>. V</u> | | | |
| if there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1 ta, above, who are independent 2 Did any officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 4 Unit the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 5 Did the organization become aware during the year of a significant diversion of the organization's assests? 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 5 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? 5 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 5 Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, rustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization have local chapters, branches, or affiliates? 10 In the organization have local chapters, branches, or affiliates? 11 Has the organization have local chapters, branches, or affiliates? 12 In the organization have local chapters, branches, or affiliates? 13 In the organization have a written conflict of interest policy? If "Yes," lot the organization have a written conflict of interest policy? If "Yes," lot the organization have a | | | | Yes | No | | | |
| if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees the a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management company or other person? 3 Did the organization delegate control over management duties outstornary performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 Dut the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization have members or stockholders? 6 Did the organization have members or stockholders? 7 Did the organization have members or stockholders? 8 Did the organization have members or stockholders? 9 Did the organization have members or stockholders? 9 Did the organization have members of the governing body? 9 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 10 The governing body? 10 Each committee with authority to act on behalf of the governing body? 11 Each committee with authority to act on behalf of the governing body? 12 Each committee with authority to act on behalf of the governing body? 13 Each committee with authority to act on behalf of the governing body? 14 East enormittee with authority to act on behalf of the governing body? 15 Each committee with authority to act on behalf of the governing body? 16 Did the organization have writtee, or key employee listed in Part VII, Section A, who cannot be reached at the organization have written policies and part VII, Section A, who cannot be reached at the organization have a written policies and proceedur | 1a | ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ | 9 | | | | | |
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| b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? C Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions). 15a ✓ 15b ✓ 16a Uf "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? 16a ✓ 17 List the states with which a copy of this Form 990 is required to be filed ▶ Louisiana 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only available for public inspection. Indicate how you made these available. Check all that apply. □ Own website □ | | | | | | | | |
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| Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official | 13 | | | | 1 | | | |
| Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official | | · · · | | 1 | | | | |
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| b Other officers or key employees of the organization | | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | 1 | } | | | | |
| 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 with a taxable entity during the year? | а | | 15a | ✓ | | | | |
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| with a taxable entity during the year? | 40- | | | | | | | |
| 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? | 108 | | I | ļ | | | | |
| 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? | h | | | ├ | - | | | |
| organization's exempt status with respect to such arrangements? | D | participation in joint venture arrangements under applicable federal tax law, and take stops to extend the | | | | | | |
| Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ Louisiana Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☐ 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 interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: ▶ | | organization's exempt status with respect to such arrangements? | | | | | | |
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| Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: ▶ | | | | | | | | |
| financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶ | | | | | | | | |
| 20 State the name, address, and telephone number of the person who possesses the organization's books and records; ▶ | 19 | | iterest | polic | y, and | | | |
| | 20 | • • • • | 000 | | | | | |
| | | | ecords | | | | | |

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Form 990 (2016)

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

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

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

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

| Check this box if neither the organization no | r any relate | d org | aniz | atic | n c | ompe | nsa | ited any currer | t officer, director | , or trustee. |
|---|--|--------------------------------|---------------------------------|----------|--------------|---------------------------------|----------|-----------------|-----------------------|-----------------------------|
| | | | | (0 | C) | | | | | |
| (A) | (B) | ١,, | | | ition | | | (D) | (E) | (F) |
| Name and Title | Average | | | | | than o | | Reportable | Reportable | Estimated |
| | hours per | office | officer and a director/trustee) | | | | | | compensation from | amount of |
| | week (list any hours for | 오콧 | 75 | ₽ | 줎 | 9.₹ | 77 | from the | related organizations | other compensation |
| | related | d i | 를 | Officer | y en | p be | Former | organization | (W-2/1099-MISC) | from the |
| | organizations below dotted | Individual trustee or director | ğ | | Key employee | /e co | - | (W-2/1099-MISC) | | organization and related |
| | line) | 2 | \$ | İ | yee | 퓛 | | ì | - | organizations |
| | | 8 | Institutional trustee | ŀ | | Highest compensated employee | | | | |
| | | | ļ. | | - | 8 | ┢ | | | |
| (1) John Berken | 1 | | | | | İ | | | | |
| Director | | ✓ | | | | | | 24158 | | |
| (2) Claude Breaux | 1 |] | | | | | | | | |
| Director | | 1 | | <u> </u> | | | <u> </u> | 23149 | | |
| (3) Byron Hardee | 1 | } | | | | | Ì | | | |
| Director | <u> </u> | ✓ | | | | | | 10353 | | |
| (4) E. Garner Nunez | 5 | | | | | | | | | |
| Director | | ✓ | | L. | | | <u> </u> | 23148 | | |
| (5) Reggie Murphy | 1 | | | | | | | İ | | |
| Director | | 1 | | L | | | <u> </u> | 23658 | | |
| (6) Herman T Precht III | 111 | | i | | | | 1 | | ļ | |
| Director | ļ | | | | <u> </u> | <u> </u> | | 23658 | | |
| (7) Joseph Tupper, Jr | 111 | | | | | | | 1 | | |
| Director | ļ | ✓ | L | | | L | L | 23858 | | |
| (8) Denny Primeaux | 5 | | | | | | | l | | |
| Director | <u> </u> | <u> </u> | | | | | | 23458 | | ·=···· |
| (9) Kirk Weldon | 5 | | | | | ŀ | | } | | |
| Director | ļ | ✓ | | ļ | | L | | 25058 | | |
| (10) Michael J. Heinen | 40 | | | | | | ŀ | | | |
| General Manager | <u> </u> | ļ | | <u> </u> | _ | 1 | <u> </u> | 134508 | | 53472 |
| (11) Richard Byler | 0 | ļ | | l | | | | | | |
| Former | | L | | | _ | | ✓ | 15324 | | |
| (12) Scott Henry | 0 | Ì | | | | | | | | |
| Former | ļ | | | ļ | | <u> </u> | ✓ | 23442 | | |
| (13) Robert Sarver | 0 | | | | ļ | | | | 1 | |
| Former | ļ | | | | | <u> </u> | 1 | 10775 | | |
| (14) Louis Trahan | 0 | | | l | 1 | | l | 1 | | |
| Former | | L | | <u> </u> | | <u> </u> | ✓ | 10775 | L | · |

