Form **990** OMB No 1545-0047 **Return of Organization Exempt From Income Tax** 2018 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

	Department of the Treasury Internal Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest	information. Inspection
		ndar year, or tax year beginning January 1st , 2018, and endi	
	B Check if applicable	C Name of organization Dixie Electric Power Association	D Employer identification number
	Address change	Doing business as	64-0183177
	Name change	Number and street (or P O box if mail is not delivered to street address) Room/s	
	Initial return	PO Box 88	601-425-2535
	Final return/terminated	City or town, state or province, country, and ZIP or foreign postal code	
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Form 99	0 (2018) Page	2
Part I		<u></u>
	Check if Schedule O contains a response or note to any line in this Part III	
	Briefly describe the organization's mission:	
	Dixie Electric Power Assn strives to 1) Provide an efficient electrical system 2) Support the community through local activities and encourage economic growth 3) Offer a productive work environment for its employees 4) Continue to meet the ever changing needs of its members through technological advances.	
	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	, ,
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?)
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured levenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other the total expenses, and revenue, if any, for each program service reported	
	(Code) (Expenses \$ 102,358,426 including grants of \$) (Revenue \$)	_
	, (======, /, =======, /, ========, /, ========	
	Rural electric distribution cooperative which furnished service to 39,215 accounts as of 12/31/2018.	
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)	_
	······································	
	•	
4c	(Code) (Expenses \$including grants of \$) (Revenue \$)	
	,	
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		_
	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	—

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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		
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		/
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		√
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		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		✓
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V .	10		✓
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.	,		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D, Part VI	11a	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		✓
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		✓_
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	✓	
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	✓	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	✓	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		√
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		✓
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		✓
20 a ḫ ∎	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20h		<u> </u>

- 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)

	Part IV Checklist of Required Schedules (continued)							* * * * * * * * * * * * * * * * * * *		
							Yes	No _		
	22	Did the organization report more than \$ Part IX, column (A), line 2° If "Yes," com			to or for domestic indivi		22	✓		
	23	Did the organization answer "Yes" to organization's current and former office	ers, direct	Section A, line 3, 4, or ors, trustees, key employ	5 about compensatio rees, and highest comp	pensated	23 ✓			
	employees? If "Yes," complete Schedule J									
	24a	Did the organization have a tax-exem \$100 000 as of the last day of the year								
	compe	ersons in the following order, individual insated employees; and former such personal than the properties and the second	sons.					ghest		
	☐ Ch	eck this box if neither the organization no	or any relate	(C)	ted any current officer, of	irector, or tro	istee.			
		(A) Name and Title	(B) Average	Position (do not check more than one box, unless person is both an	(D) (E) Reportable Reports compensation compensation	able l	(F) Estimated			
			Mode (het an	officer and a director/trustee)	from relate		other			
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Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
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 117			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	√	- C 145-4
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u> </u>
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		<u> </u>
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	SUMA	√ 5.35 €54
b	If "Yes," enter the name of the foreign country:			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	- E		
5a	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		V
b	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		-
C	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30		\vdash
6a	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
. h	If "Yes," did the organization include with every solicitation an express statement that such contributions or			Ť
b	qifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	3,837	7,285	\$ 29.4
· a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
_	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
, c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
-	required to file Form 8282?	7c		<u> </u>
d	If "Yes," indicate the number of Forms 8282 filed during the year		12.2	遊戲
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		ļ
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	er Stat	8a 1.2™
8	, , , , , , , , , , , , , , , , , , ,	8	2.34	
_	sponsoring organization have excess business holdings at any time during the year?	0	(3)	
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a	الشقعب	15 Care
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		\vdash
10	-Section 501(c)(7)-organizations. Enter.		1.12	200
а	Initiation fees and capital contributions included on Part VIII, line 12			2.7
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)		70177	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	Politica Carre	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1	i.""	e2,34
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		\$/29.78% I
	Note, See the instructions for additional information the organization must report on Schedule O.		会は種	1879.731

