(Rev. January 2020)

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 2019

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

Open to Public

Internal Revenue Service Solvier Service Solvier Solvi								
$\overline{\mathbf{A}}$	For the 2	2019 calend	dar year, or tax year beginning	January 1	, 2019, and end	ding Dec	cember 31	, 20 19
В	Check if a	pplicable.	C Name of organization Jefferson	Davis Electric Coopera	tive, Inc.	_	D Empl	oyer identification number
	Address c	hange	Doing business as					72-0362325
$\bar{\Box}$	Name cha	nge	Number and street (or P.O. box if	mail is not delivered to street	address)	Room/suite	E Telepi	none number
$\overline{\Box}$	Initial retui	m	906 N. Lake Arthur Ave.			1		337-824-4330
	Final return	n/terminated	City or town, state or province, co	ountry, and ZIP or foreign pos	tal code			
	Amended	return	Jennings, LA 70546				G Gross	receipts \$
	Application	n pending	F Name and address of principal offi	icer Michael J. Heinen	_	H(a) is th	ns a group return fo	or subordinates? 🔲 Yes 📝 No
			906 N. Lake Arthur Ave. Jenni		-12		all subordinat	es included? 🗌 Yes 🔲 No
<u></u>	Tax-exem	pt status:	501(c)(3) 501(c) (12) ◀ (insert no.) ☐ 49	47(a)(1) o 🔼 52) If "I	No," attach a li	st. (see instructions)
J	Website:	► www.jde	ec.org			H(c) Gro	oup exemption	number ▶
			Corporation Trust Associa	tion ☐ Other ►	L Year of for	mation 194	1 M State	of legal domicile. LA
P	art !	Summa						
_	t	=	cribe the organization's missi	ion or most significant	activities: Utility	y service dist	ributing elec	tricity to rural
Activities & Governance	9	onsumers	members.					
Ë		·						
ove	1		box ▶ ☐ if the organization voting members of the gove			en ovimoge t		_
Ç) Ke	3 1	vumber of	independent voting member	rilling body (Fart VI, line	Contract VII lines	Her ooo	3 4 5 W	9
es 6	5 1	Total numb	per of individuals employed in	s of the governing bod scalandar year 2019 (E	Salar Africe	2020	6 5	9
Ž.			per of individuals employed in per of volunteers (estimate if i		aw v, line za)		₩ 6	57
Ç	7a T	Total unrel	ated business revenue from I	Part VIII. column (C) lis	e 12 OGDF	N LIT	7a	0
•			ed business taxable income			-1.4, .0.1 .	- 7 _b	0
		voc din old	ou business taxasis meetine			Prior	Year	Current Year
•	8 (Contributio	ns and grants (Part VIII, line	1h)		-		——————————————————————————————————————
Ž			ervice revenue (Part VIII, line	•			27200915	27122845
Revenue		-	income (Part VIII, column (A			**************************************	30302	37102
Œ			nue (Part VIII, column (A), line				136104	140697
	12 T	otal reven	ue-add lines 8 through 11 (m	nust equal Part VIII, colu	ımn (A), line 12)		27367321	27300644
	13 (Grants and	similar amounts paid (Part I)	X, column (A), lines 1-3	3)			
	14 E	Benefits pa	ud to or for members (Part IX	(, column (A), line 4) .				
S	15 8	Salaries, ot	her compensation, employee i	benefits (Part IX, column	ı (A), lines 5–10)		401447	398416
ŠUŠ	16a F	Profession	al fundraising fees (Part IX, co	olumn (A), line 11e) .				
Expenses			aisıng expenses (Part IX, colu	7				
щ	t .	-	nses (Part IX, column (A), line	-			26475673	27161895
	ľ		nses. Add lines 13-17 (must				26877120	27560311
	19 F	Revenue le	ss expenses. Subtract line 1	8 from line 12			490201	-259667
Net Assets or Fund Balances	-		- (D-+ V line 40)			Beginning of	Current Year	End of Year
Ssel Bata	20 T		s (Part X, line 16)			-	52025424	53592564
a et	21 T		ties (Part X, line 26) or fund balances. Subtract li			-	35135645	37015910
	rt II	Signatu		nezi nom mezo .		<u>l</u> .	16889779	16576654
_			I declare that I have examined this re	eturn including accompanyir	nn schedules and st	atements and t	n the best of n	ny knowledge and helief it is
true	e, correct,	and complete	. Declaration of preparer (other than	officer) is based on all inform	ation of which prep	arer has any kn	owledge.	ny momongo and somer, who
		NI	11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	1 12 -			6-18-2	.0
Sig	ın	Signati	re of officer		,		Date	
He	re	Mic	hael J. Heinen	General Manager	•			
			print name and title	<u> </u>				
— Pa	id	Print/Type	preparer's name	Preparer's signature		Date	Check [
	ıu eparer						self-emp	oloyed
	e Only	Firm's nam	ne 🕨			I	ırm's ElN ▶	
		Firm's add				Ţ,	hone no.	
May	y the IRS	discuss t	his return with the preparer s	shown above? (see inst	ructions)			. Yes No
For	Paperwo	rk Reducti	on Act Notice, see the separat	te instructions.	Ca	t. No. 11282Y		Form 990 (2019)