Form **990** (2016)

| Part | VII Section A. Officers, Directors, Trust | ees, Key E | mploy | /ees | , ar | nd F | lighe | st C | ompensated E | mployees (cont | inued | 2 | | |
|---------|---|--------------------------|--------------------------------|-----------------------|--------------|--|--|----------------|---------------------------------|------------------------------|-------------|--------------|------------------|----------|
| | | | | | - | C) | | | • | | | | | |
| | (A) | (B) | (do not check more than one | | | | | | | | | (F) | | |
| | Name and title | Average hours per | box, | unles | s pe | rson | is both | an | Reportable | Reportable compensation from | | | nated unt of | |
| | | week (list any | | | | ···· | or/trust | , . | compensation from | related | "] | | her | |
| | | hours for | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the | organizations | İ | compe | | n |
| | | related organizations | /idua | | ě | 릙 | est o | ₹ | organization (W-2/1099-MISC) | (W-2/1099-MISC) | | | n the uzation | n |
| | | below dotted | 9 2 | nal | | ŏ | eom | | ľ | | | and | related | j |
| | | line) | ste | trus | | a a | Pen | | | | | organ | ızatıon | ıs |
| | | | " | 8 | | | ate | | | | 1 | | | |
| (15) | | | | | | | | | | | | | | |
| (16) | | | | | | - | | - | | | + | | | |
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| (17) | | | | | | | | | | | <u> </u> | | | |
| (18) | | <u> </u> | | | | | | | | | | | | |
| (19) | | | ļ — | | | | | | | | | | | |
| (20) | | <u> </u> | | | | \vdash | | \vdash | | | | | | |
| (21) | | | | _ | | ļ | i | | | | | , | | |
| | | | ļ | | | | | | | | | | | |
| (22) | | | | | | | | | | | | | | |
| (23) | | | | | | | | | | | | | | |
| (24) | | | | - | | | ļ | \vdash |] | | ╁ | | | |
| (25) | | | | | | - | | ├ | | | + | | | |
| | | | <u> </u> | | <u> </u> | | <u> </u> | <u> </u> | 1 | | _ | | | |
| 1b | Sub-total | ./// Cookin | | • | • | • | • | | 395322 | | ┼ | | | 53472 |
| C | Total from continuation sheets to Part Total (add lines 1b and 1c) | | | • | • | • | • | | 205222 | | ╁┈ | | | E2472 |
| d | Total (add lines to and te) Total number of individuals (including but | | | | | tod. | abov. | 2) 14 | 395322 | oro than \$100 (| 200 0 | | | 53472 |
| 2 | reportable compensation from the organi | | ו נט נו | iose | 1151 | leu | above | e) w | mo received m 1 | ore man \$100,0 | 0000 | • | | |
| | | | | | | | | | • | | | | Yes | No |
| 3 | Did the organization list any former of | ficer, direc | tor, c | or tr | ust | ee, | key (| emp | oloyee, or high | est compensa | ted | | | 1 |
| | employee on line 1a? If "Yes," complete | Schedule J | for s | uch | ınd | ivid | ual | | | | | 3 | ✓ | |
| 4 | For any individual listed on line 1a, is the | | | | | | | | | | | | | 1 |
| | organization and related organizations | greater th | an \$ | 150, | 000 |)? [| f "Ye | s, " | complete Sch | nedule J for s | ıch | | | . |
| | ındividual | | | ٠ | ٠ | • | • | • | | | - | 4 | 1 | <u> </u> |
| 5 | Did any person listed on line 1a receive of for services rendered to the organization | | | | | | | | | zation or individ | lual | 5 | ļ | 1 |
| Section | on B. Independent Contractors | | | | | | | | | | | | L | |
| 1 | Complete this table for your five highest | compensat | ed in | dep | end | lent | contr | act | ors that receive | ed more than \$ | 100.0 | 100 of | : | |
| | compensation from the organization. Repyear. | | | | | | | | | | | | | tax |
| | (A) Name and business add | tress | | | | | | | (B) Description of s | ervices | Co | (C) mpens | | |
| | Powerline, LLC | | | | | | ······································ | ┪ | ectric Contracto | or | | | | 111324 |
| | c Services, LLC | | | | | | | | ntractor | | | | | 301190 |
| Solsca | pes, LLC | | | | | | | Tre | ee Trimming | | | | | 269338 |
| | | | | | | | | ╀ | | | | | | |
| 2 | Total number of independent contractor | ors (includi | ng bi | ut n | ot | limi | ted to | o th | nose listed ah | ove) who | | | | |
| _ | received more than \$100,000 of compens | • | _ | | | | | | | , i | | | | |

