Department of the Treasury Internal Revenue Service

Extended to November 15, 2018

**Return of Organization Exempt From Income Tax** 

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

AF	or the	2017 calendar year, or tax year beginning	and	ending						
B c	heck if pplicabl	C Name of organization			D Employe	r identifica	ation number			
	Addre	Singing River Electric Cooperativ	e							
X	Name	Doing business as				64-023	9641			
	Initial	Number and street (or P.O. box if mail is not del	ivered to street address)	Room/su	ite E Telephon	E Telephone number				
	Final	111 87 014 63 South B O Box 767	,			(601) 9	47-4211			
	termin		ZIP or foreign postal code	<u></u>	G Gross receip	ots \$	154,213,194			
	Amen		- C. Totalagii poolai ooco		H(a) is this a		urn			
7	Applic	F Name and address of principal officer Brian	Hughey			ordinates?				
	pendi	same as C above	7.		H(b) Are all sui					
I T	ax ex	empt status. 501(c)(3) X 501(c) ( 12 )		or 5	<b>—</b> ' '		st (see instructions)			
		te: www.singingriver.com	)	-	H(c) Group		•			
			sociation Other	L Ye	ear of formation: 1		State of legal domicile: M			
	irt I	Summary								
	1	Briefly describe the organization's mission or most	significant activities. To pro-	vide sa	fe and relia	ble				
Activities & Governance		electric service at the lowest possib								
inat	2	Check this box   if the organization discor	ntinued its operations or dispos	sed of mo	ore than 25% of r	ts net asse	ts			
Š	3	Number of voting members of the governing body	(Part VI, line 1a)			3				
ğ	4	Number of independent voting members of the gov	erning body (Part VI, line 1b)			4				
80	5	Total number of individuals employed in calendar y	ear 2017 (Part V, line 2a)			5	19			
)ţį	6	Total number of volunteers (estimate if necessary)	•			6				
诗	7 a	Total unrelated business revenue from Part VIII, co	umn (C), line 12			7a	(			
_ ⋖	b	Net unrelated business taxable income from Form	990-T, line 34			7b	(			
					Prior Yea	ır	Current Year_			
	8	Contributions and grants (Part VIII, line 1h)		Γ		0.	(			
ž	9	Program service revenue (Part VIII, line 2g)		ſ	152,92	29,057.	151,059,846.			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4,	and 7d)		81	7,335.	,335. 874,325.			
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,	9c, 10c, and 11e)	[	2,19	4,593.	2,222,806			
	12	Total revenue - add lines 8 through 11 (must equal	Part VIII, column (A), line 12)	[	155,94	10,985.	154,156,977			
	13	Grants and similar amounts paid (Part IX, column (	A), lines 1-3)		_ 1	9,932.	19,88			
	14	Benefits paid to or for members (Part IX, column (A	), line 4)	(	10,39	3,182.	9,348,956			
ģ	15	Salaries, other compensation, employee benefits (F	art IX, column (A) times (5-10)	<u> </u>	82	23,906.	862,510			
Expenses	16a	Professional fundraising fees (Part IX, column (A), li	ne 11e)			0.				
ĝ	b	Total fundraising expenses (Part IX, column (D), line	25)	0.	<u> </u>	g = 1	, पार्ट ५ र १,०० मुक्कुंड :			
ώ	17	Other expenses (Part IX, column (A), lines 11a-11d,	11f-24e SEP 2 0 20	118		3,965.	143,925,624			
	18	Total expenses Add lines 13-17 (must equal Part I)	(, column (A), line 25)		155,94	10,985.	154,156,977			
	19	Revenue less expenses Subtract line 18 from line	12 DODEN	117		0.	(			
Assets or Balances			- OGDEN	<u> </u>	-Beginning of Curr	ent Year	End of Year			
sets	20	Total assets (Part X, line 16)		L	359,13	5,259.	369,798,456			
~-	21	Total liabilities (Part X, line 26)		L	184,98	8,489.	182,838,135			
		Net assets or fund balances. Subtract line 21 from	line 20		174,14	6,770.	186,960,321			
Pa	irt ()	Signature Block								
Unde	er pena	Ities of perjury, I declare that I have examined this return,	including accompanying schedules	s and state	ements, and to the	best of my k	nowledge and belief, it is			
<u> Etrue,</u>	correc	t, and complete Declaration of preparer (other than office	r) is based on all information of wh	hich prepa	rer has any knowle	dge.				
~					9	-13-1	8			
Sigr	1	Signature of officer			Date					
Here	е	Brian Hughey, General Manager & C	EO		<del></del>					
<u></u>		Type or print name and title	<del></del>							
		Print/Type preparer's name	Preparer's signature		Date	Check	]  PTIN			
Paid			Patrick Cooper		09/07/18	self-employed				
Breb	arer	Firm's name Jackson Thornton & Co.,	PC	<u> </u>	Firm	's EIN	63-1035228			
Prep	Only	Firm's address PO Box 96			1					
		Montgomery, AL 36101			Phor	ne no.334-				
<u>May</u>	the If	RS discuss this return with the preparer shown abo	/e? (see instructions)		<u> </u>		X Yes N			
73200	01 11-2	3-17 LHA For Paperwork Reduction Act Notic	e, see the separate instruction	ons.	<del> </del>		Form <b>990</b> (201			

