# (Rev. January 2020) Department of the Treasury Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

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

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

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

Open to Public Inspection

OMB No. 1545-0047

A	For th	e 2019 calendar year, or tax year beginning JUL 1, 2019 and ending	JUN 30, 2020					
В	Check if	C Name of organization	D Employer identifi	cation number				
	applicat	ele:	2 Employor Idonaii					
	Addr							
	Name		63-01325	55				
Г	Initia							
F	Final	D O POY 724		(256)593-4262				
_	termi		G Gross receipts \$	51,794,597.				
	Amer	nded DOAZ AT 25057	H(a) Is this a group re					
F	Appli		for subordinates					
	pend	10025 HWY 168, BOAZ, AL 35957	H(b) Are all subordinates in					
T	Tax-ex	tempt status: 501(c)(3) X 501(c) ( 12 )  (insert no.) 4947(a)(1) or		list. (see instructions)				
		ite: N/A	H(c) Group exemption					
			Year of formation: 1941					
	art I	Summary	Teal of formation, 1911	VI State of legal doffficile, 2112				
	1		ELECTRIC POWER	R				
Ce		brioty december the organization's mission of most significant activities.	DDDCIRIC TOWN					
Activities & Governance	2	Check this box  if the organization discontinued its operations or disposed of r	nore than 25% of its net ass	eate				
Ver	3	No. 1. Control of the	3	9				
9	4	Number of independent voting marsh on of the according to the U. d. W. d. W.		0				
ون دي	5	Total number of individuals applicad in calculations 2010 (P. 11) I'm 0.1	_	61				
itie	6	Total combined of the board of		0				
;tiv	7 2	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.				
A	b	Net unrelated business taxable income from Form 990-T, line 39	7b	0.				
	1	The same section of the section of t	Prior Year	Current Year				
	8	Contributions and grants (Part VIII, line 1h)	0.	0.				
nue	9	Program service revenue (Part VIII, line 2g)	775,730.	661,897.				
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	35,644.	129,310.				
B	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	14,531,301.	15,413,276.				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	15,342,675.	16,204,483.				
	13	Grants and similar amounts neid (Dert IV ashings (A) lines 4 (2)	0.	0.				
	14	Benefits paid to or for members (Part IX, column (A), lines 1-3)	0.	0.				
-	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,397,876.	4,372,438.				
Ses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.				
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)	0.	0.				
Ě	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	10,453,097.	10,125,465.				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	14,850,973.	14,497,903.				
	19	Revenue less expenses. Subtract line 18 from line 12	491,702.	1,706,580.				
10 oc	3	The state of the s	Beginning of Current Year	End of Year				
Net Assets	20	Total assets (Part X, line 16)	79,818,973.	87,685,817.				
ASS	21	Total liabilities (Part X, line 26)	25,936,225.	32,094,826.				
Net	22	Net assets or fund balances. Subtract line 21 from line 20	53,882,748.	55,590,991.				
Pa	art II	Signature Block	00/002/1201	30,030,331.				
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of my	knowledge and helief, it is				
true,	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.	mornings and bollon, it is				
Sigi	n	Signature of officer	Date					
Her	e	SCOTT BOBO, GENERAL MANAGER						
		Type or print name and title						
		Print/Type preparer's name Preparer's signature	Date Check	PTIN				
Paid	1	The state of the s	C 10/23/20 if self-employe					
Prep	arer	Firm's name MDA PROFESSIONAL GROUP, P.C.		63-0681783				
	Only	Firm's address PO BOX 1188	7.11.10 2.11.					
		ALBERTVILLE, AL 35950	Phone no. 256	6-878-5548				
May	the IF	S discuss this return with the preparer shown above? (see instructions)	1	X Yes No				

## 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	_	X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3	_	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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		X
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		X
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	X	
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		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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		X
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	- 1.2	$\neg$	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		$\neg$	
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	-10	$\neg$	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		$\neg$	
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	10	$\dashv$	
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	$\dashv$	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	$\dashv$	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200	$\rightarrow$	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	24		Х
933003	01-20-20	21	200	Λ