| Part | VIII | Statement of Reve | | | | | | |
|--|----------|--|--------------------|------------------|--|--|---|--|
| | | Check if Schedule C |) contains a res | ponse or note to | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | Revenue excluded from tax under sections 512-514 |
| ats ts | 1a | Federated campaigns | s 1a | | | | | |
| Gifts, Grants ilar Amounts | b | Membership dues . | 1b | | | j | | |
| ts, (| C | Fundraising events . | | | | [| | |
| Gif ilar | d | Related organizations | | | | i | | |
| Sins, | e | Government grants (cor. All other contributions, g | | | } | 1 | | |
| utic Ter | f | and similar amounts not inc | | Ī | | | | |
| 등등 | g | Noncash contributions include | | L | | 1 | | |
| Contributions, Gifts, Grants and Other Similar Amounts | h | Total. Add lines 1a-1 | • | • | | Ì | | |
| | | | | Business Code | | | | |
| ven | 2a | Electricity Sales | | 22100 | 24570267 | 24570267 | | |
| 8 | b | Misc. Electric Revenue | 3 | 221000 | 400278 | 400278 | | |
| Z | C | | | | | | | |
| Š | d | | | | | | | |
| Tam | 8 | All ather was areas of | | | | | | |
| Program Service Revenue | f g | All other program ser Total. Add lines 2a-2 | | • | 24970545 | | ······ | |
| - | 3 | Investment income | (including divid | ends, interest, | 24970343 | T | | |
| | | and other similar amo | | • | 28758 | } | | 28758 |
| | 4 | Income from investmen | it of tax-exempt b | ond proceeds ▶ | | | | |
| | 5 | Royalties | | | | | | |
| | _ | | (i) Real | (ii) Personal | | | | |
| | 6a | Gross rents | <u> </u> | | | | | |
| | b | Less: rental expenses Rental income or (loss) | | | | | | |
| | d | Net rental income or | (loss) | | | | | |
| | 7a | Gross amount from sales of | (i) Securities | (II) Other | | | | |
| | | assets other than inventory | | | | | | |
| | b | Less: cost or other basis and sales expenses . | | | | | | |
| | С | Gain or (loss) | | | | | | |
| | d | Net gain or (loss) . | | • | | | · · · · · · · · · · · · · · · · · · · | |
| Other Revenue | 8a | Gross income from fu events (not including \$ of contributions reporte | | | | | | |
| er | | See Part IV, line 18 . | | | | | | |
| 동 | ь | Less: direct expenses | s b | | | | | |
| • | С | Net income or (loss) f | | events . ► | | | | |
| | 9a | Gross income from gassee Part IV, line 19 . | а | | | | | |
| | b | Less: direct expenses | | | | | | |
| | 100 | Net income or (loss) f Gross sales of ir | | ivities > | | | | |
| | IVa | returns and allowance | | | | | | |
| | b | Less: cost of goods s | | | <u> </u> | | | |
| | <u>C</u> | Net income or (loss) f | | | | | | |
| | 11a | · | | Business Code | 120274 | 420274 | | lJ |
| | b | Other Capital Credits | | 900099 | 120374 | 120374 | | |
| | C | | | | | | | |
| | d | All other revenue . | | | | | | |
| | е | Total. Add lines 11a- | | | | | | |
| | 12 | Total revenue. See in | nstructions | <u> </u> | 25119677 | 25090919 | | 28758 |
| | | | | | | | | Form 990 (2016) |

| | 90' (2016) | | | | Page 10 |
|---------------|--|---------------------|--|---------------------------------|--|
| | t IX Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must com- | ploto all columns A | Il other erganization | as must complete co | lumn (A) |
| 36000 | Check if Schedule O contains a respons | | | | |
| Do no | ot include amounts reported on lines 6b, 7b, | (A) | (B) | (c) | |
| 8b, 9l | b, and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 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 | 395322 | | | |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 8 | Other salaries and wages | | | | |
| 9 10 11 | Other employee benefits | | | | |
| a b | Management | | | | |
| C | Accounting | | | | |
| d | Lobbying | | | | |
| е | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | ···· |
| g | Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | | | | |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | | | | |
| 14 | Information technology | | ···· | | |
| 15 | Royalties | | ······································ | | ************************************** |
| 16 | Occupancy | | · · · · · · · · · · · · · · · · · · · | | |
| 17 | Travel | | ··· | | ···- |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings . | | | | |
| 20 | Interest | 734983 | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization . | 1148877 | | | |
| 23 | Insurance | | | | |
| 24 | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column | | | | |

16469662

14143 1869623

2253125

2570722

25456457

(A) amount, list line 24e expenses on Schedule O.)