	1990 (2017) Singing River Electric Cooperative	64-0239641	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission.		
	To provide safe and reliable electric service at the lowest possible		
	cost while promoting energy efficiency and enhancing the lives of the	<del></del>	
	members and communities we serve.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Ye:	s X No
_	If "Yes," describe these new services on Schedule O.		s X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Ye:	S LANO
_	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 n Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others		
	_revenue, if any, for each program service reported	s, the total expenses,	anu
4a		e \$	<del></del>
14	(Code) (Expenses \$		············ ′
	cooperative that provided 73,854 services to its members in southeast		
	Mississippi and southwest Alabama in 2017, Singing River Electric	<del>"</del>	
	maintained distribution lines in Jackson, George, Greene, Harrison,		
	Perry, Stone and Wayne counties in Mississippi as well as Mobile and	<del></del>	
	Washington counties in Alabama. Utilizing its 7,358 miles of electric		
	distribution lines, Singing River Electric sold 1,309,647,388 kilowatt		
	hours of electric energy to its members.		
4b	(Code) (Expenses \$) (Revenue	ie \$	)
		<del></del>	
		<del></del>	
		<del> </del>	
		<del></del>	<del></del>
		<del></del>	
	<del></del>		
4c	(Code ) (Expenses \$ Including grants of \$ ) (Revenu		
	(Neventue) / (Neventue)		
			-
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
40	Total program service expenses		

	•		
-orm	990	(2017)	í

64-0239641

Form 990 (2017) Singing River Electric Cooperative
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_		х
2	Is the Organization required to complete Schedule B, Schedule of Contributors?	2_		х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
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	ľ	х
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		x
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		х
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	Ĺ	х
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	<u> </u>	Х
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,			ł
	Part VI	11a	х	
þ	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		İ	ļ
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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 167 If "Yes," complete Schedule D, Part VIII	11c	_ X	
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	<u> </u>	X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	<u> x</u>	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	ĺ		ĺ
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		ĺ	
	Schedule D, Parts XI and XII	12a	<u> </u>	├──
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		ļ	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	-	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<del>-</del> -
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			ļ
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	14b	{	x
46	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140	├~~	<del> </del> -
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	]	х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	<del></del>		_
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	<del>ٿ</del>	<del>                                     </del>	<u> </u>
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<del>                                     </del>	<u> </u>	<u> </u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18	}	х
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	ì	x

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes." complete Schedule H	20a		х
b		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	_
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		Х
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	Х	
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b				
	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		Х
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	ļ		
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	گايدوند	٠, ٠	<
	instructions for applicable filing thresholds, conditions, and exceptions)	<u> </u>	<i>r</i> . i.	A 1 1 1 1
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	[		
	contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?	1		
	If "Yes," complete Schedule N, Part I .	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	1_		.,
	Schedule N, Part II	32	-	<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	l		
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			.,
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
þ	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			х
20	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?	20	х	
—	Note. All Form 990 filers are required to complete Schedule O	38 Form	_	(2017)
		LOUI		(201/)

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0		1	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 198			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b_	Х	
	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		Х
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			1
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:		'	i l
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			لــــا
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a_		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	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 chantable contributions?	6a_		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		Ь
7	Organizations that may receive deductible contributions under section 170(c).			لــــــا
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_		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<del></del>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		<del></del>
	If "Yes," indicate the number of Forms 8282 filed during the year			Щ.
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<del></del>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	_7f		<del></del>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</u>		<del></del>
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<del></del>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			لـــــا
	sponsoring organization have excess business holdings at any time during the year?	8		<del></del>
9	Sponsoring organizations maintaining donor advised funds.	<u> </u>		ļJ
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	——	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<del>                                     </del>
10	Section 501(c)(7) organizations. Enter			
a	· · · · · · · · · · · · · · · · · · ·			
_ 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 Gross income from members or shareholders   11a   147,054,770.		'	
a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  4,927,012.			
10-	· · · · · · · · · · · · · · · · · · ·	100		<del>ا</del> ــــا
	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		<u> </u>
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note. See the instructions for additional information the organization must report on Schedule O	,0a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
J	organization is licensed to issue qualified health plans			
_	Enter the amount of reserves on hand		, '	
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
	THE MANAGEMENT OF THE PROPERTY	_	990	(2017)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule Q. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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. 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 X 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7h Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a X **b** Each committee with authority to act on behalf of the governing body? 86 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a Х b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a 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 Х 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х in Schedule O how this was done 12c Х 13 Did the organization have a written whistleblower policy? 13 X 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? х 15a a The organization's CEO, Executive Director, or top management official Х **b** Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X 16a taxable entity during the year? 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 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 X 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: Tammy Hultz - (601) 947-4211 11187 Old 63 South, Lucedale, MS 39452