Part					
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change Check if Schedule O contains a response or note to any line in this Part VI	s in Schedule O 3		tructi	171
Secti	on A. Governing Body and Management	<u> </u>	• •	•	<u> </u>
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year.	1a 7			
	If there are material differences in voting rights among members of the governing body, or]		
	if the governing body delegated broad authority to an executive committee or similar		7		
	committee, explain in Schedule O.		, i		ř.,
b	Enter the number of voting members included in line 1a, above, who are independent .	1b 7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business	relationship with			
	any other officer, director, trustee, or key employee?		2	✓_	
3	Did the organization delegate control over management duties customarily performed by or				,
	supervision of officers, directors, or trustees, or key employees to a management company or oth		3		\ <u> </u>
4	Did the organization make any significant changes to its governing documents since the prior Form 9		5		/
5	Did the organization become aware during the year of a significant diversion of the organization have members or stockholders?	UII 5 a55e15 .	6	./	V
6	Did the organization have members of stockholders, or other persons who had the power to	oloot or appoint	7		
7a	one or more members of the governing body?		7a	✓	
h	Are any governance decisions of the organization reserved to (or subject to approva		<u> </u>		
b	stockholders, or persons other than the governing body?		7b	✓	
8	Did the organization contemporaneously document the meetings held or written actions ur	dertaken during			٠, ١
Ū	the year by the following:				
′a	The governing body?		8a	✓	
b	Each committee with authority to act on behalf of the governing body?		8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cann	ot be reached at			١.
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule (9		✓
<u>Secti</u>	on B. Policies (This Section B requests information about policies not required by the	<u>e Internal Reven</u>	ue C) T
40	D. I.I.		10a	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	facial aboutors	10a	V	
b	If "Yes," did the organization have written policies and procedures governing the activities of affiliates, and branches to ensure their operations are consistent with the organization's exemption of the control of t	npt purposes?	10b	√	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body bef		11a	✓	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	•	10-		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	· · ·	12a	√	· · · -
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		12b	V	
С	Did the organization regularly and consistently monitor and enforce compliance with the describe in Schedule O how this was done.	policy? II res,	12c	1	
13	Did the organization have a written whistleblower policy?		13	√	
14	Did the organization have a written document retention and destruction policy?		14	1	Ì
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				
а	The organization's CEO, Executive Director, or top management official		15a	\	
b	Other officers or key employees of the organization		15b	\	ļ
•	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 sim				<u> </u>
	with a taxable entity during the year?		16a		 √ _
b	If "Yes," did the organization follow a written policy or procedure requiring the organization			,] ,
	participation in joint venture arrangements under applicable federal tax law, and take steps organization's exempt status with respect to such arrangements?		16b		<u> </u>
Secti	on C. Disclosure	· · · · · · · · · · · · · · · · · · ·	100	L	
17 ·	List the states with which a copy of this Form 990 is required to be filed ► NA		•		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable	e), 990. and 990-	r (Sec	tion	501(c)
,0	(3)s only) available for public inspection. Indicate how you made these available. Check all the Own website Another's website Upon request Other (explain in Science)	at apply. :hedule 0)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing docume financial statements available to the public during the tax year				y, and
20	State the name, address, and telephone number of the person who possesses the organization Zumwalt PO Box 88 Laurel, MS 39441	on's books and re	cords	>	

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

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

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

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

☐ Check this box if neither the organization no	r any relate	d org	anız	atio	n c	ompe	nsa	ited any curren	t officer, director	, or trustee.
	(C)									
(A)	(B)		-4 -1-		ition			(D)	(E)	(F)
Name and Title	Average				more than one erson is both an			Reportable	Reportable	Estimated
	hours per	office	er and			or/truste		compensation	compensation from	amount of
	week (list any hours for	Individual trustee or director	Ins	皇	F.	육동	Fo	from the	related organizations	other compensation
	related	lıvıd	Ē	Officer	en	ploy	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	ctor	on.		Key employee	e co	_	(W-2/1099-MISC)		organization and related
	line)	rusi	2 2		yee	mg				organizations
		ee	Institutional trustee			Highest compensated employee				
	-				ļ	ě.			_	
(1) Block Blouddin	2.5									
(1) Mack Mauldin		1						17,150	ا	0
Director-President (2) Robert Smith	4	<u> </u>	-					17,130		
***************************************		1						12,581	0	0
Oirector-Vice President (3) Faye Bonner	3.5	<u> </u>						12,381		
Director-Secretary Treasurer		1						11,235	o	C
//\ A11 Cl-d	4.5	<u> </u>	1		\vdash			11,233		
(4) Allen Sledge Director-Alt Secretary Treasurer		1						13,001	ا	0
	1.5	 	H	\vdash	┢			13,001		
(5) Mike Shows Director	!	1				,		11,509	o	0
	3	- <u>`</u>						11,303		
(6) Sears Ward Director		1						13,340	o	0
	3	Ė		-	\vdash			13,340	Ĭ	<u>~</u>
(7) Dale McKee Director		1					İ	12,181	ol	0
(8) Ralph R. Smith	40				┢			12,101		
General Manager		1		1				221,551	o	185,095
(9) Aaron Zumwalt	40				-					
Administration and Finance Manager		İ			1	✓		131,799	o	43,114
(10) Thomas McCarthy	38									
Operations Manager						✓		128,158	o	137,941
(11) Lydia Walters	37									
Communication and Human Resource Manager	1]				✓		118,813	o	48,291
(12) James Grantham	42									
Information Technology Manager						✓		121,481	0	52,153
(13) Jeremy McAndrew	37									-
System Engineer	1					✓		111,971	o	32,188
(14) Albert Hutto	0									
Former Director		<u> </u>	L			✓		12,800	0	0
	<u> </u>									Form 990 (2018)

