# Form **990**

CLIENT'S COMBING, 1545-0047 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.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A F	or the	e 2021 calendar year, or tax year beginning ULL 1, 2021 and ending	JUN 30, 2022						
B c	Check if pplicabl	C Name of organization	D Employer identi	fication number					
Г	Addre	MARSHALL-DEKALB ELECTRIC COOPERATIVE							
	Name chang		63-01325	555					
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/st	uite E Telephone numb	er					
	Final return		(256)593	Charles and the Control of the Contr					
_	termin ated Amen	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$						
F	return	BOAZ, AL 33937		H(a) Is this a group return					
L	tion pendi	F Name and address of principal officer: SCOII BOBO	A CONTRACT OF THE CONTRACT OF	es? Yes X No					
pending 10025 HWY 168, BOAZ, AL 35957  I Tax-exempt status: 501(c)(3)  X 501(c) ( 12 )									
			H(c) Group exempti	M State of legal domicile: AL					
	art I	Summary	ear or formation. 1941	M State of legal domicile: AL					
SAME	1	Briefly describe the organization's mission or most significant activities: SALE OF	ELECTRIC POWE	!R					
ce		briony decorate the original and miscion of most digrimount detivities.							
nar	2	Check this box if the organization discontinued its operations or disposed of m	ore than 25% of its net a	ssets.					
Ve	1	N. d.							
ŏ	4	Number of independent voting members of the governing body (Part VI, line 1b)							
Activities & Governance		Total number of individuals employed in calendar year 2021 (Part V, line 2a)		58					
vitie	6	Total number of volunteers (estimate if necessary)	6						
₹cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7						
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	71	0.					
Revenue			Prior Year	Current Year					
	8	Contributions and grants (Part VIII, line 1h)	0						
	9	Program service revenue (Part VIII, line 2g)	659,163						
Re	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	143,907						
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	16,994,044 17,797,114						
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0						
	14	Deposits and to sufer march on (Dept IV solvers (A) line 4)	0						
"	45	Salaries, other compensation, employee benefits (Part IX, column (A), line 4)	1,975,901						
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0						
ber	b	Total fundraising expenses (Part IX, column (D), line 25)							
Ж	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	11,745,597	13,055,648.					
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	13,721,498						
	19	Revenue less expenses. Subtract line 18 from line 12	4,075,616	3,152,319.					
Net Assets or			Beginning of Current Year						
sets	20	Total assets (Part X, line 16)	89,972,951						
at As	21	Total liabilities (Part X, line 26)	30,304,751	The state of the s					
Ž:	art II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block	59,668,200	63,412,658.					
7,000,000									
		alties of perjury, I declare that I have examined this return, including accompanying schedules and sta		ny knowledge and belief, it is					
uue,	, correc	ct, and complete. Declaration of preparer (other than officer) is based on all information of which prep	rarer nas any knowledge.						
Sig	n	Signature of officer	Date						
Her		SCOTT BOBO, GENERAL MANAGER							
1.000		Type or print name and title							
		Print/Type preparer's name Preparer's signature	Date Check	PTIN					
Paid	i		C 09/26/22 if self-emp	P01359319					
Prep	oarer	Firm's name MDA PROFESSIONAL GROUP, P.C.		63-0681783					
Use	Only	Firm's address PO BOX 1188							
		ALBERTVILLE, AL 35950	Phone no. 2	56-878-5548					
May	the I	RS discuss this return with the preparer shown above? See instructions		X Yes No					

	1990 (2021) MARSHALL-DEKALB ELECTRIC COOPERATIVE 63-0132555 Page 2 1 III Statement of Program Service Accomplishments
1	Check if Schedule O contains a response or note to any line in this Part III  Briefly describe the organization's mission:
•	PURCHASE AND SALE OF ELECTRICITY FOR ITS MEMBERSHIP
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$15 , 393 , 263 . Including grants of \$) (Revenue \$)
	SALE OF ELECTRICITY PURCHASED FROM TVA 20,700 CUSTOMERS SERVED
4b	(Code:) (Expenses \$) (Revenue \$)
4c	(Code;) (Expenses \$ Including grants of \$) (Revenue \$)
70	(code,) (Exherises 4) (Hevenue 5)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ Including grants of \$ ) (Revenue \$ )
<u>4e</u>	Total program service expenses ► 15,393,263.