		_	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		X
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	X	_
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			v
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24b		_
C		24c		
d	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		_
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		-
200	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	Lou		
_	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		X
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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		E	
	instructions, for applicable filing thresholds, conditions, and exceptions):			-
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
04	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32	The control of the co	20		X
33	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		- 21
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	- 00		
•	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Do	Note: All Form 990 filers are required to complete Schedule O	38	X	
Par				
_	Check if Schedule O contains a response or note to any line in this Part V			
	E. W. J. W. S. J. J. C.		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 56	4		-
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	1	100	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	-	v	-
922004	garnoling) winnings to prize winners?	1c	X ggn	2019)
302004	0 1-20-20	rom	330	2019)

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Part V

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, 61 filed for the calendar year ending with or within the year covered by this return X 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) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X 5b b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X 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). X 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 7b b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required 7c to file Form 8282? 7d d If "Yes," indicate the number of Forms 8282 filed during the year e 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 h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: 50302415. a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against 487,182. 11b 1 amounts due or received from them.) 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a 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. b 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 13b c Enter the amount of reserves on hand 13c X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or X excess parachute payment(s) during the year? 15 If "Yes," see instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.

MARSHALL-DEKALB ELECTRIC COOPERATIVE 63-0132555 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X Section 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 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 0 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? X 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? X 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 4 Did the organization become aware during the year of a significant diversion of the organization's assets? X 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X 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 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X 8a b Each committee with authority to act on behalf of the governing body? X 8h 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 X 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? X 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? X 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12h 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? X 13 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X 15a b Other officers or key employees of the organization X 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?

Sec	tion	U.	DISC	IOSL	ıre	
17	List	the	states	with	which	

e states with which a copy of this Form 990 is required to be filed AL

exempt status with respect to such arrangements?

Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Own website Another's website X Upon request

Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial

statements available to the public during the tax year. State the name, address, and telephone 20

otato trio riarrio, a	duless, allu	relebuoue	nume	per of the person w	no possesses th	ie o	organization's books and records
JENNIFER	OLIVER	, CHII	EF :	FINANCIAL	OFFICER	_	256-593-4262
10025 HWY	168,	BOAZ.	AL	35957	OLLICHIC	_	230-333-4202

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's

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X

16a

16b

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

Check this box if neither the organizat  (A)		T	u IIZZ			nper	isat			(5)
Name and title	(B)			Pos	C) sition	n		(D)	(E)	(F)
rvarrie and title	Average hours per	(do	(do not check more than one				one	Reportable	Reportable	Estimated
	week	box, unless person is both an officer and a director/trustee)						compensation	compensation from related	amount of other
	(list any	tor	П					the	organizations	compensation
	hours for	direc				P		organization	(W-2/1099-MISC)	from the
	related	99 04	stee			nsate		(W-2/1099-MISC)	(** 27 1000 111100)	organization
	organizations	Individual trustes or director	Institutional trustee		)yee	эфшо				and related
	below	lanpy	ution	, in	Key employee	est co	10			organizations
	line)	Indi	Insti	Officer	Key	Highest compensated employee	Former			
(1) BOBBY WEATHERS	5.00									
SEC/TREAS		X		X				13,325.	0.	0.
(2) BRIGGS PATTERSON	5.00					П				
TRUSTEE		X						12,202.	0.	0.
(3) JERRY SCOTT	5.00									
TRUSTEE		X						12,264.	0.	0.
(4) LAVAUGHN HOLCOMB	5.00							, , , , ,		
PRESIDENT		х		Х				14,525.	0.	0.
(5) TERRY EDMONDSON	5.00									
VICE PRESIDENT		x		х				12,334.	0.	0.
(6) STEVE HENLEY	5.00		Н					22/5511	0.	0.
TRUSTEE	0.00	x						12,299.	0.	0.
(7) TERRY JOHNSON	5.00				$\vdash$			12,255.	0.	0.
TRUSTEE	3100	x						12,369.	0.	0.
(8) WILLIAM G. HULGAN	5.00							12,505.	0.	0.
TRUSTEE	3.00	x						12,299.	0.	0.
(9) STEPHEN P. DAVIS	5.00		П		$\overline{}$			12,233.	0.	0.
TRUSTEE	0.00	х						12,125.	0.	0.
(10) WILLIAM S. BOBO	40.00							12,123.	0.	0 •
MANAGER	40.00				X			150,470.	0.	0
		Н				Н		150,470.	0.	0.
		Н	$\dashv$	$\dashv$	_	Н	_			
		Н	$\dashv$	$\dashv$	_	Н	_			
	_	$\vdash$	$\dashv$	$\dashv$	_	Н	_			
		$\dashv$	$\dashv$	$\dashv$	-	$\vdash$	$\dashv$			
				-						
		$\dashv$	$\dashv$	-			_			
			_	_			_			