All other expenses Other Expenses

Total functional expenses. Add lines 1 through 24e

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)

Transmission Expense
Distribution Expense/Operations

Distribution Expense/Maintenance

Purchased Power

25

| P | art X | Balance Sheet | | | |
|-----------------------------|----------|---|--------------------------|--|--------------------|
| | | Check if Schedule O contains a response or note to any line in this | Part X | | |
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash—non-interest-bearing | 190260 | 1 | 242073 |
| | 2 | Savings and temporary cash investments | 93349 | 2 | 93644 |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | 1919161 | 4 | 1929678 |
| | 5 | Loans and other receivables from current and former officers, directors trustees, key employees, and highest compensated employees | · • | | |
| | | Complete Part II of Schedule L | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers an sponsoring organizations of section 501(c)(9) voluntary employees' beneficiar organizations (see instructions). Complete Part II of Schedule L | nd ry | | |
| ets | l _ | | • | 6 | |
| Assets | 7 | Notes and loans receivable, net | | 7 | |
| • | 8 | Inventories for sale or use | 1189314 | | 1053885 |
| | 9 10a | Prepaid expenses and deferred charges | 4064103 | 9 | 3781712 |
| | 100 | other basis. Complete Part VI of Schedule D 10a 522038 | 20 | 1 1 | |
| | ь | Less: accumulated depreciation 10b 128499 | | 10c | 39353856 |
| | 11 | Investments—publicly traded securities | 03010207 | 11 | |
| | 12 | Investments—other securities. See Part IV, line 11 | 1704299 | 12 | 1734974 |
| | 13 | Investments—program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | 7188 | 15 | 7124 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 48185874 | 16 | 48196946 |
| | 17 | Accounts payable and accrued expenses | 1947396 | 17 | 1853919 |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | 4943505 | 19 | 3216391 |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D. | | 21 | |
| Liabilities | 22 | Loans and other payables to current and former officers, directors trustees, key employees, highest compensated employees, an | | | |
| ap | 1 | disqualified persons. Complete Part II of Schedule L | | 22 | ····· |
| _ | 23 | Secured mortgages and notes payable to unrelated third parties | 17627030 | 1 | 19484643 |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | · |
| | 25 | Other liabilities (including federal income tax, payables to related thir parties, and other liabilities not included on lines 17-24). Complete Part | | 1 1 | |
| | | of Schedule D | 1 | 25 | 8204382 |
| | 26 | Total liabilities. Add lines 17 through 25 | 7831800 32349731 | - - - - - - - - | 32759335 |
| | 20 | | nd | | 32/39333 |
| es | | complete lines 27 through 29, and lines 33 and 34. | | 1 1 | |
| Ĕ | 27 | Unrestricted net assets | | 27 | |
| ğ | 28 | Temporarily restricted net assets | | 28 | |
| ğ | 29 | Permanently restricted net assets | | 29 | |
| Net Assets or Fund Balances | | Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ ar | nd | | |
| ō | | complete lines 30 through 34. | | | |
| ets | 30 | Capital stock or trust principal, or current funds | | 30 | |
| SS | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| ¥ | 32 | Retained earnings, endowment, accumulated income, or other funds. | 15836143 | T | 15437611 |
| ž | 33 | Total net assets or fund balances | 15836143 | | 15437611 |
| | 34 | Total liabilities and net assets/fund balances | 48185874 | 34 | 48196946 |

| _ | - | • |
|------|-----|---|
| Page | - 1 | 7 |
| | | |

| Part | XI Reconciliation of Net Assets | | | ge 12 |
|------|---|----------|----------|-------------------|
| | Check if Schedule O contains a response or note to any line in this Part XI | | | 7 |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | | | 19677 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | | | 56457 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | | | 36780 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | | 158 | 3614 |
| 5 | Net unrealized gains (losses) on investments | | | |
| 6 | Donated services and use of facilities | | | |
| 7 | Investment expenses | | | |
| 8 | Prior period adjustments | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | | | 61752 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | |
| | 33, column (B)) | | 154 | 3761 ⁻ |
| Part | XII Financial Statements and Reporting | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | V |
| | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash Accrual Other | 1 | | l |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in | | | |
| | Schedule O. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | | ✓ |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or | | | |
| | reviewed on a separate basis, consolidated basis, or both: | | | |
| | ☐ 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 audited on a | | | |
| | separate basis, consolidated basis, or both: | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | ļ | | ļ |
| C | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight | 1 | | 1 |
| | of the audit, review, or compilation of its financial statements and selection of an independent accountant? | 2c | ✓ | ļ |
| | If the organization changed either its oversight process or selection process during the tax year, explain in | 1 | | |
| | Schedule O. | <u> </u> | | |
| 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 | | 1 |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the | | | |
| | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. | 3b | | L |

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.