# Part VIII 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		orga T	nıza	-		nper	sate			
(A)	(B)	(C) Position					(D)	(E)	(F)	
Name and Title	Average		(do not check more than one box, unless person is both an			than		Reportable	Reportable	Estimated
	hours per week		, unle: cer ar					compensation from	compensation from related	amount of other
	(list any	ē				Г		the	organizations	compensation
	hours for	director				, ,		organization	(W-2/1099-MISC)	from the
	related	JG 93	stee		ĺ	nsate	ł	(W-2/1099-MISC)	,	organization
	organizations	trus	naltri		oyee	E.				and related
	below	Individual trustee or	Institutional trustee	ig i	Key employee	Highest compensated employee	ē			organizations
	line)	르	Inst	Officer	ş	문통	Ē			<u> </u>
(1) Kristal Sisson	5.00			ļ				24 612		
Director/President		X		<b>├</b> -		├—	├-	24,613.	0.	0.
(2) Travis Baxter	3.00							00.007		
Director/Vice President		X	▙	<u> </u>	-	<b>├</b>	├-	22,987.	0.	0.
(3) William Hollinghead	3.00	<b>∤</b>					1	6 555	ا م	
Director		X	⊢	<u> </u>		├	├	6,555.	0.	0.
(4) Cary Williams	4.00	ł					1	24 222	0.	•
Director/Treasurer		X	┝	├—	⊢	-	┢	24,333.		0.
(5) Howard Davis	3.00		ŀ					12 625	0.	,
Director	4 00	Х	├			⊬	-	13,635.	ļ <u>-</u>	0.
(6) Roy Grafe Director	4.00	x	1			Ì		17,662.	٥.	,
(7) Ralph Hicks	3.00	^	├	-		╁	-	17,002.	ļ <del>-</del>	0.
Director	3.00	\x		[	ĺ	1	ĺ	23,013.	0.	0.
(8) G.A. Parnell	3.00	<del> ^</del>	⊢	_	┝	$\vdash$	├	23,013.		· ·
Director	-3.00	x	1	1	l	l	l	19,631.	0.	0.
(9) Edward Thornton	3.00	┢	┢		┢╌		-	13,031.	<del>  · ·</del>	<u> </u>
Director/Secretary	3.00	x	ł	l	1	1	ł	15,460.	0.	0.
(10) Robert Steele	2.00	<del>  ^</del>	┢	-	-	┢	┝╌	25,200.		<del></del>
Director	2.00	x	ļ					8,053.	٥.	0.
(11) Michael R. Smith	60.00	<del> </del>	┢		┢	t	<del>                                     </del>			
General Manager & CEO		1	]	x	ļ			320,849.	0.	144,047.
(12) Tammy Y. Hultz	55.00	├	┢	-		t	<del>                                     </del>	,		
Manager of Accounting & Finance		1		х			1	151,111.	0.	70,561.
(13) James Chipley	66,00	一	1	一	⇈	1	┢		<u></u>	·
Serviceman	<del></del>	1			Į	x		133,678.	0.	95,231.
(14) Annette K. Riley	55.00	$\vdash$	$\vdash$				<b>!</b>			
Manager of HR		1				x		115,223.	0.	96,353.
(15) Robert B. Fairley	63.00	Т								
Serviceman		1	İ			x	i	125,887.	0.	99,482.
(16) Brian K. Hughey	60.00		Π	П		$\Box$				
Assistant General Manager		1	1			х		165,456.		110,102.
(17) Grady R. Williams	55.00						Γ			
Gautier District Manager						X_	L	128,385.		80,870.

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloye	es,	and	Hig	ghes	t Co	ompensated Employee	s (continued)				
(A)	(B)	(B)			;)			(D)	(E)			(F)	
Name and title	Average hours per week	rs per (do not che			Position check more than one less person is both an and a director/trustee)			Reportable compensation from	Reportable compensation from related		Estimated amount of other		
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		compensation from the organization and related organization		e on ed
									- <del></del>				
												_	
		-					-		<del> </del>			-	
		-	-				 			$\neg$			
1b Sub-total		.L		_		<u> </u>	<b></b>	1,316,531.		0.		696,	
c Total from continuation sheets to Part V	II, Section A							1,316,531.	J	0.		696,	646.
d Total (add lines 1b and 1c)  2 Total number of individuals (including but	not limited to th	nose	liste	ed at	oove	e) wh	o re		000 of reportable			,	
compensation from the organization						_			<u>-</u>			Yes	No No
3 Did the organization list any former office	r director or tr	iste	e ke	ev er	nnla	vee	ori	highest compensated ei	mplovee on	ſ		103	110
line 1a? If "Yes." complete Schedule J for		4010	o,	,,		,,,,,	,	, ingricor companion of		Ţ	3		Х
4 For any individual listed on line 1a, is the s		le co	mp	ensa	tion	and	oth	ner compensation from t	he organization				
and related organizations greater than \$15											4	Х	
5 Did any person listed on line 1a receive or							elate	ed organization or indivi	dual for services	ŀ		*	х
rendered to the organization? If "Yes." coll Section B. Independent Contractors	molete Schedul	e J f	or s	uch	oers	on			······································		5		
1 Complete this table for your five highest c										ensat	tion fro	om	
the organization Report compensation for (A)		ear e	endi	ng w	/ith (	or w	ıthın	the organization's tax y (B) Description of s			(C		
Name and busines	s address						$\dashv$	Description of	SEI VICES		ombe		
Treeline Services LLC	2450						ļ	Dight of Way Corvi			2	296	980