932007 01-20-20

Section A. Officers, Directors, Tru	istees, Key Em	ploy	ees	, an	d Hi	ghes	st C	ompensated Employee	s (continued)					
(A)	(B)			(	C)			(D)	(E)			(F)		
Name and title	Average			check		than		Reportable	Reportat	ole	Estimated			
	hours per week	box	c, unle	ss pe	rson	is both or/trus	n an	compensation	compensa	ition	8	amoun	t of	
	(list any						100,	from	from relat			othe		
	hours for	director				ъ		the organization	organizati			mpens		
	related	10 aa	stee			Highest compensated employee		(W-2/1099-MISC)	(W-2/1099-N	AISC)		from th		
	organizations	Individual trustee	Institutional trustee		)yee	ошре		(11 23 1000 141100)				ganiza nd rela		
	below	vidua	itution	180	Key employee	loyee	ner					ganizat		
	line)	ipuj	lust	Officer	Key	High	Former							
		Н	Н			Н	$\dashv$							
		Н	Н			Н	4							
-														
		$\dashv$	$\dashv$	$\dashv$		$\forall$	$\forall$			-				
		_	$\dashv$	4	4	$\dashv$	4							
		$\neg$					1			$\neg$				
		+	+	+	+	+	+			_				
4.0														
1b Subtotal							-	264,212.		0.			0.	
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)	I, Section A					Þ	▶  -	0.		0.			0.	
						>	<u> </u>	264,212.		0.			0.	
<ul> <li>Total number of individuals (including but necompensation from the organization</li> </ul>	ot limited to the	se li	sted	abo	ove)	who	rece	eived more than \$100,0	00 of reportable	е				
												Yes	No.	
3 Did the organization list any former officer,	director, truste	e. ke	v en	olan	vee	or h	iahe	est compensated emplo	vee on	Г		res	NO	
line 1a? If "Yes," complete Schedule J for si	uch individual								yee on	- 1	2		X	
4 For any individual listed on line 1a, is the su	m of reportable	com	nen	sati	on a	nd o	ther	compensation from the	organization		3		Α	
and related organizations greater than \$150	,000? If "Yes."	com	plet	e Sc	hen	lule .	I for	such individual			4	Х		
or any person listed on line ta receive or a	ccrue compens	ation	n fro	m ai	nv II	nrela	ated	organization or individu	al for services		7			
rendered to the organization? If "Yes," com	plete Schedule	J for	suc	h pe	erso	7					5		Х	
occuon B. independent Contractors														
Complete this table for your five highest containing the organization. Persent accounts the organization.	npensated inde	pend	dent	con	trac	tors	that	received more than \$10	00,000 of com	pensatio	on fro	m		
the organization. Report compensation for t	ne calendar yea	r en	ding	with	or or	with	in th	ne organization's tax yea	r.					
(A) Name and business a	address							(B)			(C			
CORBITT POWER AND LIGHT,		Q					TN	Description of ser		Co	mpen	sation	1	
CRESTWOOD STREET, ALBERTY	TLLE AL	0	50	EΛ				NSTALLATION A						
BATTLES TREE SERVICE	LUUE, AL		33	30			10	ERVICING OF U	TILITY	1,	250	),98	18.	
8331 HWY 179, BOAZ, AL 35	956						שת	PE CEDUTOR			200			
LANDERS' LAND IMPROVEMENT	LLC						111	REE SERVICE			308	3,96	2.	
855 NORTHRIDGE TRACE, ALBI	ERTVILLE	. :	AI.	3	59	51	T. A	NDSCAPING			200	I E 0	E	
DOCKETT CONSTRUCTION							1				290	,58	٥.	
181 TANT MUCH DAM RD, ALBI	ERTVILLE	, ;	AL	3!	59	51	co	NSTRUCTION			167	,91	3	
											10/	, , , ,	J .	