orm 99) (2019)	Page 2
Part I	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	ш
1	Briefly describe the organization's mission:	· · · ·
	The aim of Jefferson Davis Electric Cooperative, Inc., is to make electric energy available to its members at the lowest cost, consistent with sound economy and good management.	
2	If "Yes," describe these new services on Schedule O.	i ☑ No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	s
4	Describe the organization's program service accomplishments for each of its three largest program services, as me expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations the total expenses, and revenue, if any, for each 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	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶	

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		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		✓
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		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		✓
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in 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		1
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		1
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		1
12a	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 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		√
i4a b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	170		•
	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		1
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		1
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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
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		✓

Part	Checklist of, Required Schedules (continued)			
			Yes	No
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		✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	√	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		—
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		✓
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		1
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	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	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
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? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	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		1
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	V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		
			Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 55 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10		

art	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 57			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		✓
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3D		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	4a		/
h	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶	70		V
J	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		7
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		7
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
	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?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	70		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	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.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			;
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			ليبا
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45		,
	excess parachute payment(s) during the year?	15		✓
	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		7
	If "Yes," complete Form 4720, Schedule O.			<u> </u>

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See in	struc	tions.
Secti	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 1a 9			
	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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent . 1b 9	4 1		
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		1
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, 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		7
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	1	
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		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	✓	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	<u> </u>
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 on Schedule O	9		1
Section	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue Co	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓
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		✓
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?	12b		ļ
C	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		✓
14	Did the organization have a written document retention and destruction policy?	14	✓_	<u> </u>
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	✓	
b	Other officers or key employees of the organization	15b	✓	<u> </u>
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16-	·	
	with a taxable entity during the year?	16a		✓
h	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		
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed Louisiana	 F /0		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain on Schedule O)	,		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.			olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	•	
	Jefferson Davis Electric Cooperative, Inc. 906 N. Lake Arthur Ave. Jennings, LA 70546 337-824-4330			

Form 990 (2019)

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key 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. See instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

