

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2017

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public

	Inter	nal Reven	ue Service	Go to www.irs.gov/romsso for instructions and the latest information	auon.	Inspection
	A	For the	2017 cale	endar year, or tax year beginning 1/1 , 2017, and ending	12/31	, 20 17
	В	Check If	applicable	C Name of organization Jefferson Davis Electric Cooperative, Inc	D Emplo	yer identification number
	П	Address		Doing business as		72-0362325
	\Box	Name ch	-	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	E Teleph	one number
	\exists	Initial ret	-	· · · · · · · · · · · · · · · · · · ·		
	吕			906 N. Lake Arthur Ave. City or town, state or province, country, and ZIP or foreign postal code		337-824-4330
	금		n/terminated			
	닖	Amende		Jennings, LA 70546		receipts \$ 24390772
	Ш	Applicati	on pending	l		or subordinates? Yes No
			 	906 N. Lake Arthur Ave Jennings, LA 70546		tes included? L. Yes L. No
	<u></u>	Tax-exer	npt status	☐ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 523 ☐	If "No," attach	a list. (see instructions)
	J	Website	: Nww	w.jdec.org I H(c)) Group exemption	on number 🕨
	K	Form of o	organization	☐ Corporation ☐ Trust ☐ Association ☐ Other ► ☐ L Year of formation	1941 M Stat	te of legal domicile. LA
	Р	art I	Summ	iary		
		1	Briefly de	escribe the organization's mission or most significant activities: Utility service	e distributing (electricity to rural
	æ		•	rs/members.	·	
7	Ĕ	1	2011241110			
J	Ĕ	2	Check th	is box ▶ ☐ if the organization discontinued its operations or disposed of more	e than 25% c	of ite not accore
/	Governance	3		of voting members of the governing body (Part VI, line 1a)		1
_		1				9
1)	Activities &	4		of independent voting members of the governing body (Part VI, line 1b)		9
	ij	5		mber of individuals employed in calendar year 2017 (Part V, line 2a)	5	52
	듏	6		mber of volunteers (estimate if necessary)	6	0
	Š	7a		related business revenue from Part VIII. column (C). line 12	. <u>7a</u>	o
		b	Net unre	lated business taxable income from Form 990 TIMA 34	7b	0
		1] 	Prior Year	Current Year
	•	8	Contribu	tions and grants (Part VIII, line 1h) . WAV 1 2016 .		
<u> </u>	Ş	9	Program	tions and grants (Part VIII, line 1h) Service revenue (Part VIII, line 2g) Service revenue (Part VIIII, line 2g) S	2497054	5 24206724
8j.N7.	Revenue	10		ent income (Part VIII, column (A), lines 3, 4, and 7d)	2875	
 E	Œ	11		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	12037	
()		12		enue – add lines 8 through 11 (must equal Part VIII column (A), line 12)	2511967	
		13		nd similar amounts paid (Part IX, column (A), lines 1-3)	2011007	24330773
Ħ		14		paid to or for members (Part IX, column (A), line 4)		
		اعدا		other compensation, employee benefits (Part IX, column (A), lines 5–10)	39532	200400
\subseteq	Ses	16a		onal fundraising fees (Part IX, column (A), line 11e)	39332	2 386100
	ē	loa				
艺	Expenses	b		draising expenses (Part IX, column (D), line 25)	A SALES OF THE PROPERTY OF THE PARTY OF THE	and the second s
	_	11/		penses (Part IX, column (A), lines 11a-11d, 11f-24e)	2506113	
CENNOSS		18		penses. Add lines 13–17 (must equal Part IX, column (A), line 25)	2545645	7 24887649
U	_	19	Revenue	e less expenses. Subtract line 18 from line 12	-79919	
	5 5			<u></u>	ng of Current Yea	r End of Year
	Assets Ratan	20		sets (Part X, line 16)	4819694	6 50027953
	~-	3 I Z I		pilities (Part X, line 26)	3275933	5 34371587
	E SE	22	Net asse	ets or fund balances. Subtract line 21 from line 20	1543761	1 15656366
	P	art II	Signa	ture Block		
	Ur	nder pena	Ities of pegu	ury, I declare that I have examined this return, including accompanying schedules and statements, a	and to the best o	f my knowledge and belief, it is
	trı	le, correc	t, and comp	lete. Declaration of preparer (other than officer) is based on all information of which preparer has an	y knowledge.	_
			1/1	Maria II MULLANO		
	Sig	gn	Šign	nature of officer	Date	· · · · · · · · · · · · · · · · · · ·
		ere	M	Michael J. Heinen General Manager	4-2	4-18
			1 a	e or print name and title		
			1.4	/pe preparer's name Preparer's signature Date		C PTIN
		aid		, and a second s	Check	: [] # [
		epare				nployed
	U	se Onl			Firm's EIN ▶	·
	-	. 45. 25		address >	Phone no.	
	Ma	ay the If	15 discus	s this return with the preparer shown above? (see instructions)		Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2017)