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Form 990 (2019) MARSHAL
Part VIII Statement of Revenue

_		Check if Schedule O conta	ins a respons	se or note to any lir	ne in this Part VIII			
_					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants	1	a Federated campaigns	1a					
ira	3	b Membership dues	1b					
s, c	8	c Fundraising events	1c					
Gift	9	d Related organizations	1d					
ls,		e Government grants (contributio	ns) 1e					
tion	3	f All other contributions, gifts, grants						
ig a		similar amounts not included above	1f					
at to	1	g Noncash contributions included in lines 1a-	-1f 1g \$					
Ö	-	h Total. Add lines 1a-1f						
				Business Code				
ce	2	a MISCELLANEOUS ELECTRIC		221000	661,897.	661,897.		
Program Service Revenue		b						
S		c						
ran	'	d						
rog	۱ ۱	e						
Ф		f All other program service revenu	ie					
	9	Total. Add lines 2a-2f			661,897.			
	3	Investment income (including dis	vidends, inter	est, and				
		other similar amounts)			129,310.	129,310.		
	4	Income from investment of tax-e	xempt bond	proceeds >				
	5	Royalties						
			(i) Real	(ii) Personal				
		Gross rents 6a		701,975.			V San V B C	
		Less: rental expenses 6b		0.				
		Rental income or (loss) 6c		701,975.				
		Net rental income or (loss)			701,975.			701,975.
	7 a		(i) Securities	(ii) Other				
		assets other than inventory 7a						
	b	Less: cost or other basis						
ng		and sales expenses 7b			THE PARTY OF			
3Ve	С	Gain or (loss) 7c						
Other Revenue	d	Net gain or (loss)						
I Fe	8 a	Gross income from fundraising event						
0		including \$		1 1				
		contributions reported on line 1c)						
		Part IV, line 18	8a					
	b	Less: direct expenses	8b					
- 1		Net income or (loss) from fundrais						
1	9 a	Gross income from gaming activity						
- 1		Part IV, line 19	9a					
		Less: direct expenses						
		Net income or (loss) from gaming		▶				
	10 a	Gross sales of inventory, less retu						
		and allowances	10a	50,301,415.	The state of the s			
		Less: cost of goods sold		35,590,114.				
+	C	Net income or (loss) from sales of	inventory	<b>&gt;</b>	14,711,301.	14,711,301.		
S				Business Code				
Revenue	11 a							
Revenue	b							
Be	C	All all a						
2	d	All other revenue		200				
		Total. Add lines 11a-11d						
	12	Total revenue. See instructions			16,204,483.	15,502,508.	0.	701,975.