			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		<u>X</u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	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		<b></b>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			l
	similar amounts as defined in Rev. Proc. 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,			i
	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, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	ļ		
	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
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		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		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			1
	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
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	1		
	or more? if "Yes," complete Schedule F, Parts I and IV	14b	<u> </u>	Х
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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			ŀ
	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 fundralsing services on Part IX,		ł	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
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	<u> </u>	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? # "Yes,"			1
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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		Х
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Form	990 (2021) MARSHALL-DEKALB ELECTRIC COOPERATIVE 63-0132	555	Pa	age 4
Par	telV Checklist of Required Schedules (continued)			
	Didlike amount all and the decision of the dec		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			Х
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	_22		
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			ı
	Schedule K. If "No," go to line 25a	24a		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			ı
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
zoa	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		ı
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
U	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 the Schedule L, Part IV,			MANUAL PROPERTY OF THE PROPERT
	instructions for applicable filing thresholds, conditions, and exceptions):			THE PROPERTY OF THE PARTY OF TH
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? #	ĺ		17
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
G	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	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	31		Х
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		X
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			١.,
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
D	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?	300	1	<del></del>
	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	1		
	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 on Schedule O for Part VI, lines 11b and 19?			
FI WELL	Note: All Form 990 filers are required to complete Schedule O	38	X	
I a	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		 T.	
	Falsakka mankan manakatika kan 0 at Fama 4000 Falsa 0 16 at 1 a	)	Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 48  Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
•	(gambling) winnings to prize winners?	1c	Х	
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	, (Ornandod)		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 58						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		<del></del>			
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			<del>                                     </del>			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x			
b	If "Yes," enter the name of the foreign country						
	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		Х			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х			
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c					
6a							
	any contributions that were not tax deductible as charitable contributions?	6a		x			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	<u> </u>					
	were not tax deductible?	6b		İ			
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	T. W					
	to file Form 8282?	7c		x			
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the						
	sponsoring organization have excess business holdings at any time during the year?	8					
9	Sponsoring organizations maintaining donor advised funds.						
а	a Did the sponsoring organization make any taxable distributions under section 4966?						
þ	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter:						
а	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						
11	Section 501(c)(12) organizations. Enter:						
а	Gross income from members or shareholders						
b	Gross income from other sources. (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
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.						
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						
	Enter the amount of reserves on hand						
14a		14a	<del> </del>	X			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	<del> </del>	<del> </del>			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or						
	excess parachute payment(s) during the year?	15	-	X			
	If "Yes," see the instructions and file Form 4720, Schedule N.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X			
4	If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any						
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		1 - 70			
	If "Yes," complete Form 6069.		35.00				

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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	
Sec	tion A. Governing Body and Management							•
						Yes	No	j
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		9				١
	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.							l
b	Enter the number of voting members included on line 1a, above, who are independent	1b		ol				İ
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	·		Ť				ı
_	-Mineral director to the control of		-		2		Х	J
3	Did the organization delegate control over management duties customarily performed by or under the						- 43	
•	e record to the contract of th		•		_		x	
4	Did the organization make any significant changes to its governing documents since the prior Form 98				<u>3</u> 4		X	•
4							X	
5	Did the organization become aware during the year of a significant diversion of the organization's asserble by a great plantage.			. 1	_5_	<u> </u>		•
6	Did the organization have members or stockholders?				6			•
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	•						
	more members of the governing body?				7a		X	-
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st		,				l	
	persons other than the governing body?				7b		X	1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the	following:					
а	The governing body?				_8a	X	ļ	_
b	Each committee with authority to act on behalf of the governing body?		····		8b	X	<u> </u>	_
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read							
_	organization's mailing address? If "Yes." provide the names and addresses on Schedule O				9		X	
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)					
						Yes	No	_
10a	Did the organization have local chapters, branches, or affiliates?				10a		X	_
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, 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				11a	Х		•
	b Describe on Schedule O the process, if any, used by the organization to review this Form 990.							
	2a Did the organization have a written conflict of interest policy? If "No," go to line 13							
b	the same of the sa							•
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y			••	12b			
_	on Schedule O how this was done				12c			
13	Did the organization have a written whistleblower policy?				13		Х	-
14	Did the organization have a written document retention and destruction policy?				14		X	-
15	Did the process for determining compensation of the following persons include a review and approva		*******************************	•				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-	aspondons					· Control
	The organization's CEO, Executive Director, or top management official				15-	X		-
h					15a 15b	X	1	-
U	If "Yes" to line 15a or 15b, describe the process on Schedule O. See Instructions.	,	************	•	JOD			2
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nont	ith o					, in the
102	- · · · · · · · · · · · · · · · · · · ·				10		Х	É
L	taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate				16a	11		
U		•	,					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	uzatior	1'5					-
800	exempt status with respect to such arrangements?				16b	<u> </u>	<u> </u>	-
	tion C. Disclosure							-
17	List the states with which a copy of this Form 990 is required to be filed <b>A</b> L	1		<i>(e</i> ·				_
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, at	nd 990	- i (section 501(c)	(მ)8	only)	availa	ıble	
	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)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict o	of interest policy, a	anc	i finan	cial		
	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's boo							_
	JENNIFER OLIVER, CHIEF FINANCIAL OFFICER - 256-593-	-426	2					-
	10025 HWY 168 BOAZ AT. 35957							