Name and business address	Description of services	Compensation
Treeline Services LLC		
126 Strickland Road, Lucedale, MS 39452	Right of Way Services	2,296,980.
Cambium Tree Care & Preservation, 7613		
Bienville Boulevard, Ocean Springs, MS	Right of Way Services	2,292,416.
Chain Electric, 1308 1/2 W. Pine Street,		
Hattiesburg, MS 39403	Construction Services	1,275,970.
Progressive Solutions, LLC		
P. O. Box 825124, Philadelphia, PA 19182	Substation Herbacide Spraying	570,453.
Fletcher Const Co Inc		
P.O. Drawer 1509, Pascagoula, MS 39568	Construction Services	514,220.
<ul> <li>Total number of independent contractors (including but not limited \$100,000 of compensation from the organization</li> </ul>	to those listed above) who received more than	

		Check if Schedule O cont	ains a resnonse :	or note to any line	in this Part VIII			
		GIVECK II SCHEDDIE O'COM	anis a response	or note to any line	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
र र	1 :	Federated campaigns	1a					
an	1	Membership dues	1b					
و ق		Fundraising events	1c					
#S T		Related organizations	1d					
<u>s</u> ig		Government grants (contributi						
Sin		<u> </u>						
utic		All other contributions, gifts, gran	1 1					
ë #		similar amounts not included above						
Contributions, Gifts, Grants and Other Similar Amounts		Noncash contributions included in lines	1a-1f \$					<del></del>
<u>0</u> e		1 Total. Add lines 1a-1f		Business Code	· —		<del></del>	
	٠.	Sales of Electricity		221000	147,054,770.	147,054,770.		
ice	2 3			221000	4,005,076.	4,005,076.		
e S	'	·		221000	4,003,070.	4,003,070.		
m S	. •						<del></del>	<del></del>
gra Re	•	<u> </u>		-				<del></del>
Program Service Revenue		All other program continue rave		<del></del>				
_	· '	All other program service reve Total, Add lines 2a-2f	nue		151,059,846.			
	3	Investment income (including	dividends intere	net and				
	Ŭ	other similar amounts)	arviderias, irriere	ost, and	893,440.			893,440.
	4	Income from investment of tax	exempt bond n	roceeds				
	5	Royalties	coxempt bond p	. doctors			<del></del>	
		1107411100	(i) Real	(II) Personal				
	6	a Gross rents	(i) Floar	2,222,095.				
		Less: rental expenses		0.		1		
		Rental income or (loss)		2,222,095.				
		Net rental income or (loss)	<u> </u>		2,222,095.	-		2,222,095.
		Gross amount from sales of	(i) Securities	(ii) Other		-		
	′ ′	assets other than inventory	1) Securities	34,868.				
	١ .	Less: cost or other basis		1 ,				
	'	and sales expenses	}	53,983.				
		Gain or (loss)		-19,115.				
		d Net gain or (loss)	<u> </u>	<b>D</b>	-19,115.	<del></del>	<del></del>	-19,115.
		a Gross income from fundraising	a events (not				<del>''</del>	
ne		including \$						
Other Rever		contributions reported on line						İ
æ		Part IV, line 18	а а	j				J
þer		Less: direct expenses	b			ŀ		
ŏ		Net income or (loss) from fund						
		a Gross income from gaming ac	_		<del></del>		·	
		Part IV, line 19	а					
		Less: direct expenses	b					
		Net income or (loss) from gam	-					
		Gross sales of inventory, less						
		and allowances	а	2,945.				
	1	Less: cost of goods sold	b					
		Net income or (loss) from sale	-		711.	711.	· · · · · · · · · · · · · · · · · · ·	
		Miscellaneous Revenu		Business Code			<del></del>	
	11 :							
		·						
		·						
	١,	d All other revenue	<del></del>					
	(	Total. Add lines 11a-11d		<b>&gt;</b>				
	12	Total revenue See instructions.			154,156,977.	151,060,557.	0.	3,096,420.