Cat. No. 11282Y

Form 99	0 (2017)				Page
Part		atement of Program Service A			
			ponse or note to any line in this Pa	rt III	<u> L</u>
1	-	lescribe the organization's mission	: ive, Inc. is to make electric energy avai	lable to its members at the lewest	
			anagement.		
2	Did the	organization undertake any signifi	cant program services during the yea	ar which were not listed on the	
_					☐ Yes ☑ No
	If "Yes,"	describe these new services on S	chedule O.		
3			or make significant changes in ho	• • •	☐ Yes ☑ No
		' describe these changes on Sche			
4	expense		ice accomplishments for each of its organizations are required to report reach program service reported.		
4a	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	` -				
			·		
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
		• • •			

4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
				·	
4d		rogram services (Describe in Sche			· · · · · · · · · · · · · · · · · · ·
	(Expens		ints of \$) (Revenue \$)	
4e	lotal pr	rogram service expenses			

Form 99				Page 3
Part	V Checklist of Required Schedules		,	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
'	complete Schedule A	1		1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	 	1
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		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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		
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		1
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
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		√
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	1	Ť-
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	1	
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
р	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		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		√
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		√
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		√
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
			n 990	(2017)

Part I	V Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	1	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		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	28a 28b		√
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV			,
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M			
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		✓
32	Part I	31		✓
33	complete Schedule N, Part II	32		✓
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
35a	or IV, and Part V, line 1	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	1	-

Part '							
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>					
		,	Yes	No			
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 62						
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable						
G	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c	✓				
20	Statements, filed for the calendar year ending with or within the year covered by this return 2a 52						
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)?	4a		✓			
b	If "Yes," enter the name of the foreign country:			ĺ			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts						
E.	(FBAR).						
5a b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		1			
	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	-	1			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or						
	gifts were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods						
	and services provided to the payor?	7a					
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7b					
С	required to file Form 8282?	7c					
d	If "Yes," indicate the number of Forms 8282 filed during the year	76					
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		·			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the						
	sponsoring organization have excess business holdings at any time during the year?	8		·			
9	Sponsoring organizations maintaining donor advised funds.						
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a					
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	9b					
10 a	Initiation fees and capital contributions included on Part VIII, line 12		Ī				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	ļ	į				
11	Section 501(c)(12) organizations. Enter:			, ,			
а	Gross income from members or shareholders		}	1			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1	Ì				
	against amounts due or received from them.)						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1	l				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10-					
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	}				
b	Enter the amount of reserves the organization is required to maintain by the states in which	- 1	İ				
_	the organization is licensed to issue qualified health plans	}	}				
С	Enter the amount of reserves on hand	l	ŀ	į			
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					
		Form	990	(2017)			

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	See ins	struct	ions.
Section	on A. Governing Body and Management			_
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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.			
ь 2	Enter the number of voting members included in line 1a, above, who are independent	2		1
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1
6	Did the organization have members or stockholders?	6	✓	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	✓	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	 	1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	√	-
9 9	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	8b 9	<u> </u>	1
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven		ade l	
0001	on b. I dided (This bedien & requests internation about policies not required by the internal never	<i>u</i> c 0.	Yes	
10a	Did the organization have local chapters, branches, or affiliates?	10a		1
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		-
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		1
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		1
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		1
14 15	Did the organization have a written document retention and destruction policy?	14	✓_	
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO Executive Director, or top management official.	1=-	1	-
a b	The organization's CEO, Executive Director, or top management official	15a 15b	<u>*</u>	
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	136		
	with a taxable entity during the year?	16a		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			 -
17 18	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 available for public inspection. Indicate how you made these available. Check all that apply.	501(c)(3)s	only)
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest j	oolicy	/, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	corde:	•	
	Jefferson Davis Electric Cooperative, Inc. 906 N. Lake Arthur Ave. Jennings, LA 70546	JUIUS.		