Ondok till bok i Hotaloi tilo organization ho				(C	C)					
(A)	(B)	(do not check more than one						1 ' '	(E)	(F)
Name and title	Average hours					is both		Reportable compensation	Reportable compensation	Estimated amount of other
	per week					or/trustee)		from the	from related	compensation
	(list any hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	를를	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and
	related	eg Eg	utio.	甲	퍨	oyee	9	(** 2 1000 111100)	(** 23 1000 111100)	related organizations
	organizations below	1 2	12		l oy	ğ				
	dotted line)	stee	nst		٩	B				
	1		8			Highest compensated employee				
(1) John Berken	2	Ţ								
Director		<u> </u>	<u> </u>	<u> </u>	ļ			22862		
(2) Claude Breaux	11	١.		1			ł			
Director		✓					<u> </u>	22139		
(3) Byron Hardee	5			ŀ						
Director		✓			<u> </u>	<u> </u>	ļ	11135		
(4) E Garner Nunez	10									
Director		✓			L		<u> </u>	22398		
(5) Reggie Murphy	3			i	Ì					
Director		✓	_	_	L	<u> </u>	<u> </u>	22548		
(6) Herman T Precht III	2			1			}			
Director	<u> </u>	✓			ļ			22709		
(7) Denny Primeaux	5			•						
Director		✓			L	<u> </u>		22848		
(8) Joseph Tupper Jr	3	1		ì					,	
Director		✓			<u> </u>	L		23048		
(9) Kirk Weldon	2			ŀ						
Director		✓	<u> </u>	L	<u> </u>			24248		
(10) Michael J. Heinen	40					Ì				
General Manager				✓	<u> </u>			151081		105849
(11) Richard Byler	0		ŀ							
Former							✓	11914		
(12) Scott Henry	0				Ì					
Former					_		✓	17658		
(13) Robert Sarver	0]	ł				
Former		<u> </u>	$ldsymbol{ld}}}}}}$				✓	11914		
(14) Louis Trahan	0									
Former		<u> </u>					✓	11914		

Part	VII Section A. Officers, Directors,	Trustees,	Key	Em	plo	yee	s, an	d F	lighest Compe	nsated	<u>Emplo</u>	yees (conti	inued)
						C)							
	(A)	(B)	(do r	ot cl		sition		nna.	(D)	(E))	(F)	
	Name and title	Average				eck more than o s person is both			Reportable	Report		Estimated ar	
		hours					or/trus		compensation from the	compen from re		of other compensa	
		per week (list any	뭂	교	♀	6	ᆲ픑	Ş	organization	organiza		from the	
		hours for	dre livid	营	Officer	g	pio,	Former	(W-2/1099-MISC)	(W-2/1099	9-MISC)	organization	
		related organizations	Individual to or director	Institutional	`	Key employee	8 8					related organi	zations
		below	Individual trustee or director	# #		yee	퓛						
		dotted line)	e	trustee		-	Highest compensated employee						
				•			e e	ł				İ	
(15)													
		1	1										
(16)													
			1				Ì						
(17)				Г									
35		1			ŀ				•				
(18)													
X		†	1					1					
(19)	· · · · · · · · · · · · · · · · · · ·								<u> </u>		-		
X		†				1	ļ	ĺ					
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3=32			1					1				1	
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(25)		ļ	ł		ĺ		İ	ļ					
		<u> </u>		<u> </u>	<u> </u>	<u>i</u>	<u> </u>	ᆫ					
1b	Subtotal			•	•	•	•		398416				105849
C	Total from continuation sheets to Part	•		•	•	•							
<u>d</u>	Total (add lines 1b and 1c)							<u> </u>	398416			<u> </u>	105849
2	Total number of individuals (including but		to tr	ose	e list	ted	above	e) w	tho received more	e than \$1	00,000	of	
	reportable compensation from the organ	ization >							1				Т
												Yes	No
3	Did the organization list any former							mp	loyee, or highes	t compe	ensated		
	employee on line 1a? If "Yes," complete											3 ✓	
4	For any individual listed on line 1a, is the												1
	organization and related organizations	greater th	an \$	150,	000)? /	f "Ye	s, "	complete Sched	dule J fo	or such		نسل
	ındividual			•	-							4 ✓	L.,
5	Did any person listed on line 1a receive of	or accrue co	ompe	nsa	tion	fro	m any	/ un	relatod organizat	ion or inc	dividual	7675	
	for services rendered to the organization	? If "Yes," c	comp	ete	Sch	hedi	ıle J t	for s	such person .			5	✓
Secti	on B. Independent Contractors												
1	Complete this table for your five high	nest comp	ensat	ed	inde	epe	ndent	CC	ontractors that r	eceived	more	than \$100,0	000 of
	compensation from the organization. Rep	ort compen	satio	n foi	r the	e ca	lenda	r ye	ear ending with or	within th	e orgar	ization's tax	year.
(A) (B) (C)													
Name and business address Description of services Compensation													
BHA, I	nc.						,	En	gineering				210802
	nergy, LLC								ntractor				761871
								1	terials/Repairs				141776
						176900							
	RC Direction Boring Boring 176900 Solscapes Tree Trimming 345829												
2	rpes Total number of independent contractor	re (includi	na bi	ıt n	nt !	limit	ed to	_		e) who		<u>`</u>	. 1004.0
4	received more than \$100,000 of compens							, LI	7	C) 10110			
				34"			-		•				