(A) Name and title	(B) Average hours per	box,	ot ch unles	Posi eck s pe	more	e than o is both or/trust	an	(D) Reportable compensation	(E) Reportable compensation from	(F) Estimat amount	t of
	week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compens from the organiza and rela organiza	ation he ation ated
(15)										•	
(16)											
(17)			П							<u> </u>	
(18)			Н							•	
(19)											
(21)											
(22)			H								
(23)											
(24)					_						
(25)								027.576			
1b Sub-total	Part VII, Section						•	937,570		·· <u>·</u>	49
d Total (add lines 1b and 1c) 2 Total number of individuals (including	ng but not limited						e) w			0 of	49
3 Did the organization list any form employee on line 1a? If "Yes," comp	ner officer, direc						emp	9 oloyee, or high	nest compensate		es /
4 For any individual listed on line 1a,	is the sum of re	porta	ble d	con	npei	nsatio				ie .	\exists
organization and related organiza	tions dreater th	an S	150.	UUU	17]	т <u>түе</u>	S. "	complete Sci	<u>neaule J for suc</u>	<u>:n (ti ·</u>	i
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For	rm 990 (2018)	Page 9
	art VIII Statement of Revenue	
D. C.	Check if Schedule O contains a response or note to any line in this Part VIII	
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	990 (2018)			<u> </u>	Page 10	
Sec.	art IX Statement of Functional Expenses tion 501(c)(3) and 501(c)(4) organizations must com	plete all columns Al	l other organizatio	ns must complete col		
_	Check if Schedule O contains a respons		e in this Part IX			
Do 1 8b,	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses	
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	26,932				
2	Grants and other assistance to domestic individuals See Part IV, line 22					
3	Grants and other assistance to foreign		······································			
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	Form 990 (2018)	·	Page 11	
	Part'X Balance Sheet	·		
	· Check if Schedule O contains a response or note to any line in this F	Part X		
	Oligon in Solication of Solica	(A)	(B)	
	,	(A) Beginning of year	End of year	
		3,844,419 1		
	1 Cash—non-interest-bearing	3,844,419 1	1,468,941	
	2 Savings and temporary cash investments	7,311,023	0	
	3 Pledges and grants receivable, net	0 3	0	
	4 Accounts receivable, net	5,577,853 4	5,601,711	
	5 Loans and other receivables from current and former officers, directors.			
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Form 9	990 (2018)		Page 12
Par	t XI Reconciliation of Net Assets		
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1	102,358,425
2	Total expenses (must equal Part IX, column (A), line 25)	2	102,358,425
3	Revenue less expenses Subtract line 2 from line 1	3	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	95,775,370
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	3,912,895
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	99,688,265
Par	t XII Financial Statements and Reporting		
	Check if Schedule O contains a response or note to any line in this Part XII		🗆
			Yes No
1	Accounting method used to prepare the Form 990: Cash Accrual Other Other Other Propagation changed its method of accounting from a prior year or checked "Other" expressions as a prior year or checked "Other" expre		•

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

Open to Public Inspection

Employer identification number Name of the organization Dixie Electric Power Association 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 Total number at end of year . . 1 Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) . 3 Aggregate value at end of year 4 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? 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 ☐ Preservation of a certified historic structure Protection of natural habitat 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 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c 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 ▶

Schedule D (Form 990) 2018 Page 2 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3. Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its