932009 01-20-20

Form 990 (2019) MARSHALL-DEKA
Part IX Statement of Functional Expenses

Sect	tion 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	ner organizations must cor	mplete column (A).	
	Check if Schedule O contains a respon	nse or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, 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				
2	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
3	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	296,502.	296,502.		
6	Compensation not included above to disqualified	23070021	23073021		
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,254,494.	2,254,494.		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	1,520,333.	1,520,333.		
9	Other employee benefits	53,482.			
10	Payroll taxes	247,627.			
11	Fees for services (nonemployees):				
а	Management				
b	Legal	42,700.	42,700.		
C	Accounting				
d					
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	140,434.			
13	Office expenses	117,770.	117,770.		
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	406 200	406 200		
20	Interest	496,300.	496,300.		
21	Payments to affiliates	2,886,153.	2 006 153		
22	Depreciation, depletion, and amortization Insurance	2,000,155.	2,886,153.		
23 24	Other expenses. Itemize expenses not covered				
24	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.)				
а	GROSS RECEIPTS AND PRIV	1,980,599.	1,980,599.		
b	DISTRIBUTION MAINTENANC	1,756,810.	1,756,810.		
c	DISTRIBUTION OPERATING	898,188.	898,188.		
d	PROPERTY TAXES	540,000.	540,000.		
е	All other expenses	1,266,511.	1,266,511.		
25	Total functional expenses. Add lines 1 through 24e	14,497,903.	14,497,903.	0.	0.
26	Joint costs. Complete this line only if the organization			- 1	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Part X	Bala	nce	Shee	t
--------	------	-----	------	---

		Check if Schedule O contains a response or no	te to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,946,508.	1	3,018,726
	2	Savings and temporary cash investments			46,017.	2	1,208,259
	3	Pledges and grants receivable, net				3	
	4	Apparents received to the			4,007,513.	4	3,566,028
	5	Loans and other receivables from any current of	r former	officer, director,			
-		trustee, key employee, creator or founder, subs	stantial co	ontributor, or 35%			
		controlled entity or family member of any of the	se perso	ns		5	
	6	Loans and other receivables from other disqual	ified pers	ons (as defined			
		under section 4958(f)(1)), and persons describe				6	
3   3	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use		455,349.	8	482,993	
ŧ   ;	9	Prepaid expenses and deferred charges		634,490.	9	431,898	
10	0a	Land, buildings, and equipment: cost or other	1 1				
		basis. Complete Part VI of Schedule D	10a	99,102,591.			
	b	Less: accumulated depreciation	10b	21,806,047.	70,650,181.	10c	77,296,544
11	1	Investments - publicly traded securities		11	7-2-7-2-7		
12	2	Investments - other securities. See Part IV, line	58,625.	12	41,689		
1:	3	Investments - program-related. See Part IV, line	00,020.	13	11,00		
14		Intangible assets				14	
15	5	Other assets. See Part IV, line 11			2,020,290.	15	1,639,683
16	6	Total assets. Add lines 1 through 15 (must equ	al line 33	)	79,818,973.	16	87,685,81
17	7	Accounts payable and accrued expenses			15,390,819.	17	15,621,962
18	8	Grants payable				18	10/021/00
19	9	Deferred revenue		19			
20	0	Tax-exempt bond liabilities		20			
21		Escrow or custodial account liability. Complete	Part IV of	Schedule D		21	
22		Loans and other payables to any current or form				-1	TO BUILD OF
		trustee, key employee, creator or founder, subst				2	
		controlled entity or family member of any of the				22	
23		Secured mortgages and notes payable to unrela			9,280,220.	23	15,539,473
24		Unsecured notes and loans payable to unrelated			7/200/2201	24	10/000/11/
25		Other liabilities (including federal income tax, pa				24	
		parties, and other liabilities not included on lines					
		of Cobodula D			1,265,186.	25	933,391
26	3	Total liabilities. Add lines 17 through 25			25,936,225.	26	32,094,826
		Organizations that follow FASB ASC 958, che	ck here	<b>&gt;</b>	23,330,223.	20	32,034,020
		and complete lines 27, 28, 32, and 33.					
27		Net assets without donor restrictions				27	
28	3	Net assets with donor restrictions				28	
		Organizations that do not follow FASB ASC 9				20	S. S. State B. Co., L.
		and complete lines 29 through 33.	- 2, 3,100				
29		Capital stock or trust principal, or current funds		141,512.	29	143,177	
30		Paid-in or capital surplus, or land, building, or eq	uipment	fund	91,843.	30	91,681
31		Retained earnings, endowment, accumulated inc	come. or	other funds	53,649,393.	31	55,356,133
1		Total net assets or fund balances	2, 01		53,882,748.	32	55,590,991
27 28 29 30 31 32							