Form 990 (2017)

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, a	nd
GILL CIL		
	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 pether the organization nor any related organization compensated any current officer, director, or trustee

Check this box if neither the organization no	r any related	d orga	anız	atio	n co	ompe	nsa	ited any curren	it officer, directo	r, or trustee.
				(0	C)					
(A)	(B)	Position				(0)	(E)	(F)		
Name and Title	Average	(do not check more than one box, unless person is both an				Reportable	Reportable	Estimated		
	hours per					or/trus		compensation	compensation from related	
	week (list any hours for	Ind or o	Ins	Officer	<u>Ю</u>	BE	ξ	from the	organizations	other compensation
	related	ivid	롩	cer	y en	Ploy	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted		3		Key employee	8 6		(W-2/1099-MISC)		organization and related
	line)	rust	2		yee	npe	l			organizations
		69	Institutional trustee			Highest compensated employee				
			\vdash		-	<u> </u>	-	 		:
(1) John Berken	11									
Director		✓					<u> </u>	22713		
(2) Claude Breaux	11				ĺ	Ì		1		
Director	ļ	/					<u> </u>	22504		
(3) Byron Hardee	11					· ·				
Director	<u></u>	✓		ļ,		ļ	<u> </u>	9904		
(4) E Garner Nunez	10						ľ	1		
Director		✓	L			ļ	_	22502		
(5) Reggie Murphy	11		1 1			Ì	1	1	Ì	
Director		\	_		L		ļ	22513		-
(6) Herman T Precht III	111					}	1			
Director	<u> </u>	✓		ļ	Ļ	L	<u> </u>	22413		
(7) Joseph Tupper Jr.	11					 	ł			
Director	_	✓			L_	<u> </u>	ļ	22713		
(8) Denny Primeaux	5		İ				l	ļ		
Director	<u> </u>	✓	L				<u> </u>	22413		
(9) Kirk Weldon	2					1	ł			
Director		✓		L	_	ļ	<u> </u>	23513		······································
(10) Michael J. Heinen	40		ŀ		İ		İ			
General Manager			.	L	_	✓	<u> </u>	138862		56388
(11) Richard Byler	0				1					
Former					_	<u> </u>	1	11184		·····
(12) Scott Henry	<u> </u>									
Former			 	L.		<u> </u>	1	22497		
(13) Robert Sarver	00	1				1				
Former	<u> </u>		<u> </u>	<u> </u>	<u> </u>	<u> </u>	1	11184		
(14) Louis Trahan	0	ļ			1			ł		
Former	<u> </u>	L	Ц,	<u> </u>	<u> </u>	L	✓	11185	L	

Form **990** (2017)