Form 990 (2017) Singing River Electric Cooperative
Part IX | Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			mpiete column (A).	X
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	19,887.			
_	and domestic governments. See Part IV, line 21	19,007.			<u></u>
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	Benefits paid to or for members	9,348,956.	····		
5	Compensation of current officers, directors,				
Ū	trustees, and key employees	862,510.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				_ :
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits		<u>.                                  </u>		
10	Payroll taxes		·		
11	Fees for services (non-employees)				
а	Management				
b	Legal			<u> </u>	
C	Accounting			-	***
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17		<del></del>		
f	Investment management fees Other (If line 11g amount exceeds 10% of line 25,		· ······· 2 - 23.11		
9	column (A) amount, list line 11g expenses on Sch 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	5,337,395.			
21	Payments to affiliates			-	
22	Depreciation, depletion, and amortization	8,922,510.			<u></u>
23	Insurance			<del> </del>	
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 0.)				
а	Cost of Power	105,177,881.			
b	Dist Exp-Maintenance	9,629,376.			
С	Admin & Gen Expenses	6,174,041.			
d	Consumer Accounts Exp	5,302,613.			
е	•	3,381,808.		<u> </u>	
25	Total functional expenses Add lines 1 through 24e	154,156,977.		<u> </u>	
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  fifollowing SOP 98-2 (ASC 958-720)				
	- Circle 1   1   1   1   1   1   1   1   1   1			i	ī

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year 38,318,196. 30,828,362. Cash - non-interest-bearing 1 10,883,000. 14,032,000. 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 7,220,048. 11,315,765. 4 Accounts receivable, net 4 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 and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 1,964,024. 1,520,802. Notes and loans receivable, net 7 4,068,676. 4,666,283. Inventories for sale or use 8 4,806,411. 4,121,828. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other 330,551,459. basis Complete Part VI of Schedule D 10a 93,063,667. 228,589,299. 237 487 792. b Less accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 62,800,093. 65,440,996. 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 485,512. 15 384,628. Other assets. See Part IV, line 11 15 359,135,259. 369,798,456. Total assets. Add lines 1 through 15 (must equal line 34) 16 12,297,509. 13,992,010. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 146,291,128. 147,078,275. 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of 26,399,852. 21,767,850. Schedule D 25 184,988,489 182,838,135. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 295,350. 30 Capital stock or trust principal, or current funds 294,055. 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 173,852,715. 186,664,971. 32 32 Retained earnings, endowment, accumulated income, or other funds 174,146,770. 186,960,321. 33 33 Total net assets or fund balances 359,135,259. 369,798,456. Total liabilities and net assets/fund balances 34

orn	1990 (2017) Singing River Electric Cooperative	64-023	9641	Pa	ige 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				Х
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u> </u>	,977.
2	Total expenses (must equal Part IX, column (A), line 25)	2	154	,156	,977.
3	Revenue less expenses. Subtract line 2 from line 1	3			<u> </u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	174	,146	,770.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	12	,813	,551.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	186	,960	321.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	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		Х
	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	Х	$\Box$
	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				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit.			
	review, or compilation of its financial statements and selection of an independent accountant?	40011,	2c	х	┰
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing				
	Act and OMB Circular A-133?	3.0 / Wait	3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit	Ja		<del></del>
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	ou audit	3b		
	The second day stope later to undergo door adults			990	(2017)
			7 01111		(CUII)

# SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Singing River Electric Cooperative

**Employer identification number** 64-0239641

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds o	r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	funds
	are the organization's property, subject to the organization's	-	Yes No
6	Did the organization inform all grantees, donors, and donor a	5	ed only
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?	, , ,	Yes No_
Pai	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Pa	
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e		ically important land area
	Protection of natural habitat	Preservation of a certification	ed historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	a conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the o	rganization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per	nodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements if	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conser	vation easements during the year
	<b></b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservatio	n easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)	(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense st	atement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes the	e organization's accounting for
_	conservation easements		
Pai	t III Organizations Maintaining Collections of		er Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue stateme	nt and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furtheranc	e of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these items	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement ai	nd balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ea	ducation, or research in furtherance of public	c service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial g	aın, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 99O, Part X		<b>▶</b> \$