Pa	Reconciliation of Net Assets	03-0	) I 3 Z 3 3 3	) F	age 12
	Check if Schedule O contains a response or note to any line in this Part XI				
	a response of note to any line in this Part XI	T T	***************************************	******	X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	16,20	14	102
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,49		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,70		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	53,88		
5	Net unrealized gains (losses) on investments	5	55,00	4,	40.
6	Donated services and use of facilities	6			
7	Investment expenses Prior period adjustments	7			
8	Prior period adjustments	8			
9	Utilet changes in het assets or fund balances (explain an Cabadata of	9		1 4	63.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	9		1,0	003.
	column (B))	10	55,59	0 0	01
Pa	rt XII Financial Statements and Reporting	10	33,33	0,5	91.
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			100	110
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule is	2			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			Δ
	separate basis, consolidated basis, or both:	orr a			
	Separate basis Consolidated basis Both consolidated and separate basis		19,53		
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	hasis	20		
	consolidated basis, or both:	Daoio,		- (2)	
	X 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?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O	20		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sinc	ile Audit			
	Act and OMB Circular A-133?		3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit	Ja		
_	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3h		
			Form	990	(2019)
			i Ollii		(2013)

### SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

MARSHALL-DEKALE ELECTRIC COOPERATIVE

Employer identification number 63-0132555

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line 6	Funds or Other Similar Funds	s or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wri	ting that the assets held in donor advi-	sed funds
	are the organization's property, subject to the organization's ex	clusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor adv		
	for charitable purposes and not for the benefit of the donor or d	onor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the organ	nization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	(check all that apply).	
	Preservation of land for public use (for example, recreation	n or education) Preservation of	of a historically important land area
	Protection of natural habitat	Preservation of	of a certified historic structure
	Preservation of open space		
2	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 Yea
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic struct	ure included in (a)	2c
d	Number of conservation easements included in (c) acquired after		
	listed in the National Register		2d
4	Number of conservation easements modified, transferred, release year   Number of states where property subject to conservation easem   Does the organization have a written policy regarding the parises	nent is located	
5	Does the organization have a written policy regarding the period		
6	violations, and enforcement of the conservation easements it has		
6	Staff and volunteer hours devoted to monitoring, inspecting, ha		
7	Amount of expenses incurred in monitoring, inspecting, handling  \$ \\$		
8	Does each conservation easement reported on line 2(d) above s and section 170(h)(4)(B)(ii)?	atisfy the requirements of section 170	
9	In Part XIII, describe how the organization reports conservation	easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the footnote	e to the organization's financial statem	ents that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of A		ther Similar Assets.
	Complete if the organization answered "Yes" on Form 99	0, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, r	not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for public		
	service, provide in Part XIII the text of the footnote to its financial		
b	If the organization elected, as permitted under FASB ASC 958, t	to report in its revenue statement and l	balance sheet works of
	art, historical treasures, or other similar assets held for public ex		
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
2	If the organization received or held works of art, historical treasu		
	the following amounts required to be reported under FASB ASC		
a	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
b			
LHA	For Paperwork Reduction Act Notice, see the Instructions fo		Schedule D (Form 990) 201