OMB No. 1545-0047 2016

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

| Jeffers | on Davis Electric Cooperative, Inc. | | 72-0362325 |
|---------|--|--|--|
| Par | Organizations Maintaining Donor Ad | | |
| | Complete if the organization answered | | |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | <u> </u> |
| 2 | Aggregate value of contributions to (during year) | | <u> </u> |
| 3 | Aggregate value of grants from (during year) . | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and dono | | |
| | funds are the organization's property, subject to the | he organization's exclusive legal contr | ol? 🗌 Yes 🗌 No |
| 6 | Did the organization inform all grantees, donors, | | |
| | only for charitable purposes and not for the bene | | |
| | | | · · · · · · · · · · · · · · · · · · · |
| Par | Conservation Easements. | | |
| | Complete if the organization answered | | |
| 1 | Purpose(s) of conservation easements held by the | | |
| | Preservation of land for public use (e.g., recrea | | |
| | Protection of natural habitat | ☐ Preservation o | f a certified historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization h | neld a qualified conservation contribution | |
| | easement on the last day of the tax year. | | Held at the End of the Tax Year |
| а | | | 2a |
| b | Total acreage restricted by conservation easemen | | |
| C | Number of conservation easements on a certified | • • | |
| q | Number of conservation easements included in | | ; I |
| _ | • | | · · 2d |
| 3 | Number of conservation easements modified, tran | nsferred, released, extinguished, or teri | minated by the organization during the |
| | tax year > | | |
| 4 | Number of states where property subject to conse | | anastian bandhan af |
| 5 | Does the organization have a written policy reviolations, and enforcement of the conservation ex | | · |
| _ | • | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspec | cting, nandling of violations, and enforcing | conservation easements during the year |
| 7 | Amount of expenses incurred in monitoring, inspecti | ing handling of violations, and enforcing | concentation occoments during the year |
| 7 | Amount of expenses incurred in monitoring, inspecti ►\$ | ing, nandling of violations, and emorcing | conservation easements during the year |
| 8 | Does each conservation easement reported on line | a 2(d) above eatisfy the requirements of | f section 170(h)(4)(B)(i) |
| 0 | | e z(u) above satisfy the requirements o | |
| 9 | In Part XIII, describe how the organization reports | | |
| 9 | balance sheet, and include, if applicable, the text | | |
| | organization's accounting for conservation easem | | Tariolal statements that good bos the |
| Part | | | r Other Similar Assets |
| | Complete if the organization answered | • | |
| 1a | If the organization elected, as permitted under SI | | |
| ••• | works of art, historical treasures, or other similar | • | |
| | public service, provide, in Part XIII, the text of the | | |
| b | If the organization elected, as permitted under | SFAS 116 (ASC 958), to report in its | revenue statement and balance shee |
| _ | works of art, historical treasures, or other similar | | |
| | public service, provide the following amounts rela | | · |
| | (i) Revenue included on Form 990, Part VIII, line | 1 | ▶ \$ |
| | (ii) Assets included in Form 990, Part X | | > \$ |
| 2 | If the organization received or held works of ar | | |
| | following amounts required to be reported under | | |
| а | Revenue included on Form 990, Part VIII, line 1 | | |
| b | Assets included in Form 990, Part X | | > \$ |