Sche	dule D (Form 990) 2017 Singing Riv	ver Electric Coo	perati	.ve				64-023	9641	Page 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, o	r Other S	Simila	r Assets	(continu	ued)
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the f	ollowing that	t are a sign	ificant u	se of its c	ollection i	tems
	(check all that apply).									
а	Public exhibition	d		Loan or exc	hange progra	ams				
b	Scholarly research	е		Other						
C	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	how the	ey further th	ie organizatio	on's exemp	t purpo	se ın Part	XIII.	
5	During the year, did the organization solicit o	r receive donations o	of art, his	storical treas	sures, or othe	er sımılar a	ssets			
	to be sold to raise funds rather than to be ma	aintained as part of th	ne organ	ization's co	llection?				Yes	No No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the	organizatio	n answered	"Yes" on F	orm 990	), Part IV, I	ine 9, or	
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodi	an or other intermed	ary for c	ontributions	or other as	sets not inc	cluded			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing ta	able <sup>.</sup>						
	-								Amount	
С	Beginning balance						1c			
	Additions during the year						1d			
	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fe	orm 990. Part X. line	21 for e	scrow or ci	istodial acco	unt liability			Yes	No No
	If "Yes," explain the arrangement in Part XIII					-	•			<b>=</b> "
Par								<u> </u>	<del></del>	
L		(a) Current year		rior year	(c) Two year			years back	(e) Four	years back
1a	Beginning of year balance	(a) Content your	(8)	iloi yeai	(6) 100 300	13 Dack te	1) 111100	yours buok	(6)1001	years baok
h	Contributions									
D				<del></del>			_	<del></del>		
C	Net investment earnings, gains, and losses					<del></del>				
a	Grants or scholarships				<del> </del>					
е	Other expenditures for facilities									
_	and programs				<del>                                     </del>					
f	Administrative expenses							-		
g	End of year balance		<u>.                                    </u>		L	<u> </u>	_			
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g	, column (a)	) held as					
а	Board designated or quasi-endowment		_%							
	Permanent endowment	%								
С	Temporarily restricted endowment %									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
3a	Are there endowment funds not in the posse	ssion of the organiza	ition that	are held ar	nd administer	red for the	organiza	ation	_	
	by:								`	Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(iı)	
ь	If "Yes" on line 3a(II), are the related organiza	tions listed as requir	ed on So	hedule R?					3b	
4	Describe in Part XIII the intended uses of the	organization's endo	wment fu	unds						
Par	t VI_ Land, Buildings, and Equipm	ent.								
	Complete if the organization answered	d "Yes" on Form 990	, Part IV	, line 11a S	ee Form 990	, Part X, lir	ne 10.			
	Description of property	(a) Cost or o			or other		umulate	ed	(d) Book	value
	, , ,	basis (investr			(other)		eciation	l l	(-,	
1a	Land	<u> </u>			,608,882.		STATE IN		2.6	508,882.
	Double as				, ,		**************************************	<del></del>		
	Leasehold improvements								_	
	Equipment	<del></del>		327	,942,577.	q	3,063,	667	234	378,910.
	Other				, , - , - , - ,	<del></del>	.,,			
	. Add lines 1 a through 1e (Column (d) must e	aval Form 000, Port		m (D) (ma 1)	0-1	<del></del>			237 4	187,792.

Closely-held equity interests     Other	rered ites on Form 990. Part			
(1) Financial derivatives (2) Closely-held equity interests (3) Other			valuation: Cost or end	of-year market value
Closely held equity interests     Other	a or sacurity) (b) book value	(0)		<u> </u>
3) Other				
-				
(A)				
(B)				
(C)			<del>,,</del>	
(D)				
(E)				
(F)				
(G)				
(H)				-
Total. (Col. (b) must equal Form 990, Part X, col. (B)	line 12 )			
Part VIII Investments - Program R	elated.	till line 11c. See Form 990	Part Y line 13	
(a) Description of investment	(b) Book val	lue (c) Method of	valuation. Cost or end	-of-year market value
		(5)		<u> ·</u>
<del></del>		2,163. Cost		
(2) Energy (3) Capital Term Certificates	<del></del>	8,208. Cost		
(4) Other Investments in Associate		,		
(5) Organizations		0,625. Cost		
(6)	· · · · · · · · · · · · · · · · · · ·		·	
(7)				
(8)	·			
(9)			<del></del>	
Total. (Col. (b) must equal Form 990, Part X, col. (B	\line 13 \ \ 65 44	10,996.	·····	· · · · · · · · · · · · · · · · · · ·
Part IX Other Assets.  Complete if the organization answ	vered "Yes" on Form 990, Part	t IV, line 11d. See Form 990	, Part X, line 15	(b) Book value
(1)	(-)			
(2)				
(3)	<del></del>			<u> </u>
(4)				
(5)				
(6)				
(6) (7)				
(6) (7) (8)	<del></del>			
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part )	(_col. (B) line 15.)		<b>&gt;</b>	
(6) (7) (8) (9)  Total. (Column (b) must equal Form 990. Part ) Part X Other Liabilities.		t IV. line 11e or 11f See Fol	rm 990. Part X. line 25	
(6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part ) Part X Other Liabilities.  Complete if the organization answ	wered "Yes" on Form 990, Par		rm 990, Part X, line 25	
(6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part ) Part X Other Liabilities.  Complete if the organization ansolution (a) Description of liabilities.	wered "Yes" on Form 990, Par	t IV, line 11e or 11f See Foi (b) Book value	rm 990, Part X, line 25	
(6) (7) (8) (9)  Total. (Column (b) must equal Form 990. Part ) Part X Other Liabilities.  Complete if the organization answ  1. (a) Description of liabilities.	wered "Yes" on Form 990, Par ability	(b) Book value	_	
(6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part ) Part X Other Liabilities.  Complete if the organization answ 1. (a) Description of li. (1) Federal income taxes (2) Accumulated post-retirement	wered "Yes" on Form 990, Par ability			
(6) (7) (8) (9)  Total. (Column (b) must equal Form 990. Part )  Part X Other Liabilities.  Complete if the organization answ  1. (a) Description of li  (1) Federal income taxes (2) Accumulated post-retirement (3) Deferred compensation	wered "Yes" on Form 990, Par ability benefit obligation	(b) Book value 15,206,689		
(6) (7) (8) (9)  Total. (Column (b) must equal Form 990. Part )  Part X Other Liabilities.  Complete if the organization answers  1. (a) Description of limits (2) Accumulated post-retirement (3) Deferred compensation (4) Current portion of FAS 106 m	wered "Yes" on Form 990, Par ability benefit obligation	(b) Book value 15,206,689 384,628 596,200		
(6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part ) Part X Other Liabilities.  Complete if the organization answ 1. (a) Description of li (1) Federal income taxes (2) Accumulated post-retirement (3) Deferred compensation (4) Current portion of FAS 106 m (5) Customer deposits	wered "Yes" on Form 990, Par ability benefit obligation	(b) Book value 15,206,689 384,628		
(6) (7) (8) (9)  Total. (Column (b) must equal Form 990. Part )  Part X Other Liabilities.  Complete if the organization answard of the organization of like (a) Description of like (b) Pederal income taxes (2) Accumulated post-retirement (3) Deferred compensation (4) Current portion of FAS 106 mm (5) Customer deposits (6)	wered "Yes" on Form 990, Par ability benefit obligation	(b) Book value 15,206,689 384,628 596,200		
(6) (7) (8) (9)  Total. (Column (b) must equal Form 990. Part )  Part X Other Liabilities.  Complete if the organization answ  1. (a) Description of it  (1) Federal income taxes (2) Accumulated post-retirement (3) Deferred compensation (4) Current portion of FAS 106 m (5) Customer deposits (6) (7)	wered "Yes" on Form 990, Par ability benefit obligation	(b) Book value 15,206,689 384,628 596,200		
(6) (7) (8) (9)  Total. (Column (b) must equal Form 990. Part )  Part X Other Liabilities.  Complete if the organization answard of the organization of like (a) Description of like (b) Pederal income taxes (2) Accumulated post-retirement (3) Deferred compensation (4) Current portion of FAS 106 mm (5) Customer deposits (6)	wered "Yes" on Form 990, Par ability benefit obligation	(b) Book value 15,206,689 384,628 596,200		