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 MAR	SHALL-DEKAL	B ELECTRIC	COOPERATIVE	63-0132555 Page
Part VII Investments - Other S	ecurities.			
Complete if the organization	answered "Yes" on Fo	rm 990, Part IV, line	11b. See Form 990, Part X, line 12	2.
(a) Description of security or category (including		(b) Book value	(c) Method of valuation: Cos	
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, co	ol. (B) line 12.)			
Part VIII Investments - Program	m Related.			
Complete if the organization	answered "Yes" on Fo	rm 990, Part IV, line	11c. See Form 990, Part X, line 13	3.
(a) Description of investment	nt	(b) Book value	(c) Method of valuation: Cos	t or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, co	ol. (B) line 13.)			
Part IX Other Assets.				
Complete if the organization			11d. See Form 990, Part X, line 15	
	(a) Descr	ription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(8)				
(8) (9) Total. (Column (b) must equal Form 990, F	Part X. col. (B) line 15.)			>
(8) (9) Total. (Column (b) must equal Form 990, F Part X Other Liabilities.		000 D. I.W. V.		>
(8) (9) Total. (Column (b) must equal Form 990, F Part X Other Liabilities.  Complete if the organization	answered "Yes" on Fo	rm 990, Part IV, line	11e or 11f. See Form 990, Part X,	
(8) (9)  Total. (Column (b) must equal Form 990, F  Part X Other Liabilities.  Complete if the organization  1. (a) Description	answered "Yes" on Fo	rm 990, Part IV, line	11e or 11f. See Form 990, Part X,	line 25.  (b) Book value
(8) (9) Total. (Column (b) must equal Form 990, F Part X Other Liabilities.  Complete if the organization  1. (a) Description  (1) Federal income taxes	answered "Yes" on Fo of liability	rm 990, Part IV, line	11e or 11f. See Form 990, Part X,	(b) Book value
(8) (9) Total. (Column (b) must equal Form 990, F Part X Other Liabilities.  Complete if the organization  1. (a) Description  (1) Federal income taxes (2) ADVANCES FROM TVA	answered "Yes" on Fo of liability	rm 990, Part IV, line '	11e or 11f. See Form 990, Part X,	(b) Book value 761,669.
(8) (9) Total. (Column (b) must equal Form 990. F Part X Other Liabilities.  Complete if the organization (1) Federal income taxes (2) ADVANCES FROM TVA (3) DEFERRED POLE REN	answered "Yes" on Fo of liability	rm 990, Part IV, line 1	11e or 11f. See Form 990, Part X,	(b) Book value 761,669.
(8) (9)  Total. (Column (b) must equal Form 990. F  Part X Other Liabilities.  Complete if the organization (1) Federal income taxes (2) ADVANCES FROM TVA (3) DEFERRED POLE REN (4)	answered "Yes" on Fo of liability	rm 990, Part IV, line 1	11e or 11f. See Form 990, Part X,	(b) Book value 761,669
(8) (9) Total. (Column (b) must equal Form 990, F Part X Other Liabilities.  Complete if the organization  (a) Description  (1) Federal income taxes (2) ADVANCES FROM TVA (3) DEFERRED POLE REN (4) (5)	answered "Yes" on Fo of liability	rm 990, Part IV, line '	11e or 11f. See Form 990, Part X,	(b) Book value 761,669
(8) (9) Total. (Column (b) must equal Form 990, F Part X Other Liabilities.  Complete if the organization  (a) Description  (1) Federal income taxes (2) ADVANCES FROM TVA (3) DEFERRED POLE REN (4) (5) (6)	answered "Yes" on Fo of liability	rm 990, Part IV, line	11e or 11f. See Form 990, Part X,	(b) Book value 761,669
(8) (9) Total. (Column (b) must equal Form 990, F Part X Other Liabilities.  Complete if the organization  (a) Description  (1) Federal income taxes (2) ADVANCES FROM TVA (3) DEFERRED POLE REN (4) (5) (6) (7)	answered "Yes" on Fo of liability	rm 990, Part IV, line	11e or 11f. See Form 990, Part X,	(b) Book value 761,669
(8) (9) Total. (Column (b) must equal Form 990, F Part X Other Liabilities.  Complete if the organization (1) Federal income taxes (2) ADVANCES FROM TVA (3) DEFERRED POLE REN (4) (5) (6) (7) (8)	answered "Yes" on Fo of liability	rm 990, Part IV, line	11e or 11f. See Form 990, Part X,	(b) Book value 761,669.
(8) (9) Total. (Column (b) must equal Form 990, F Part X Other Liabilities.  Complete if the organization  (a) Description  (1) Federal income taxes (2) ADVANCES FROM TVA (3) DEFERRED POLE REN (4) (5) (6) (7)	answered "Yes" on Fo	rm 990, Part IV, line	11e or 11f. See Form 990, Part X,	