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees	, ar	ıd H	lighes	st C	ompensated E	mployees (continue	d)		
					•	c) ition			1					
	(B)	(do n	ot ch			than c	one	(D)	(E)			(F)		
	Name and title	Average hours per							Reportable compensation	Reportable compensation from			ımated ount of	
		week (list any							from	related		c	other	
		hours for related	Individual trustee or director	Institutional trustee	Officer	ey e	평	Former	the organization	organizatio (W-2/1099-M			ensation m the	on
			없	rtior	er i	Key employee	Highest compensated employee	頁	(W-2/1099-MISC)		orga	nizatio		
		below dotted	٦	18 1		oye	월						related nization	
			stee	uste		"	. en		•		1			.0
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(15)														
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(22)				-				_					 -	· · · · · ·
			ļ				<u></u>	_						
(23)														
(24)														
(25)														
1b	Sub-total	J	<u> </u>	l	L	L	L	_	205100	 				
C	Total from continuation sheets to Part	 VII Sectio	n A	•	•	•	•		386100					56388
ď	Total (add lines 1b and 1c)			•	•	•	•		386100					EC200
2	Total number of individuals (including but	t not limited			ilist	ed	above	e) w			00,000 c	of		56388
	reportable compensation from the organ	zation							·				r	Т
3	Did the organization list any former of	ficer direc	tor o	or ti	n iet	99	kev s	mr	olovee or high	est compe	neated		Yes	No
•	employee on line 1a? If "Yes," complete											3	1	
4	For any individual listed on line 1a, is the							n a	and other comp	ensation fro	om the	-	-	
-	organization and related organizations													ļ
	ındividual											4	1	
5	Did any person listed on line 1a receive of									ation or ind	ividual			
	for services rendered to the organization	? If "Yes," c	comp	lete	Sch	redu	ule J t	for s	such person	· · · ·		5		1
	on B. Independent Contractors													
1	Complete this table for your five highest	•		•										
	compensation from the organization. Repear.	oort compe	nsau	on 1	or u	ne c	aleno	iar y	year ending wit	n or within t	ne orga	nizatio	วก'ร เ	ax
	(A) Name and business add	Iress							(B) Description of s	ervices	Co	(C) ompens	ation	
	c Services LLC							Со	ntractor				1	12907
	ipes, LLC								e trimmers					04723
BHA, I	LC							Co	nsultants				1	33343
2	Total number of independent contractor							th	nose listed ab	ove) who				

Part	VIII	Statement of Reve			!:	Dawk 1/88		-
;	<u> </u>	Check if Schedule O	contains a res	ponse or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ats its	1a	Federated campaigns	1a					
Grants nounts	b	Membership dues .	1b]		1
Contributions, Gifts, Grants and Other Similar Amounts	C	Fundraising events .				Ì		
Giff	d	Related organizations]		
ns, Sim	е	Government grants (cont						
utio er (f	All other contributions, gri			1	ì		
ği O		and similar amounts not incl	<u> </u>	L				
Contributions, Gifts, and Other Similar An	g	Noncash contributions include				}		
	h	Total. Add lines 1a-1f	· · · · · · · · · · · · · · · · · · ·	Business Code			- · · · · · · · · · · · · · · ·	
enn	2a	Electricity Sales		221000	23900348	23900348		
æ	b	Misc. Electric Revenue		221000	306376	306376		
Program Service Revenue	C				300070	555575	· · · · · · · · · · · · · · · · · · ·	
šer	d					· · · · · · · · · · · · · · · · · · ·		
Ē	e		_					
ogu	f	All other program serv	ice revenue.					
<u>ā</u>	g	Total. Add lines 2a-2f			24206724	· · · · · · · · · · · · · · · · · · ·		
	3	Investment income (
		and other similar amo	•		48557			48557
	5	Income from investment		-		· · · · · · · · · · · · · · · · · · ·		
	3	Royalties	(i) Real	(ii) Personal				
:	6a	Gross rents				İ		
	b	Less: rental expenses		 				
	С	Rental income or (loss)						
	d	Net rental income or (loss)	>				
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b	Less: cost or other basis and sales expenses .						
	С	Gain or (loss) [
:	d	Net gain or (loss) .		<u> ▶</u>			·	
Other Revenue	8a	Gross income from fur events (not including \$ of contributions reporte See Part IV, line 18	ed on line 1c).					
돮		Less: direct expenses	_					
Ó		Net income or (loss) fr						
		Gross income from ga See Part IV, line 19	ming activities.					
	b	Less: direct expenses	-					
		Net income or (loss) fr		ivities >				· · · · · · · · · · · · · · · · · · ·
	10a	Gross sales of in- returns and allowance	• •					
	ь	Less: cost of goods se	old b					
	c	Net income or (loss) fr						
		Miscellaneous Re		Business Code				
	11a	Other capital credits		900099	135492	135492		
	b			ļ				
	d	All other revenue .		———	 			
	e	Total. Add lines 11a-			 			
	12	Total revenue. See in			24390773	24342216		48557
					£-7330.131	<u> </u>		Form 990 (2017)