<sup>2.</sup> Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements 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 X

Schedule D (Form 990) 2017

	t XI Reconciliation of Revenue per Audited Financial St		turn.	Page 4
	Complete if the organization answered "Yes" on Form 990, Part IV,			
1	Total revenue, gains, and other support per audited financial statements	124	1	154,156,977.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	·		
a	Net unrealized gains (losses) on investments	<sub>2a</sub>		
b	Donated services and use of facilities	2b	1	
c	Recoveries of prior year grants	2c	1	
d	Other (Describe in Part XIII.)	2d	1	
е	Add lines 2a through 2d		2e	_ 0.
3	Subtract line 2e from line 1		3	154,156,977.
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	1 1	
b	Other (Describe in Part XIII.)	4b	]	
С	Add lines 4a and 4b	<del></del>	4c	0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	2)	5	154,156,977.
Pa	t XII   Reconciliation of Expenses per Audited Financial S	tatements With Expenses per l	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a		
1	Total expenses and losses per audited financial statements		1	144,808,021.
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	]	
С	Other losses	2c	]	
d	Other (Describe in Part XIII.)	2d	]	
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	144,808,021.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			· · · · · · · · · · · · · · · · · · ·
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b 9,348,956.	]	
С	Add lines 4a and 4b		4c	9,348,956.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	154,156,977.
Pa	t XIII Supplemental Information.			
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide		4, Part X, I	ine 2, Part XI,
Part	X, Line 2:			
Inco	me taxes - The Association is exempt from income taxes	under Internal		
Reve	nue Code Section 501(c)(12).			
Mana	gement has evaluated the Association's tax positions and	d concluded		
that	the Association has taken no uncertain tax positions t	hat require		
adju	stment to the financial statements.			
Part	XII, Line 4b - Other Adjustments:			
Marc	ins assigned/assignable to members	9,348,956.		

Schedule D (Form 990) 2017

732054 10-09-17

Schedule D (Form 990) 2017 Singing River Electric Cooperative	64-0239641	Page 5
Schedule D (Form 990) 2017 Singing River Electric Cooperative  PartixIII Supplemental Information (continued)		
(CONTINUED)		·
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SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

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

▶ Go to www.irs.gov/Form990 for the latest information. ▶ Attach to Form 990.

1	
01	
2	

OMB No 1545-0047

Employer identification number

ž \$2,475 to purchase items library for the Culinary to set up an internet cafe in the school's 64-0239641 (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) 。 (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (d) Amount of 5,383 cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) 64-6000379 GCS District Singing River Electric Cooperative Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance (P) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization George County School District or government Lucedale, MS 39452 5152 Main Street Parti Part II က

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

See Part IV for Column (h) descriptions

Schedule I (Form 990) (2017)

732102 11-01-17

Page 2

64-0239641

Singing River Electric Cooperative

Schedule I (Form 990) Singing River Electric Cooperative	64-0239641	Page 2
Schedule I (Form 990) Singing River Electric Cooperative Part V Supplemental Information		
Part II, line 1, Column (h):		
Name of Organization or Government: George County School District		
Name of Organization of Government: George County School District		
(h) Purpose of Grant or Assistance: \$2,475 to purchase items to set up		
an internet cafe in the school's library for the Culinary Arts and		
Business students to operate.		
\$1,259 to purchase a washer and dryer to wash clothes for students who do		
not have clean clothes, and to wash blankets used to cover sick children.		
\$1,649 to purchase two pieces of playground equipment with safety		
surfaces for the special education preschool and kindergarten students.		
and opposite the second of the		
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## SCHEDULE J (Form 990)