Part VII	Investments - Other Securities			0 5 4 114 1		000 P-+V-110
	Complete if the organization ansi					
	(a) Description of security or category (including name of security)	· 	(ь) Book value		Method of valuation and-of-year market value
(1) Financia						
	neld equity interests					
(3) Other						
(A)						10 1909-1-110
			-			- "
	· 					
(D)						
(E) (F)			-			
(G) ,			-		 	
(H)			 		· -	
	b) must equal Form 990, Part X, col. (B) line 12) ▶	***************************************	+			
Part VIII	Investments—Program Related	1.	J		CONTRACTOR SECTION AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PE	
T CI USVIII	Complete if the organization ansi		rm 990	0. Part IV. lin	e 11c. See For	m 990. Part X. line 13.
	(a) Description of investment	_	T) Book value	(c) N	Method of valuation and-of-year market value
(1)		·				= + +1
(2)						
(3)		·				
(4)						
(5)						18 811 81
(6)						
(7)						
(8)			ļ			
(9)					Sale and State and Section of a 19th State on a count of the basis	Dana Transminatori - Toda - Mark - Elvery Anadri Fally Miller (L. C. C.
	b) must equal Form 990, Part X, col (B) line 13)		1			一种
Part IX	Other Assets.	wared "Vas" on Es	···· 00	O Dowt 11/ Jun	o 11d Coo For	rm 000 Dort V line 15
	Complete if the organization ansi	a) Description	1111 99	U, Part IV, III	e i iu. See Foi	(b) Book value
(4) 4	 · · · · · · · · · · · · · · · · ·			<u> </u>		2,12
	tion Organizations - Membership Deposit tion Organizations - Patronage Capital					39,127,92
	O					1,282,31
	Facility Deposits	·- ,·- · · · ·				38
(5)	demity beposits				-	
(6)						77-77
(7)						
(8)						
(9)						
	mn (b) must equal Form 990, Part X, co	ol (B) line 15)	· :_	•		40,412,74
Part X	Other Liabilities. Complete if the organization ans	wered "Yes" on Fo	rm 99	0, Part IV, Im	ne 11e or 11f. S	See Form 990, Part X,
1.	line 25. (a) Description of liability	(b) Book value		45 6 V.C.		
(1) Federal in		(4) 2001				
	lated Operating Provisions and Asset					77. Feb. 18
	ement Obligations	1.8	22,972			
(4) Consum			17,891			
	er Advances for Construction		67,344	77.78		
(6)				19		and the second
(7)						4.18
(8)				h ir.		10 m
(9)	,					
	b) must equal Form 990, Part X, col (B) line 25) ▶		08,207		e e e e	
2. Liability fo	r uncertain tax positions. In Part XIII, provi	de the text of the footr	note to	the organizatio	n's financial state	ments that reports the
organization'	s liability for uncertain tax positions under	r FIN 48 (ASC 740). Ch	eck her	e if the text of	tne tootnote has b	een provided in Part XIII

Part			•	Return.	
	Complete if the organization answered "Yes" on Form 990,			4	100.050.407
1	Total revenue, gains, and other support per audited financial statements				102,358,425
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.	1 22			
a	Net unrealized gains (losses) on investments	2a 2b			
b	Donated services and use of facilities	2c	0		
C	Recoveries of prior year grants	2d	. 0		
d	Other (Describe in Part XIII.)			2e	0
_	Add lines 2a through 2d			3	102 250 425
3	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	i .		3	102,358,425
4	Investment expenses not included on Form 990, Part VIII, line 7b	4a	•		
a	Other (Describe in Part XIII.)		0		
b	Add lines 4a and 4b			4c	0
С 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	102,358,425
Part					
rart	Complete if the organization answered "Yes" on Form 990,			. Hetain	•
1	Total expenses and losses per audited financial statements		•	1	96,195,517
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.	• •			30,133,317
a	Donated services and use of facilities	2a	0		
b	Prior year adjustments	2b	0		
C	Other losses	2c	0	{ 	
d	Other (Describe in Part XIII.)	2d	0	í I	
e	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1			3	96,195,517
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	-		
b	Other (Describe in Part XIII.)	4b	6,162,908		
	·			4c	6,162,908
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	ne 18.)		5	102,358,425
Part	XIII Supplemental Information.				
Provid	e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a an	d 4, Pa	art IV, lines 1b and 2b	, Part V, II	ne 4; Part X, line
2, Part	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to pro	vide any additional in	formation.	•
Part X					
Dixie E	lectric Power Association is an organization exempt from income tax under IF	RS Cod	e Sections 501(c)(12).	Unrelated I	ousiness income,
of which	h the Association had none for the years ended December 31, 2018 and 2017,	would	be subject to federal i	ncome tax	es Consequently,
the acc	ompanying financial statements do not reflect any provision for income taxes	s. The A	Association follows the	provision	of uncertain tax
positio	ns as addressed in FASB Accounting Standards Codification 740-10-65-1. Th	e Orga	nization files income ta	ax returns	ın the U.S.
federal	jurisdiction. The Association is no longer subject to U.S. federal income tax of	examin	ations by the tax autho	rity for yea	ars before 2014
The As	sociation recognizes interest accrued related to unrecognized tax benefits in	interes	t and penalties in oper	ating expe	nses No such
ınteres	t or penalties were recognized during the periods presented. The Association	had no	accruals for interest	and penalti	es at December
31, 201	8 and 2017. The Association has elected to defer the provisions of FASB ACS	S 740, <i>F</i>	Accounting for Income	Taxes, un	der the provisions
of ASC	740 The Association records a liability for uncertain tax positions when it is	probal	ble that a loss has incu	irred and t	he amount can
be reas	onably estimated. The Association continually evaluates expiring statutes of	lımıtati	ions, audits, proposed	settlemen	ts, changes in
tax law	s, and new authoritative rulings				