| Part | III Organizations Maintaining | Colle | ctions of | Art, Hist | orical 1 | reasures, | or Ot | her Similar As | sets (continued) |
|-------------|--|-------------|--------------------------------|-------------|------------|---------------------------------------|-----------|---------------------------------------|-----------------------|
| 3 | Using the organization's acquisition, collection items (check all that apply): | access | | | | | | | |
| а | ☐ Public exhibition | | | d [| Loan | or exchang | e progi | rams | |
| b | Scholarly research | | | | | | | | |
| C | ☐ Preservation for future generations | s | | | | | | | |
| 4 | Provide a description of the organizat XIII. | tion's c | ollections a | and expla | in how t | hey further | the org | anization's exer | mpt purpose in Part |
| 5 | During the year, did the organization | | | | | | | | |
| | assets to be sold to raise funds rather | | | ined as p | art of the | e organizati | on's co | llection? | ☐ Yes ☐ No |
| Part | | | | | | | | | |
| | Complete if the organization 990, Part X, line 21. | | | | | | | | |
| 1a | Is the organization an agent, trustee, included on Form 990, Part X? | | | | | | | | ot |
| b | If "Yes," explain the arrangement in Pa | art XIII a | and comple | ete the fol | llowing to | able: | | · | |
| | | | | | | | ļ | A | mount |
| C | Beginning balance | | | | | | 10 | - | |
| đ | Additions during the year | | | | | | 1d | | |
| е | Distributions during the year | | | | | | 1e | | |
| f a- | Ending balance | | | | | | 11 | | 0 [] Y [] N- |
| 2a | Did the organization include an amount in D | | | | | | | | |
| Pari | If "Yes," explain the arrangement in Part Endowment Funds. | an Alli. | Check her | e ii uie ex | pianauo | nnas been | provide | o on Pan Aii . | ··· <u>U</u> |
| ran | Complete if the organization | anew | ared "Ves | " on For | m 990 F | Part IV line | 10 | | |
| | Complete in the organization | | irrent year | (b) Pno | | (c) Two year | | (d) Three years bac | k (e) Four years back |
| 1a | Beginning of year balance | <u> </u> | | | | | | · · · · · · · · · · · · · · · · · · · | |
| b | Contributions | | | | ·· | | | | |
| c | Net investment earnings, gains, and | <u> </u> | | | | | | | |
| | losses | 1 | | | | İ | | | |
| d | Grants or scholarships | ļ | | | | · · · · · · · · · · · · · · · · · · · | | | |
| e | Other expenditures for facilities and | | | | | | | | |
| | programs | } | | | | | | i | |
| f | Administrative expenses | | | | | | | | |
| g | End of year balance | | | | | | | | |
| 2 | Provide the estimated percentage of t | | ent year er | nd balanc | e (line 1g | j, column (a |)) held a | as: | |
| а | Board designated or quasi-endowmer | nt 🟲 | | % | | | | | |
| b | Permanent endowment > | . <u></u> % | | | | | | | |
| c | Temporarily restricted endowment ▶ | | % | | | | | | |
| 0- | The percentages on lines 2a, 2b, and | | | | 4: 41_ | | | | L _ |
| 3a | Are there endowment funds not in the organization by: | e posse | ession of th | ie organi: | zauon th | at are neid | and ad | mmistered for t | |
| | - · · | | | | | | | | Yes No |
| | (i) unrelated organizations (ii) related organizations | | | | | | • • | | 3a(i) 3a(ii) |
| ь | If "Yes" on line 3a(ii), are the related o | | | | | | | | 3b |
| 4 | Describe in Part XIII the intended uses | | | | | | | | |
| Pari | | | | | | | | | |
| | Complete if the organization | | | " on For | m 990, l | Part IV, line | e 11a. | See Form 990 | , Part X, line 10. |
| | Description of property | | (a) Cost or of (investment) | ther basis | (b) Cost | or other basis other) | (c) | Accumulated epreciation | (d) Book value |
| 1a | Land | | | 160678 | | | | | 160678 |
| b | Buildings | | | | | | | | |
| C | Leasehold improvements | | | | | | | | |
| d | Equipment | | | 3070727 | | | | 2061769 | 1008959 |
| е | Other | · | | 48972425 | <u> </u> | | L | 10788206 | 38184219 |
| Total. | Add lines 1a through 1e. (Column (d) r | nust ea | ual Form 9 | 90, Part) | C. columi | n (B), line 10 | Oc.) . | | 39353856 |

| Part VII | Investments – Other Securities. Complete if the organization answers | | 990, Part IV, line | e 11b. See Form | 990. Part X. line 12. |
|----------------|--|---------------------------------------|-------------------------------------|---------------------------------------|---|
| | (a) Description of security or category (including name of security) | | (b) Book value | (c) Meth | nod of valuation of-year market value |
| (1) Financial | denvatives | | | | |
| | neld equity interests | | | · · · · · · · · · · · · · · · · · · · | |
| (3) Other | | | | | |
| (A) | | | | | |
| (B) | | | | | |
| (C) | | | | · · · · · · · · · · · · · · · · · · · | |
| (D) (E) | | | | <u> </u> | |
| (F) | | | | | |
| (G) | | | | | |
| (H) | | | | | |
| | b) must equal Form 990, Part X, col. (B) line 12.) | | | | · |
| Part VIII | Investments—Program Related | | | <u> </u> | |
| | Complete if the organization answer | | 990. Part IV. line | e 11c. See Form | 990. Part X. line 13. |
| | (a) Description of investment | | (b) Book value | (c) Met | hod of valuation. of-year market value |
| (1) | | | | | |
| (2) | | | | | · · · · · · · · · · · · · · · · · · · |
| _(3) | | | | | |
| _(4) | · · · · · · · · · · · · · · · · · · · | | · · · · · · · · · · · · · · · · · · | | ··· |
| _(5) | | | | | |
| (6) | | | | | |
| | | | | | |
| (8) | | | | | |
| (9) | b) must equal Form 990, Part X, col. (B) line 13.) | · | | | |
| Part IX | Other Assets. | | | <u> </u> | |
| Tartix | Complete if the organization ans | wered "Yes" on Form ! | 990, Part IV, line | e 11d. See Form | 990, Part X, line 15. |
| | (8 | a) Description | | | (b) Book value |
| (1) | <u></u> | · | | | · · · · · · · · · · · · · · · · · · · |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | <u></u> | | | |
| (7) | | | · | | |
| (8) | | · · · · · · · · · · · · · · · · · · · | | | |
| (9) | mn (b) must equal Form 990, Part X, c | ol (B) line 15) | | | |
| Part X | Other Liabilities. | 511 (2) 1110 TOLY 1 T | | <u> </u> | · · · · · · · · · · · · · · · · · · · |
| T. GIRCA | Complete if the organization ans | wered "Yes" on Form | 990. Part IV. lin | e 11e or 11f. See | e Form 990. Part X. |
| | line 25. | | | | , , , , , , , , , , , , , , , , , , , |
| 1. | (a) Description of liability | (b) Book value | T | | |
| (1) Federal II | ncome taxes | | | | |
| | tirement Benefit Obligation | 82043 | 82 | | |
| (3) | | | | | |
| (4) | ······································ | | _ | | |
| (5) | | | | | |
| (6) | | | _ | | |
| (7) | | | _ | | |
| (8) | | | - | | |
| | (b) must equal Form 990, Part X, col. (B) line 25.) | | | | |
| | r uncertain tax positions. In Part XIII, prov | ide the text of the footnote | to the organization | n's financial stateme | ents that reports the |