Part	VIII	Statement of Revenue					_
		Check if Schedule O contains a respon	se or note to an	y line in this Pa		·	<u>,</u>
				(A) Totał revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ıts ts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					ļ
Ď,Ě	С	Fundraising events 1c					
ar /	d	Related organizations 1d					
s, G	е	Government grants (contributions) 1e					
Sign	f	All other contributions, gifts, grants,		1			* a
the Et	_	and similar amounts not included above 1f					
	9	Noncash contributions included in lines 1a–1f 1g	le				
S E	h	Total. Add lines 1a-1f		,			
		Total ridd midd ta tr	Business Code				
9	2a	Electricity Sales	221000	26531627	26531627		· · · · · · · · · · · · · · · · · · ·
Program Service Revenue	b	Misc Electric Revenue	221000	591218	591218		
gram Ser Revenue	С						
eve	d						
P. B.	е						
2	f	All other program service revenue					
	g	Total. Add lines 2a-2f		27122845	·	· 1	
	3	Investment income (including dividends					
		other similar amounts)		39312		· · · · · · · · · · · · · · · · · · ·	39312
	4 5						
	5	Royalties	(ii) Personal	- 1			
	6a	Gross rents 6a	(y) account				
	Ь	Less: rental expenses 6b		,		,	·
	0	Rental income or (loss) 6c		t ·		,	
	đ	Net rental income or (loss)	>				
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a	16232				
ne	Ь	Less: cost or other basis					
Revenue		and sales expenses . 7b	18442				
Re	C	Gain or (loss)	-2210				, , , ,
ē	d	Net gain or (loss)		-2210		<u> </u>	-2210
Other	88	Gross income from fundraising events (not including \$	}	•	, ,		
		of contributions reported on line					
		1c). See Part IV, line 18 8a					
1	b	Less: direct expenses 8b					
	С	Net income or (loss) from fundraising eve	nts >				
	9a	Gross income from gaming					,
		activities. See Part IV, line 19 . 9a					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities	s >				
1	10a	Gross sales of inventory, less					
j	L	returns and allowances 10a					
		Less: cost of goods sold <u>10b</u> Net income or (loss) from sales of inventor	orv				
	С	race income or (1035) from sales of invento	Business Code		<u> </u>		1
اء ق	11a	Other Capital Credits	900099	140697	140697		
Miscellaneous Revenue	b		300033	170037	140031		
	c						
္က 🛣	đ	All other revenue					
Σ	е	Total. Add lines 11a-11d	🕨	140697			
	12	Total revenue. See instructions	🕨	27300644	27263542		37102

	IX Statement of Functional Expenses									
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).										
Check if Schedule O contains a response or note to any line in this Part IX										
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 .									
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	398416								
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 (nonemployees):									
а	Management									
b	Legal									
c	Accounting			1						
ď	Lobbying			1	 -					
e	Professional fundraising services. See Part IV, line 17									
f	Investment management fees									
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)									
12	Advertising and promotion				····					
13	Office expenses		······································							
14	Information technology									
15	Royalties									
16	Occupancy			 						
17	Travel									
18	Payments of travel or entertainment expenses									
40	for any federal, state, or local public officials			 						
19	Conferences, conventions, and meetings .		***************************************	 	<u></u>					
20	Interest	899624								
21	Payments to affiliates									
22 23	Depreciation, depletion, and amortization . Insurance	1353846								
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				•					
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	v								
а	Purchased Power	17275599								
b	Transmission Expenses	35881								
С	Distribution Operating Expenses	2320362			· · · · · · · · · · · · · · · · · · ·					
d	Distribution Maintenance Expenses	2277314								
е	All other expenses	2999269								
25	Total functional expenses. Add lines 1 through 24e	27560311		†						
26	Joint costs. Complete this line only if the	2700011		†···						
_ -	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)									