Schedule D (For	m 990) 2018	Page 5
Part XIII	Supplemental Information (continued)	
Dart VII		
Part XII		
6,162,908 rc	presents the amount which was allocated to the members' capital credit accounts	
**		
		•••••
	<u></u>	
••		
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•		
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•		

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

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

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Open to Publi Inspection 2018

OMB No 1545-0047

Schedule 1 (Form 990) (2018) nestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Electric Lineman Program ° □ (h) Purpose of grant or assistance Employer identification number ✓ Yes 64-0183177 Scholarships antiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and noncash assistance (g) Description of sceived more than \$5,000. Part II can be duplicated if additional space is needed. . (f) Method of valuation (book, FMV, appraisal, other) Cat No. 50055P (e) Amount of noncash assistance irnment organizations listed in the line 1 table 8,000 5,000 (d) Amount of cash grant in the line 1 table (c) IRC section (if applicable) r assistance? for Form 990. Assistance 501(c)(3) 501(c)(3)

Schedule I (Form 990) (2018)

Schedule I (Form 990) (2018) (f) Description of noncash assistance Dixie Electric has employees that sit on the boards or advisory committees of these organizations and are given reports from the organizations describing how the funds were spent. Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. • Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

• Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance (c) Amount of cash grant (b) Number of recipients Part Line 2 (a) Type of grant or assistance ÷ Part IV 4 9 8 က Ŋ

SCHEDULE J (Form 990)

Compensation Information

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

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

► Attach to Form 990.

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

OMB No 1545-0047 2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

Dixie E	lectric Power Association		64-01831	77		
Part						
					Yes	No
1a	Check the appropriate box(es) if the organization pr 990, Part VII, Section A, line 1a. Complete Part III to p					
	☐ First-class or charter travel	☐ Housing allowance or residence t	or personal use			
	☐ Travel for companions	Payments for business use of per	sonal residence			
	☐ Tax indemnification and gross-up payments	Health or social club dues or initial	ation fees			
	☐ Discretionary spending account	Personal services (such as maid,	chauffeur, chef)			
				300		
b	If any of the boxes on line 1a are checked, did to or reimbursement or provision of all of the ex	the organization follow a written polic openses described above? If "No,"	y regarding payment complete Part III to			
	explain			1b		
2	Did the organization require substantiation prid directors, trustees, and officers, including the CE	O/Executive Director, regarding the it				
	1a ²			2	883 - 1852 883 - 1852	stania eta
3	Indicate which, if any, of the following the filing org					
	organization's CEO/Executive Director. Check all t					
	related organization to establish compensation of		ın ın Part III.			
	✓ Compensation committee	☐ Written employment contract				
	✓ Independent compensation consultant	✓ Compensation survey or study				
	✓ Form 990 of other organizations	Approval by the board or competent	isation committee			
			A A . Als . Als			
4	During the year, did any person listed on Form 990 organization or a related organization:		ect to the flling			
а	Receive a severance payment or change-of-control			4a		/
b	Participate in, or receive payment from, a supplem			4b		✓
С	Participate in, or receive payment from, an equity-			4c	2 4 55	√
	lf"Yes"_to_any_of_lines_4a_c, list the persons and p	provide the applicable amounts for eac	h item in Part III.			
					027	
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29)					
5	For persons listed on Form 990, Part VII, Section A	A, line 1a, did the organization pay or a	accrue any			
	compensation contingent on the revenues of			323.5		
а	The organization?			5a		
b	· · · · · · · · · · · · · · · · · · ·			5b	(Schools)	34334
	If "Yes" on line 5a or 5b, describe in Part III.					
_	For assess listed on Form 000 Port VIII. Section /	A line to did the organization have or	neerue any	Y	43.0% 43.0%	
6	For persons listed on Form 990, Part VII, Section A compensation contingent on the net earnings of	nne ra, did the organization pay of a	accine any			
				6a	<u> </u>	
a				6b		
ь	,					Giran
	If "Yes" on line 6a or 6b, describe in Part III.					
7	For persons listed on Form 990, Part VII, Secti	on A line 1a did the organization	provide any nonfixed	7.3033	5030	
7	payments not described on lines 5 and 6? If "Yes,	" describe in Part III		7		
	Were any amounts reported on Form 990, Part VII					
8	to the initial contract exception described in					
	in Part III	-		8		1
	mir with a contract of the con				Car	
O	If "Yes" on line 8, did the organization also for	ollow the rebuttable presumption pre	ocedure described in	Own RP	Extended.	
9	Regulations section 53.4958-6(c)?			9		