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

| | Reconciliation of Revenue per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, | | | | |
|---------------------|--|----------------|--|---|-------------------------------|
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 25119677 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | 2011307 |
| a | Net unrealized gains (losses) on investments | 2a | | 1 1 | |
| b | Donated services and use of facilities | | | -} | |
| c | Recoveries of prior year grants | | | 7 | |
| d | Other (Describe in Part XIII.) | | | ⊣ | |
| e | Add lines 2a through 2d | | | 2e | |
| 3 | Subtract line 2e from line 1 | | | 3 | 25119677 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | i i | | | 23113077 |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | 1 1 | |
| b | Other (Describe in Part XIII.) | | | - | |
| C | Add lines 4a and 4b | | ······ | 4c | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line | | | | 25119677 |
| Part | | | | | |
| <u> </u> | Complete if the organization answered "Yes" on Form 990, | | | | |
| 1 | | | | T1 | 25456457 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | 25436457 |
| a | Donated services and use of facilities | 2a | |] [| |
| b | Prior year adjustments | | ······································ | - | |
| C | Other losses | | | - | |
| d | Other (Describe in Part XIII.) | | · | - | |
| e | Add lines 2a through 2d | | | 2e | |
| 3 | Subtract line 2e from line 1 | | | 3 | 25456457 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | 2343043 |
| - | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |]] | |
| a | · | | | - | |
| b | Other (Describe in Part XIII.) | | | | |
| _ | Add lines 4n and 4h | | | 101 | |
| C 5 | Add lines 4a and 4b | | | 4c | 2545645 |
| 5 Part | Add lines 4a and 4b | ine 18.) . | | 5 | 25456457 e 4; Part X, line |
| 5 Part Provid | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, li XIII Supplemental Information. | ne 18.) . | t IV, lines 1b and 2 | 5 2b; Part V, lin | |
| 5 Part Provid | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, li XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a | ne 18.) . | t IV, lines 1b and 2 | 5 2b; Part V, lin | |
| 5 Part Provid | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, li XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a | ne 18.) . | t IV, lines 1b and 2 | 5 2b; Part V, lin | |
| 5 Part Provid | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, li XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a | ne 18.) . | t IV, lines 1b and 2 | 5 2b; Part V, lin | |
| 5 Part Provid | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, li XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a | ne 18.) . | t IV, lines 1b and 2 | 5 2b; Part V, lin | |
| 5 Part Provid | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, li XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a | ne 18.) . | t IV, lines 1b and 2 | 5 2b; Part V, lin | |
| 5 Part Provid | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, li XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a | ne 18.) . | t IV, lines 1b and 2 | 5 2b; Part V, lin | |
| 5 Part Provid | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, li XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a | ne 18.) . | t IV, lines 1b and 2 | 5 2b; Part V, lin | |
| 5 Part Provid | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, li XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a | ne 18.) . | t IV, lines 1b and 2 | 5 2b; Part V, lin | |

| Schedule D (Fo | rm 990) 2016 | Page 5 |
|----------------|--------------------------------------|--------|
| Part XIII | Supplemental Information (continued) | |
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SCHEDULE J (Form 990)