Р	art X	•	_				_
		Check if Schedule O contains a response or	note	to any line in this Par	(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			815033	1	1325570
	2	Savings and temporary cash investments		[66154	2	2075404
	3	Pledges and grants receivable, net)—		3	
	4	Accounts receivable, net	4095321	4	3390907		
	5	Loans and other receivables from any current of	or form	ner officer, director,	12 121 ·		
	`	trustee, key employee, creator or founder, subst			، د د د د	,	. <u></u> 6 u
		controlled entity or family member of any of thes	e per	sons		5	
	6	Loans and other receivables from other disqua					
ş		under section 4958(f)(1)), and persons described	ın se	ction 4958(c)(3)(B) .		6	
	7	Notes and loans receivable, net			· · · · · · · · · · · · · · · · · · ·	7	
Assets	8	Inventories for sale or use			1467041	8	1584350
ĕ	9	Prepaid expenses and deferred charges			2289300	9	2379187
	10a	Land, buildings, and equipment: cost or other		ı			
		basis. Complete Part VI of Schodule D		55674605			
	b			14723022	41454221		40951583
	11	1 2		,		11	
	12	Investments—other securities. See Part IV, line 1			1831307		1878516
	13	Investments—program-related. See Part IV, line			13		
	14	Intangible assets			14		
	15 16	Other assets. See Part IV, line 11			7047		7047
	17	Total assets. Add lines 1 through 15 (must equal Accounts payable and accrued expenses			52025424 2097277		53592564
	18	Grants payable			2097211	18	3002200
	19	Deferred revenue	<u> </u>	3216390		3216391	
	20	Tax-exempt bond liabilities			3210330	20	<u>JE10331</u>
	21	Escrow or custodial account liability. Complete I				21	
S	22	Loans and other payables to any current or					
Liab∄ities		trustee, key employee, creator or founder, subst			,		6 4 1 <u></u> a
ؿ		controlled entity or family member of any of thes				22	
Ë	23	Secured mortgages and notes payable to unrela	ted th	ird parties	21921834	23	22377033
	24	Unsecured notes and loans payable to unrelated	l third	parties [24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lines	i 17–2	4). Complete Part X			
		of Schedule D		<u> </u>	7900144	_	8420286
	26	Total liabilities. Add lines 17 through 25			35135645	26	37015910
ës		Organizations that follow FASB ASC 958, che	ck he	re ▶ 📙			
ä		and complete lines 27, 28, 32, and 33.		-		27	
ă	27	Net assets without donor restrictions				28	
ğ	28				20		
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 9 and complete lines 29 through 33.	eck nere > 🗀				
ō	29	Capital stock or trust principal, or current funds		[29	
šet	30	Paid-in or capital surplus, or land, building, or ed			30		
AS£	31	Retained earnings, endowment, accumulated in		F=	16889779		16576654
et.	32	Total net assets or fund balances			16889779		16576654
Z	33	Total liabilities and net assets/fund balances .	· ·	<u> </u>	52025424	33	53592564
							Form 990 (2019)

Page 1 Part XI Reconciliation of Net Assets 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)
Check if Schedule O contains a response or note to any line in this Part XI
Total revenue (must equal Part VIII, column (A), line 12)
Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Accounting method used to prepare the Form 990: Accounting method used to prepare the Form 990: Accounting from a prior year or checked "Other," explain in
Revenue less expenses. Subtract line 2 from line 1
A Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))
6 Donated services and use of facilities
7 Investment expenses
8 Prior period adjustments
9 Other changes in net assets or fund balances (explain on Schedule O)
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))
32, column (B))
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII
Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII
1 Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in
1 Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in
If the organization changed its method of accounting from a prior year or checked "Other," explain in
Schedule O.
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a ✓
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or
reviewed on a separate basis, consolidated basis, or both:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis ☐ b Were the organization's financial statements audited by an independent accountant?
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 on

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 on Schedule O and describe any steps taken to undergo such audits.