Page 2

ers, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

ppensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the list any individuals that aren't listed on Form 990, Part VII.

0 (i) (ii) (ii) ager (ii) (ii) (iii)	(i) Base compensation 3,480 1 221,551 131,799 118,813 118,813 111,971 111,971	(ii) Bonus & incentive compensation 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(iii) Other reportable compensation 9,128 9,128 4,757 4,757 4,926	other deferred compensation 0 0 26,714 26,714 31,891	22,335 20,304 15,848	(B)()-(D) 12,800 421,729 183,548 274,450 174,202	n column (B) reported as deferred on prior Form 990
<u> </u>	131,799 131,799 128,158 118,813 111,971	0 0 0 0 0	9,148 4,731 4,757 4,757	168,695 26,714 125,687 31,891			
	131,799 131,799 128,158 118,813 121,481	0 0 0 0	9,148 4,731 4,757 3,504	168,695 26,714 125,687 31,891			
	131,799 131,799 128,158 118,813 121,481	0 0 0 0	9,148	168,695 26,714 125,687 31,891			
	131,799	0 0 0 0	4,757	35,753			
	128,158	0 0 0	3,504	31,891			
	128,158	0 0 0	3,504	31,891			
<u> </u>	118,813	0 0 0	3,504	31,891			
	121,481	0 0	4,926	35,753			
	121,481	0	4,926	35,753			
	111,971						
=	111,971	=					
3		>	4,164	15,788	19,755	151,678	
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Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. Schedule J (Form 990) 2018

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

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 gcv/Form990 for the latest information.

Open to Public Inspection

DixIe Electric Power Association	64-0183177
Part VI	·
Line 2 The General Manager and one board member of Dixie Electric serve on the Board of Directors o	f Cooperative Energy. Ralph R. Smith
served as our General Manager representative and Mack Mauldin served as our board member representative	entative in 2018.
Line 6 Dixie Electric Power Association is a member owned cooperative Each person must apply for	membership before receiving electricity
from the cooperative.	
Line 7a Each member has the right to vote for the Board of Directors each year at the annual meeting.	
Line 7b In order for the cooperative to dissolve or sale, a majority of the current membership must vote	e in favor of the proposal.
Line 11b The General Manager, Administration and Finance Manager and the Accounting Supervisor w	vill review the Form 990.
After this, the General Manager will present the Form 990 to the Board of Directors at the next schedule	ed board meeting.
Line 12c All individuals listed on the Form 990 Part VII are required to complete a questionnaire and fu	lly disclose any outside relationships
that could result in a conflict of interest.	······
Line 15 Intandem, LLC was hired in 2018 to conduct a wage and salary review. Recommended change	s were presented to the Board of
Directors for approval.	
Line 19 The documents are available upon request.	
Part XI	
Line 9 Other changes in net assets include 1) \$20,240 increase in memberships 2) \$620 increase in ad	ditional deposits 3) \$6,162,908
increase in patronage capital assignable for 2018 4) \$3,206,180 decrease from patronage capital refund	ded in 2018 5) \$791,768 increase from
patronage capital that was retired in 2018 but no check was written 6) \$143,528 decreased Accumulate	d Other Comprehensive Income
	·