Form 990 (2017) Page 10								
Part	X Statement of Functional Expenses							
	n 501(c)(3) and 501(c)(4) organizations must con	plete all columns. A	Il other organization	ns must complete co	lumn (A).			
	Check if Schedule O contains a respon-							
Do no	t include amounts reported on lines 6b, 7b,			(C)	(D)			
	, and 10b of Part VIII.	(A) Total expenses	(B) Program service	Management and	Fundraising			
			expenses	general expenses	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 Compensation of current officers, directors, trustees, and key employees	386100						
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							
10	Payroll taxes							
11	Fees for services (non-employees):							
'' a	Management							
-	=							
b	Legal							
C	Accounting							
đ	Lobbying							
e	Professional fundraising services. See Part IV, line 17							
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)		<u> </u>					
12	Advertising and promotion				· · · · <u> · · · · · · · · · · · · · ·</u>			
13	Office expenses							
14	Information technology							
15	Royalties							
								
16	Occupancy	<u></u>			·····			
17 18	Travel							
10	Payments of travel or entertainment expenses for any federal, state, or local public officials							
19	Conferences, conventions, and meetings .							
20	Interest	752517						
21	Payments to affiliates							
22	Depreciation, depletion, and amortization .	1245632	.,					
23	Insurance							
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If			<u> </u>				
	line 24e amount exceeds 10% of line 25, column				ļ			
	(A) amount, list line 24e expenses on Schedule O.)			}	(
а	Purchased Power	15772054						
b	Transmission Expenses	13335						
C	Distribution Expense-Operations	1739642	·					
ď	Distribution Expense-Maintenance	2127079						
	All other expenses				 			
9 25	Total functional expenses. Add lines 1 through 24e	2851290	7	 				
25	Joint costs. Complete this line only if the	24887649						
26	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)							

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net . . . Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L Assets Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D 10a **b** Less: accumulated depreciation 10b 39353856 10c Investments—publicly traded securities Investments-other securities. See Part IV, line 11 . Investments—program-related. See Part IV, line 11. . . Other assets, See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34) Accounts payable and accrued expenses Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties . . . Unsecured notes and loans payable to unrelated third parties . . . Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and Balances complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets Temporarily restricted net assets or Fund Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. Net Assets Paid-in or capital surplus, or land, building, or equipment fund . . . Retained earnings, endowment, accumulated income, or other funds . 15437611 33 Total liabilities and net assets/fund balances . . . Form 990 (2017)

Page	1	2

Check if Schedule O contains a response or note to any line in this Part XI 1 Total revenue (must equal Part VIII, column (A), line 12)	01111 00	0 (2017)			re	ge 12
Total revenue (must equal Part VIII, column (A), line 12). Total expenses (must equal Part IX, column (A), line 25). Total expenses (must equal Part IX, column (A), line 25). Revenue less expenses. Subtract line 2 from line 1. Revenue less expenses. Subtract line 2 from line 1. Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)). Net unrealized gains (losses) on investments. Donated services and use of facilities. Investment expenses. Prior period adjustments. Prior period adjustments. Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)). Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)). Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. ☐ Consolidated basis. ☐ Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. ☐ Consolidated basis. ☐ Both consolidated and separate basis. Were the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as	Part	XI Reconciliation of Net Assets				
Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Net unrealized gains (losses) on investments Donated services and use of facilities Donated services and use of facilities Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Net assets or fund balances are of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Tiessesses Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Consolidated basis. Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis. Both consolidated and separate basis If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis. Both consolidated and separate basis. If "Yes," there is not necessary to the year were audited on a separate basis. Consolidated basis. The prior of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain			<u> </u>	<u> </u>		
Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)). Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)). Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 34,	1	Total revenue (must equal Part VIII, column (A), line 12)	1		243	90773
Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .	2	Total expenses (must equal Part IX, column (A), line 25)	2		248	87649
Solution to the properties of the services and use of facilities	3	•		<u></u>	-4	96876
6 Donated services and use of facilities	4	The state of the s	4		154	<u>37611</u>
Prior period adjustments	5	Net unrealized gains (losses) on investments	5			
Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances are d of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolid	6	Donated services and use of facilities				
9 Other changes in net assets or fund balances (explain in Schedule O)	7		7			
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	8				7	76760
The princial statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: ☐ Cash ☐ Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis ☐ Both consolidated and separate basis c 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	9		9		-	61129
The counting method used to prepare the Form 990: ☐ Cash ☐ Accounting method used to prepare the Form 990: ☐ Cash ☐ Accounting method used to prepare the Form 990: ☐ Cash ☐ Accounting method used to prepare the Form 990: ☐ Cash ☐ 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? . 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 ☐ Were the organization's financial statements audited by an independent accountant?	10					
Check if Schedule O contains a response or note to any line in this Part XII		33, column (B))	10		156	56366
Accounting method used to prepare the Form 990: Accrual Accrual Accrual Accrual Accrual Accounting method used to prepare the Form 990: Accrual Accr	Part	·				
Accounting method used to prepare the Form 990: Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant?		Check if Schedule O contains a response or note to any line in this Part XII		· · · · ·		. ✓
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?					Yes	No
Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant?	1			_]
Were the organization's financial statements compiled or reviewed by an independent accountant?			plain i	n)	. 1
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?				ļ		
reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	2a					✓
 □ Separate basis □ Consolidated basis □ Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant?			oiled o	ır		
b Were the organization's financial statements audited by an independent accountant?		•		ļ	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 c 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		•				
separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	b				1	
 ✓ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?			d on	a) i	
c 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?				İ		
of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?					L	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	C				1	
Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		•			✓	
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?			plaın i	n		1
the Single Audit Act and OMB Circular A-133?						
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.	3a	· · · · · · · · · · · · · · · · · · ·	forth i			
required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		5				✓
	b			1		
Form 990 (2017)		required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.			
				For	n 990	(2017)