Form **990** (2019)

За

3b

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

Day	efferson Davis Electric Cooperative, Inc.		72-0362325
Par	Organizations Maintaining Donor Advi		
	Complete if the organization answered "	· · · · · · · · · · · · · · · · · · ·	(b) Funds and other accounts
4	Total number at and of year	(a) Donor advised funds	(b) Funds and other accounts
1 2	Total number at end of year		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor	advisors in writing that the assets	held in donor advised
•	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, ar	•	
	only for charitable purposes and not for the benefi	t of the donor or donor advisor, or	for any other purpose
	conferring impermissible private benefit?		· · · · · ·
Par	t II Conservation Easements.		
	Complete if the organization answered "		•
1	Purpose(s) of conservation easements held by the c	-	
	Preservation of land for public use (for example, recre		= :
	Protection of natural habitat	☐ Preservation	of a certified historic structure
_	Preservation of open space	14	::
2	Complete lines 2a through 2d if the organization heleasement on the last day of the tax year.	id a qualified conservation contribut	ION IN the form of a conservation William Held at the End of the Tax Year
_			
a b	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified hi		
d	Number of conservation easements included in (, ,	
_			2d
3	Number of conservation easements modified, trans	sferred, released, extinguished, or te	erminated by the organization during the
	tax year ▶	, ,	, ,
4	Number of states where property subject to conserv		
5	Does the organization have a written policy reg		
	violations, and enforcement of the conservation eas		
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforc	ing conservation easements during the yea
_	<u> </u>	l ditti orași de la Maria a cara la afericaria	
7	Amount of expenses incurred in monitoring, inspecting \$\blacktriangleright*	g, nandling of violations, and enforcing	g conservation easements during the year
_		0/4) -	
8	Does each conservation easement reported on line 2 and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports c		-
3	balance sheet, and include, if applicable, the text of	the footnote to the organization's fi	nancial statements that describes the
	organization's accounting for conservation easemen		
Part	III Organizations Maintaining Collections	of Art, Historical Treasures, o	r Other Similar Assets.
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 8	J.
1a	If the organization elected, as permitted under FAS	B ASC 958, not to report in its reve	nue statement and balance sheet works
	of art, historical treasures, or other similar assets	held for public exhibition, educated	on, or research in furtherance of public
	service, provide in Part XIII the text of the footnote t	to its financial statements that descr	ibes these items.
b	If the organization elected, as permitted under FAS		
	art, historical treasures, or other similar assets held		esearch in furtherance of public service
	provide the following amounts relating to these item	ns:	
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		· · · · • 5
2	If the organization received or held works of art,		
2			
² a	following amounts required to be reported under FA Revenue included on Form 990, Part VIII, line 1.	ASB ASC 958 relating to these items	▶ \$