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

OMB No. 1545-0047 2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

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

Name of the organization

Employer identification number

| | on Davis Electric Cooperative, Inc 72-03623 | 25 | | |
|------|---|----------|----------|----------------|
| Part | Questions Regarding Compensation | | Yes | No |
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | | |
| | ☐ First-class or charter travel ☐ Housing allowance or residence for personal use | | | |
| | ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees | | | |
| | ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (such as, maid, chauffeur, chef) | [[| | |
| | Discretionary spending account Personal services (such as, maid, chauneur, cher) | | | |
| b | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment | | | |
| | or reimbursement or provision of all of the expenses described above? If "No," complete Part III to | | | |
| | explain | 1b | | ļ, |
| 2 | 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? | 2 | | |
| | | | | |
| 3 | 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. | | | |
| | | | | 1 |
| | Compensation committee Written employment contract | 1 | | |
| | ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee | | | |
| | ☐ Form 990 of other organizations ☐ 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: | | | |
| а | Receive a severance payment or change-of-control payment? | 4a | | 1 |
| b | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | | ✓ |
| C | Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | | 1 |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | |
| | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9. | | | } . |
| 5 | 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: | | ĺ | [|
| а | The organization? | 5a | | - |
| b | Any related organization? | 5b | | - |
| J | If "Yes" on line 5a or 5b, describe in Part III. | | | |
| 6 | 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: | <u> </u> | | <u> </u> |
| а | The organization? | 6a | ļ | <u> </u> |
| b | Any related organization? | 6b | | <u> </u> |
| | If "Yes" on line 6a or 6b, describe in Part III. | 1 | | ł |
| - | For persons listed on Form 000 Part VIII Coption A line to did the expenientian musicial and confined | j | | |
| 7 | 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 | 7 | | |
| 8 | 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 | 1 | 1 | 1 |
| | in Part III | 8 | <u> </u> | |
| o | If "Voo" on line 9 did the examination also follow the rehuttable presumption presedure described in | | | |
| 9 | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | 9 | 1 | |
| | | | L . | 1 |

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 equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| | | (B) Breakdown of | (B) Breakdown of W-2 and/or 1099-MISC compensation | C compensation | (C) Retirement and | (D) Montaxable | | (F) Compensation |
|---------------------|------------|--------------------------|--|-------------------------------------|--------------------------------|----------------|------------|--|
| (A) Name and Title | | (f) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | other deferred compensation | benefits | (a)-(j)(a) | In column (B) reported as deferred on prior Form 990 |
| | 8 | 134508 | | 53472 | | | 187980 | |
| 1 Michael J. Heinen | € | | | | | | | |
| | ε | 15324 | | | | | 15324 | |
| 2 Richard Byler | Œ | | | | | | | |
| | ε | 23442 | | | | | 23442 | |
| 3 Scott Henry | (E) | | | | | | | |
| | € | 10775 | | | | | 10775 | |
| 4 Robert Sarver | (H) | | | | | | | |
| | (E) | 10775 | | | | | 10775 | |
| 5 Louis Trahan | 3 | | | | | | | |
| | € | | | | | | | |
| 9 | € | | | | | | | |
| | € | | | | | | | |
| | € | | 1 | | 1 | | 7 | * |
| | 8 | | | | | | | |
| 8 | (ii) | | | | | | | |
| | (1) | | | | | | | |
| 6 | (ii) | | | | | | | |
| | (1) | | | | | | | |
| 10 | (E) | | | | | | | |
| | (1) | | | | | | | |
| 11 | (ii) | | | | | | | |
| | (I) | | | | | | | |
| 12 | (3) | | | | | | | |
| | (1) | | | | | | | |
| 13 | 3 | | | | | | | |
| | (I) | | | | | | | |
| 14 | (11) | | | | | | | |
| | W | | | | | | | |
| 15 | \equiv | | | | | | | |
| | (1) | | | | | | | |
| 16 | (II) | | | | | | | |
| | | | | | | | Sch | Schedule J (Form 990) 2016 |

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No 1545-0047 2016

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

Open to Public Inspection

| Name of the organization | Employer identification number |
|--|---|
| Jefferson Davis Electric Cooperative, Inc | 72-0362325 |
| | |
| Part VI Line 6: | |
| The Cooperative was formed by its members. Membership is required to receive electrical service from | n the Cooperative. |
| | |
| Part VI Line 7a: | |
| Biombara alast the representation hade which is the Deard of Directors | |
| Members elect the governing body, which is the Board of Directors. | |
| Part VI Line 11b: | |
| | |
| The Form 990 is provided to the organization's auditor for review before mailing. | |
| Part VI Line 15: | |
| 1. TAX A 1. TAX A 1. TAX A 1. TAX A 1. TAX A 1. TAX A 1. TAX A 1. TAX A 1. TAX A 1. TAX A 1. TAX A 1. TAX A 1. | |
| Jefferson Davis Electric Cooperative, Inc. makes its governing documents and financial statements av | ailable to the public upon request. |
| Dard IV Line Ode. | |
| Part IX Line 24e: | |
| General and Administrative Expenses: 1534046 | |
| | |
| Tax Expense: 289149 | |
| Consumer Accounts Expense: 711472 | |
| Consumo recounto Exponso. | |
| Other Expenses: 36055 | |
| T-abelia 0570700 | |
| Totals: 2570722 | |
| | |
| | |
| Part XI Line 9: | |
| Board of Directors determines amount of capital credits to retire to heirs of deceased members on a year | early basis. |
| | 2 |
| New Memberships: 395 | |
| Destinament of Conital Credite. 62147 | |
| Retirement of Capital Credits: -62147 | |
| Totals: -61752 | |
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