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2019

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### 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.

2019

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

MARSHALL-DEKALB ELECTRIC COOPERATIVE

Employer identification number 63-0132555

Schedule J (Form 990) 2019

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	- VAII		
	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	346		
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			937
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
			T	
3	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.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
			-	
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		BE	
	contingent on the revenues of:			
а	The organization?	5a		
b	Any related organization?	5b		
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		
	Any related organization?	6b		
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	1		
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		BEI	
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2019

Page 2

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(I)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(D)-(i)(B)	in column (B) reported as deferred on prior Form 990
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Schedule J (Form 990) 2019

Schedule J (Form 990) 2019

Part III Supplemental Information
Provide the information, explanation, or

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SCHEDULE J, PART 1, QUESTION 3:
THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS MAKES
RECOMMENDATIONS FOR COMPENSATION TO THE BOARD OF DIRECTORS ON AN ANNUAL
BASIS. THE RECOMMENDED COMPENSATIONS ARE REVIEWED AND VOTED ON BY THE
BOARD OF DIRECTORS ANNUALLY.
Schedule J (Form 990) 201

#### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

2019 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

MARSHALL-DEKALB ELECTRIC COOPERATIVE

Employer identification number 63-0132555

FORM 990, ITEM K, OTHER FORM OF ORGANIZATION: COOPERATIVE FORM 990, PART VI, SECTION A, LINE 6: ANY PERSON, FIRM CORPORATION, OR BODY POLITIC MAY BECOME A MEMBER OF THE COOPERATIVE BY PAYING THE MEMBERSHIP FEE, AGREEING TO PURCHASE FROM THE COOPERATIVE ELECTRIC ENERGY, AND AGREEING TO COMPLY WITH AND BE BOUND BY THE ALABAMA ELECTRIC COOPERATIVE ACT OF 1939. FORM 990, PART VI, SECTION B, LINE 11B: THE CHIEF FINANCIAL OFFICER OF THE COOPERATIVE REVIEWS AND APPROVES ALL INFORMATION BEFORE FILING. FORM 990, PART VI, SECTION B, LINE 15: ALL WAGE INCREASES FOR ALL EMPLOYEES ARE APPROVED BY THE BOARD OF TRUSTEES. FORM 990, PART VI, SECTION C, LINE 19: ALL GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC BY WRITTEN REQUEST. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: OTHER CAPITAL CONTRIBUTIONS -2. MEMBERSHIPS AND REFUNDS, NET 1,665. TOTAL TO FORM 990, PART XI, LINE 9 1,663.

FORM 990, PART XII, LINE 2C

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

Schedule O (Form 990 or 990-EZ) (2019)

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Scriedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization  MARSHALL-DEKALB ELECTRIC COOPERATIVE	Employer identification number 63-0132555
THE BOARD OF TRUSTEES ELECTS AN AUDIT COMMITTEE WHO OVERSE	ES THE AUDIT
OF THE FINANCIAL STATEMENTS. THE BOARD OF TRUSTEES APPROVE	S THE
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STATEMENTS.	
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