Part	III Organizations Maintaining Col	llections of Art, l	listorical '	Treasures, or O	ther Similar Ass	sets (continued)
3	Using the organization's acquisition, acce collection items (check all that apply):	ession, and other re	cords, ched	ck any of the follo	wing that make si	gnificant use of its
а	☐ Public exhibition			or exchange prog		
b	Scholarly research		e 🗌 Othe	r		
C	☐ Preservation for future generations					
4	Provide a description of the organization's XIII.	s collections and e	kplain how t	they further the or	ganization's exem	pt purpose in Part
5	During the year, did the organization solid assets to be sold to raise funds rather than	n to be maintained	tions of art, as part of th	historical treasure e organization's c	es, or other similal ollection?	Yes 🗌 No
Part	IV Escrow and Custodial Arrange					
	Complete if the organization ans 990, Part X, line 21.	swered "Yes" on	Form 990,	Part IV, line 9, or	reported an am	ount on Form
1a	Is the organization an agent, trustee, cus included on Form 990, Part X?					t Ves No
b	If "Yes," explain the arrangement in Part X	III and complete th	e following t	able:		
	_				- 	nount
C	Beginning balance					
ď	Additions during the year					
e f	Distributions during the year Ending balance					
2a	Did the organization include an amount on			· · · · · · ·		Yes No
	If "Yes," explain the arrangement in Part X					
Part						
	Complete if the organization ans	swered "Yes" on	Form 990,	Part IV, line 10.		
	(a)) Current year (b	Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance			<u> </u>		
b	Contributions			<u> </u>	ļ	
С	Net investment earnings, gains, and losses		, , , , , , , , , , , , , , , , , , ,			
d	Grants or scholarships					
е	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance			<u></u>	<u> </u>	<u> </u>
2	Provide the estimated percentage of the c		ance (line 1g	g, column (a)) held	as:	
а	Board designated or quasi-endowment					
b	Permanent endowment ▶ %	o				
C	Term endowment ▶ % The percentages on lines 2a, 2b, and 2c sl	hould equal 100%				
3a	Are there endowment funds not in the pos		anization th	at are held and a	iministered for the	,
Ja	organization by:	ssession of the org	amzation ti	at are note and at	anningtored for the	Yes No
	m					3a(i)
	<u> </u>					3a(ii)
b	If "Yes" on line 3a(ii), are the related organ	izations listed as re	quired on S	chedule R?		3b
4	Describe in Part XIII the intended uses of t		ndowment f	unds.		
Part				5 1 11 11 14	0.5	2 1 1 1 1 2
	Complete if the organization ans	T				
	Description of property	(a) Cost or other bas (investment)			Accumulated lepreciation	(d) Book value
1a	Land	336	621			336621
b	Buildings					
C.	Leasehold improvements					
d	Equipment	2681		<u> </u>	2021855 12701167	659924
Total.	Add lines 1a through 1e. (Column (d) must	52656 egual Form 990. Pa		n (B), line 10c.) .	12/01/6/	39955038 40951583

Part VII	Investments—Other Securities. Complete if the organization answered "Yes" on For	rm 990. Part IV. lin	e 11b. See Form	990. Part X line 12.
	(a) Description of security or category (including name of security)	(b) Book value	thod of valuation	
(1) Financial	derivatives			
	neld equity interests			
(6) 6.11				
(A)				
(B)				
(C)				
(D)			· · · · · · · · · · · · · · · · · · ·	
(E)				
(F)				
(G)			·	
(H)	mn (b) must equal Form 990, Part X, col. (B) line 12.) . ▶			
Part VIII	Investments—Program Related.		<u> </u>	
	Complete if the organization answered "Yes" on For	rm 990. Part IV. lin	e 11c. See Form	990. Part X. line 13.
	(a) Description of investment	(b) Book value	(c) Meth	od of valuation of-year market value
(1)		1		
(2)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u>				
(8)				
(9)	mn (b) must equal Form 990, Part X, col. (B) line 13.) .			
Part IX	Other Assets.	<u> </u>	<u> </u>	
T dit IX	Complete if the organization answered "Yes" on For	rm 990. Part IV. lin	e 11d. See Form	990. Part X. line 15.
	(a) Description		T	(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)		· · ·		
(9) Total. (Column	mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.			
raitA	Complete if the organization answered "Yes" on Folline 25.	rm 990, Part IV, lin	e 11e or 11f. See	Form 990, Part X,
1.	(a) Description of liability			(b) Book value
(1) Federal ır	ncome taxes			
(2) Post Ret	irement Benefit Obligation			8420286
(3)				
(4)				
(5)				
(6)		 	· · · · · · · · · · · · · · · · · · ·	,
(7)		·····		
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 25.)		n's financial statemen	ate that reports the
organization's	runcertain tax positions. In Part XIII, provide the text of the footn s liability for uncertain tax positions under FASB ASC 740. Checl	k here if the text of the	e footnote has been p	provided in Part XIII .