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.

OMB No. 1545-0047

Inspection

20**17**Open to Public

Name of the organization Employer identification number Jefferson Davis Electric Cooperative, Inc. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6, (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area ☐ Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified 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 Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) . . . Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) R In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Assets included in Form 990, Part X

Page	2

Part	III Organizations Maint									
3	Using the organization's acqu	isition, acc								
	collection items (check all that	apply):			- .					
a	Public exhibition					or exchang				
Ь	Scholarly research			e L	_ Other					
_	Preservation for future gen									
4	Provide a description of the o XIII.	rganization	n's collections a	nd expla	in how tr	ey further	the org	janization's exe	empt purpo	se in Part
5	During the year, did the organ assets to be sold to raise fund									- 🗆 🕶
Doub				neu as p	art or trie	Organizan	011 5 00	ollection? .	· L Ye	s 🗌 No
Part	IV Escrow and Custod Complete if the organ			on For	~ 000 5	ort IV line	. 0	roported on a	maunt on	Earm
	990, Part X, line 21.	iizaliori ai	riswered res	OH FOR	11 990, F	art IV, III I	e 9, O	reponed an a	mount on	FOIIII
1a		tructoo c	eustodian or othe	ar interm	ediany fo	r contribut	ione o	other accete	not	
Id	included on Form 990, Part X									s 🗍 No
1_	If "Yes," explain the arrangem						• •			S 11140
b	ii res, explain the arrangem	ent in Pan	Alli and comple	te the lo	iowing ta	we.	[T	Amount	
_	Boarning balance						10			
C	Beginning balance Additions during the year						10			
d	Distributions during the year						16			
e f	Ending balance						11			· · · · · · · · · · · · · · · · · · ·
2a	Did the organization include a								h/2 🗆 V o	s 🗆 No
	If "Yes," explain the arrangem								-	
	t V Endowment Funds.	Citt iii i ait	XIII. OHOOK HOLE	, II the C	piariation	rias been	providi	CO OITT BIT 73II	· · · · ·	
TA CIA	Complete if the organ	nization a	nswered "Yes"	on For	n 990. F	Part IV. line	e 10.			
	osp.o.o		(a) Current year	(b) Price		(c) Two year		(d) Three years ba	ck (e) Four	ears back
1a	Beginning of year balance .				·					
b	Contributions			······································		· · · · · · · · · · · · · · · · · · ·				
C	Net investment earnings, gain									
_	losses		1							
d	Grants or scholarships									
e	Other expenditures for facilities									
	programs									
f	Administrative expenses							····		
g	End of year balance									
2	Provide the estimated percent		e current year en	d balanc	e (line 1g.	, column (a)) held	as:		
а	Board designated or quasi-en			%	` -	•				
b	Permanent endowment		9/4	-						
C	Temporarily restricted endown	ment ▶	·- %							
	The percentages on lines 2a,	2b, and 20	should equal 10	00%.						
3a	Are there endowment funds r	ot in the p	possession of the	e organiz	zation tha	at are held	and ad	ministered for t	the	
	organization by:									es No
	(i) unrelated organizations .								. 3a(i)	
	(ii) related organizations								. 3a(ii)	
b	If "Yes" on line 3a(ii), are the r			•					. 3b	
4	Describe in Part XIII the intend			n's endo	wment fu	ınds.				
Part					_					
	Complete if the organ					~	e 11a.	See Form 990), Part X, li	ne 10.
	Description of propert	у	(a) Cost or oth			r other basis ther)		Accumulated epreciation	(d) Book	value
1a	Land			160408						160408
b	Buildings									
C	Leasehold improvements .									
d	Equipment			2824920				1961861		863059
е	Other	<u></u>		50888223				11347017		39541206
Total.	. Add lines 1a through 1e. (Colu	mn (d) mu	ıst equal Form 99	90, Part)	(, column	(B), line 10	Oc.) .	▶		40564673