Internal Revenue Service

Department of the Treasury

**Compensation Information** 

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

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

➤ Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization

Singing River Electric Cooperative

Employer identification number 64-0239641

Part I **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 Discretionary spending account Personal services (such as, maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or 1b reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 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 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 X Compensation committee Written employment contract X Compensation survey or study Independent compensation consultant Form 990 of other organizations X Approval by the board or compensation committee 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. X a Receive a severance payment or change-of-control payment? **4**a X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each 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. a The organization? ... 5a b Any related organization? 5b If "Yes" on line 5a or 5b, describe in Part III 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. a The organization? 6a b Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments 7 not described on lines 5 and 6? If "Yes," describe in Part III 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 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)? 9

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

Schedule J (Form 990) 2017

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 W-2	N-2 and/or 1099-MIS	and/or 1099-MISC compensation	(C) Retirement and	Ble	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	Denems	(a)-(i)(a)	reported as deferred on prior Form 990
(1) Michael R Smith	9	305 591.	0	15,258.	125,742.	18,305.	464,896.	0.
eral Manager	3 (	0	0.	0	0	0	0	0
	9	150,127,	0	984.	56,874.	13,687.	221,672.	0
_	3 (	0.	0	0.	0	0	0.	0.
1	Ξ	132,951.	0	727.	79,278.	15,953.	228,909.	0.
	3 (	0	0.	0.	0	0	0.	.0
te K. Riley	] ⊆	114,489.	0	734.	79,984.	16,369.	211,576.	0.
ger of HR	3	0	0	0	0	.0	0.	0.
. Fairley	9	124,697.	0	1,190.	84,841.	14,641.	225,369.	0.
	) (	0	0	0.	0.	0.	0.	0.
(6) Brian K. Hughey	9	163,960.	0	1,496.	91,094.	19,008.	275,558.	.0
щ	2	0	0	0	0	0.	0	0.
(7) Grady R. Williams	9 8	126,389.	0	1,996.	73,872.	.866,9	209,255.	0.
Gautier District Manager	<u> </u>	0	0	0.	0	0.	0.	
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### **SCHEDULE 0**

(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. Attach to Form 990 or 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Singing River Electric Cooperative

Inspection Employer identification number 64-0239641

Form 990, Part I, Line 1, Description of Organization Mission:
efficiency and enhancing the lives of the members and communities we
serve.
Form 990, Part VI, Section A, line 4:
Singing River Electric Power Association changed their name to Singing
River Electric Cooperative in 2017 and also updated their bylaws in
December of 2017.
Form 990, Part VI, Section A, line 6:
The Cooperative is a not-for-profit membership organization whose members
have identical voting rights and are assigned margins in accordance with
the organization's bylaws.
Form 990, Part VI, Section A, line 7a:
The members of the Cooperative may elect one or more members of the
governing body at the annual meeting.
Form 990, Part VI, Section A, line 7b:
The business and affairs of the organization are managed by the Board of
Directors which exercises all of the powers of the organization except such
as are by law, or by the Certificate of Incorporation of the organization,
or by the bylaws conferred upon or reserved to the members. The
organization's bylaws include certain provisions in which a majority of the
membership would need to approve such transactions. An example would be
decisions to sell, lease, or otherwise dispose of more than ten percent of

Schedule O (Form 990 or 990 EZ) (2017)	Page 2
Name of the organization Singing River Electric Cooperative	Employer identification number 64-0239641
the organization's property.	
Form 990, Part VI, Section B, line 11b:	
The Manager of Accounting & Finance and the General Manager & CEO reviewed	
a completed copy of the Form 990. The Form 990 was then presented to and	
reviewed with the board of directors at a board meeting prior to filing the	
form with the Internal Revenue Service. The presentation of the form to the	
directors is reflected in the board minutes. The return was then filed.	<del></del>
Form 990, Part VI, Section B, Line 12c:	
The Cooperative has a board policy named the "Board of Directors and	
Officers Code of Ethics." The policy includes a certification of	
compliance, and each board member and officer signs the certificate	
annually to state they have read and fully understood the "Board of	
Directors and Officers Code of Ethics" and recognize that he/she is subject	
to the code.	· · · ·
<del> </del>	
Form 990, Part VI, Section B, Line 15:	
The Cooperative has a board policy that is named the "General Manager and	
CEO Evaluation and Compensation." A committee from the Board of Directors	
completes an evaluation regarding the General Manager & CEO's performance.	<del>.</del>
The compensation is compared to national, state, and regional compensation	
for other general managers of similar size to the Cooperative. The General	
Manager & CEO uses comparable compensation data when reviewing and	
evaluating the compensation of the other employees.	
Form 990, Part VI, Section C, Line 19:	
The Cooperative allows the public to inspect a copy of the bylaws,	

732212 09-07-17

Schedule O (Form 990 or 990-EZ) (2017)