Reconciliation of Revenue per Audited Financial Statements With Revenue 1988 1988 1988 1988 1988 1988 1988 198		
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	20	
•		27300644
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		27300644
		27560311
	1 1	
Other losses		
	<u> </u>	
· · · · · · · · · · · · · · · · · · ·	2e	
Subtract line 2e from line 1	3	27560311
Amounts included on Form 990, Part IX, line 25, but not on line 1:		
Investment expenses not included on Form 990, Part VIII, line 7b 4a		
Other (Describe in Part XIII.)		
Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	27560311
XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad	ditional information.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments Donated services and use of facilities Recoveries of prior year grants Cther (Describe in Part XIII.) Add lines 2a through 2d Add lines 2a through 2d Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Add lines 4a and 4b Cotter (Describe in Part XIII.) Add lines 4a and 4b Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII.) Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. te the descriptions required for Part II, lines 2, and 9; Part III, lines 1a and 4; Part IV, lines 2XI, lines 2d and 4b. Also complete this part to provide any ad	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements

Schedule D (Fo	rm 990) 2019	Page 5
Part XIII	Supplemental Information (continued)	
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SCHEDULE J (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

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

2019

nation. Inspection

Employer Identification number

72-0362325 Jefferson Davis Electric Cooperative, Inc. Part I Questions Regarding Compensation Yes No Check the appropriate box(cs) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions Payments for business use of personal residence ☐ Tax indemnification and gross-up payments Health or social club dues or initiation fees ☐ Discretionary spending account Personal services (such as maid, chauffeur, chef) 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 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. ☐ Written employment contract ☐ Compensation committee ☐ Independent compensation consultant Compensation survey or study Approval by the board or compensation committee Form 990 of other organizations 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: 4a Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b b 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 Λ, line 1a, did the organization pay or accrue any 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 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)?

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

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

(F) Compensation in column (B) reported as deferred on prior 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. Form 990 256930 11914 17658 11914 11914 (E) Total of columns (B)(i)–(D) (D) Nontaxable benefits 75505 (C) Retirement and other deferred compensation 30344 (iii) Other reportable compensation (B) Breakdown of W-2 and/or 1099-MISC compensation instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII. (ii) Bonus & incentive compensation 11914 17658 151081 11914 1191 (i) Base compensation EE € € EE S E EE E€ $\mathbf{\epsilon}$ $\mathbf{\epsilon}$ € € € € (A) Name and Title 1Michael J. Heinen 2Richard Byler **4Robert Sarver 5Louis Trahan** 3Scott Henry 9 œ 0 9

Schedule J (Form 990) 2019

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Schedule J (Form 990) 2019

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. ▶ Attach to Form 990 or 990-EZ.

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public

Name of the organization	Employer identification number
Jefferson Davis Electric Cooperative, Inc.	72-0362325
Part VI Line 6:	
The cooperative was formed by its members. Membership is required to receive electrical serivce from the	Cooperative.
Part VI Line 7a:	
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 Dire	ctors of Jefferson Davis Electric.
Part VI Line 19:	
Jefferson Davis Electric Cooperative, Inc. makes its governing documents and financial statements availal	• ole to the public upon request.
Part IX Line 24e:	
General and Administrative Expenses: 1853521	
Constitution and Administrative Expenses. Newscar.	
Tax Expenses: 339099	
Consumer Accounts Expenses: 769880	
Other Expenses: 36769	
Totals: 2999269	
Part XI Line 9:	
Board of Directors determines amount of capital credits to retire to heirs of deceased members on a yearly	basis.
New Memberships: 1235	
Retirement of Capital Credits: -54693 '	
<u>Totals:</u> -53458	
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Schedule O (Form 990 of 990-EZ) (2019)		Page 🕰
Name of the organization	Employer identification number	
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