Part VII	Investments—Other Securitie Complete if the organization an		rm 000) Part IV line	11h See Form	900 Part V line 12
	(a) Description of security or category			Book value		thod of valuation
	(including name of security)	·····	(2)	BOOK Value	• •	i-of-year market value
(1) Financial			 			
• •	neld equity interests					
(3) Other			. 			
(A)						
(B) (C)						
(D)						
(E)					· · · · · · · · · · · · · · · · · · ·	
(F)						· · · · · · · · · · · · · · · · · · ·
(G)						···
(H)						
	b) must equal Form 990, Part X, col. (B) line 12.)				····	
Part VIII	Investments—Program Relate		 			
	Complete if the organization an		orm 990). Part IV. line	11c. See Form	990 Part X line 13.
	(a) Description of investment			Book value	(c) Me	thod of valuation -of-year market value
(1)						
(2)						
(3)		·				.
(4)			_			·/····
(5)		····	ļ		·	
<u>(6)</u>			<u> </u>			
_(7)			- 		· · · · · · · · · · · · · · · · · · ·	
(8)			-}	<u> </u> .		- ·
(9)	h) must a mid Form 200. Don't V and (B) has 10.)					
Part IX	b) must equal Form 990, Part X, col. (B) line 13.) DOTHER ASSETS.		<u></u>			
Partix	Complete if the organization an	swered "Ves" on Fo	orm QQ(Part IV line	11d See Form	000 Part Y line 15
	Complete if the organization and	(a) Description	31111 000	2, 1 are 14, 11110	114. 0001 0111	(b) Book value
(1)			·····			
(2)						<u> </u>
(3)					· · · · · · · · · · · · · · · · · · ·	
(4)						
(5)						
(6)						
(7)						
(8)						
(9)		 	·	····		
	mn (b) must equal Form 990, Part X,	col. (B) line 15.)	• •		<u> ▶</u>	
Part X	Other Liabilities. Complete if the organization an	swered "Yes" on Fo	orm 990), Part IV, line	11e or 11f. Sec	e Form 990, Part X,
	line 25.					
1.	(a) Description of liability	(b) Book value				
(1) Federal II						
(2) Post Ref (3)	irement Benefit Obligation	8	271284			
(4)			<u>-</u>			
(5)						
(6)						
(7)						
(8)						
(9)						
	b) must equal Form 990, Part X, col. (B) line 25.) 🕨					
	r uncertain tax positions. In Part XIII, pro					
organization	s liability for uncertain tax positions und	ler FIN 48 (ASC 740). Cl	neck here	e if the text of th	e footnote has bee	en provided in Part XIII

Part	Reconciliation of Revenue per Audited Financial Statements With Complete if the organization answered "Yes" on Form 990, Part IV, lir		•
1	Total revenue, gains, and other support per audited financial statements		24200772
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	· · · · · · - 	24390773
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
ď	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1		24390773
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		24350773
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
-	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		24390773
Part			
	Complete if the organization answered "Yes" on Form 990, Part IV, lir		• • • • • • • • • • • • • • • • • • • •
1	Total expenses and losses per audited financial statements		24887649
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	· · · · · · -	2400/043
a	Donated services and use of facilities		
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	24887649
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	· · · · · -	24007043
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		24887649
Part	XIII Supplemental Information.		24007043
2; Parl	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	any additional informatio	n.
		·	

Schedule D (Fo	orm 990) 2017	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

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Name of the organization Employer identification number

efferson Davis Electric Cooperative, Inc. 72-0362325 Part | Questions Regarding Compensation Yes No 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 Payments for business use of personal residence ☐ Travel for companions Tax indemnification and gross-up payments Health or social club dues or initiation fees ☐ Discretionary spending account Personal services (such as, maid, chauffeur, chef) 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 1b 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 2 Indicate which, if any, of the following the filling organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant Compensation survey or study Form 990 of other organizations 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: Receive a severance payment or change-of-control payment? 4a Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b 4c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any 5 compensation contingent on the revenues of: 5a 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: 6a Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed 7 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 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that 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.

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(A) Name and Title (i) 138862 (ii) 11184 (ii) 11184 (ii) 11184 (ii) 11184 (ii) (iii)		(B) Breakdown o	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(F) Total of columns	(F) Compensation	
(i) (ii) (ii) (ii) (iii) (iiii) (iiii) (iiii) (iiii) (iiii) (iiii) (iiii) (iiiii) (iiiiii) (iiiiiiiiii	(A) Name and Title		(i) 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
Michael J. Heinen (II) Richard Byler (II) Cout Henry (II) Couts Trahan (II) Couts Trahan (II) Couts Trahan (II) Couts Trahan (II) Couts Trahan (II) Couts Trahan (II) Couts Trahan (II) Couts Trahan (II) Couts Trahan (II) Couts Trahan (II) Couts Trahan (II) Couts Trahan (II) Couts Trahan (II) Couts Trahan (II) Couts Trahan (II) Couts Trahan (III)		ε	138862		56388			195250	
Scott Henry (i) Scott Henry (ii) Robert Sarver (ii) Couis Trahan (ii) Couis Trahan (ii) Couis Trahan (ii) Couis Trahan (ii) Couis Trahan (ii) Couis Trahan (ii) Couis Trahan (iii	1Michael J. Heinen	€		**************************************		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Scott Henry (ii) Scott Henry (iii)	ε	11184					11184		
Cout Henry (0) Robert Sarver (0) Louis Trahan (0) (0) (1) (1) (1) (1) (1) (1)	2Richard Byler	Ξ							
Court Henry (ii) Robert Sarver (iii) Court Henry (iii) Court Henry (iii) Court Trahan (iii) Court Henry (iii) Co		ε	22497					22497	
Cobert Sarver (ii) Louis Trahan (ii) Colin (iii) Colin	3Scott Henry	(E)							
Couis Trahan (i) Louis Trahan (ii) Council Trahan (iii) Council Trahan (iii) Counc		(8)	11184			:		11184	
(ii) (ii) (i	4Robert Sarver	(ii)							
(i) (ii) (ii) (ii) (ii) (iii)		(3)	11185					11185	
	5Louis Trahan	E							
		ε							
	9	€	***************************************		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			1 4 1 1 1 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
		8							
	_	€	**************************************			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
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	16	E							

Schedule J (Form 990) 2017

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2017

Open to Public Inspection

Employer identification number

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

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

Jefferson Davis Electric Cooperative, Inc.	72-0362325
Part VI Line 6:	·····
The Cooperative was formed by its members. Membership is required to receive electrical service from	the Cooperative.
Part VI Line 7:	
Members elect the governing body, which is the Board of Directors.	
Part VI Line 11b:	
The Form 990 is provided to the organization's auditor for review before mailing	
Part VI Line 15:	
Compensation for highly paid employees/key officers is determined on a yearly basis by the Board of I	Directors of Jefferson Davis Electric.
Part VI Line 19:	
Jefferson Davis Electric Cooperative, Inc. makes its governing documents and financial statements av	ailable to the public upon request.
Part IX Line 24e:	
General and Administrative Expenses: 1740743	
Tax Expenses: 298371	
Consumer Accounts Expenses: 775872	
Other Expenses: 36304	
Totals: 2851290	
Part XI Line 9:	
Board of Directors determines amount of capital credits to retire to heirs of deceased members on a year	early basis
New Memberships: 1025	
Retirement of capital credits: -62153	
Totals: -61128	

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization	Employer identification number

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