Form **990** (2021)

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#### Form 990 (2021) 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

#### 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

Check this box if neither the organic	1	orga	niza			nper	sat		rector, or trustee.	
(A)	(B)			_ (C	<b>)</b>	_		(D)	(E)	(F)
Name and title	Average	(do	not c	Pos heck i	mare	than o	one	Reportable	Reportable	Estimated
	hours per					s both or/trus		compensation	compensation	amount of
	week (list any						<del>,</del>	from the	from related organizations	other
	hours for	direct						organization	(W-2/1099-MISC/	compensation from the
	related	ee or	stee			nsate	l	(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	naj fru		oyee	ed		1099-NEC)	,	and related
	below	Individual trustee or director	Institutional trustee	ją į	Кеу етріоуве	Highest compensated employee	Former			organizations
	line)	里	Inst	Officer	Key	売	Ē			
(1) WILLIAM S. BOBO	40.00								_	
MANAGER		<u> </u>		_	Х	<u> </u>		158,357.	0.	5,200.
(2) ERIC LESTER	40.00								_	_
CHIEF ENGINEER		<u> </u>	╙	<u> </u>	X	ļ		138,760.	0.	0.
(3) CHRIS CORNELIUS	40.00	1							_	_
SERVICE SUPERVISOR		ļ			X	lacksquare		123,292.	0.	0.
(4) TERRY TURK	40.00				l			444 4	_	
CONSTRUCTION SUPERVISOR	40.00	-	ļ,	<u> </u>	Х	┞		119,457.	0.	1,300.
(5) JENNIFER OLIVER	40.00	1			l			104 450		
CFO		ļ	_	<u> </u>	X	<del> </del>	<u> </u>	101,168.	0.	5,200.
(6) LAVAUGHN HOLCOMB	5.00			١				45 000		
PRESIDENT		X	<u> </u>	X		┡	_	15,275.	0.	0.
(7) BOBBY WEATHERS	5.00	-		l					_	
SEC/TREAS		X	ļ	X	ļ	╄	_	13,825.	0.	0.
(8) TERRY JOHNSON	5.00	۱						10.444	_	
TRUSTEE		X		ļ.,		<del> </del>	1	13,111.	0.	0.
(9) STEVE HENLEY	5.00	١	Ì					10.044		_
TRUSTEE		X	┢	ļ		╄	<u> </u>	13,044.	0.	0.
(10) WILLIAM G. HULGAN	5.00	١		-			ŀ	40.044	_	_
TRUSTEE	F 00	X	⊢	<u> </u>	_	-	ļ	13,044.	0.	0.
(11) JERRY SCOTT TRUSTEE	5.00	۱.,						12 010	_	
(12) BRIGGS PATTERSON	5.00	Х	-	<del> </del>	-	╀	⊢	13,010.	0.	0.
TRUSTEE	3.00	x				1		10 040		١ ,
(13) STEPHEN P. DAVIS	5.00	<del>  ^</del>		┢	-	+		12,949.	0.	0.
TRUSTEE	3.00	x						10 075	,	١ ,
(14) TERRY EDMONDSON	5.00	^	<u> </u>	-		╁		12,875.	0.	0.
VICE PRESIDENT	3.00	x		x				12,328.	_	١ ,
ATCH LIMPIDIME		╬		<u> </u>	-	┼	╁	12,320.	0.	0.
		+								
		$\vdash$	$\vdash$	$\vdash$	-	┼	╁╴			
	<del></del>	1								
-		$\vdash$	$\vdash$	<del> </del>	H	╁╌	<del> </del>			
		1								E.
			_	٠.	<b></b>	_	_	<u> </u>	<u> </u>	- 000

132007 12-09-21

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)					
(A)	(B)			(0	<b>;</b> )			(D)	(E)		(F)			
Name and title	Average	Position (do not check more than one				one	Reportable	Reportable		Estima	ted			
	hours per	box	, unles	ss per	son l	s both	n an	1			amoun			
	week (list any				0010	1711 48	100,	from	from related		othe			
	hours for	Individual trustee or director					ŀ	the organization	organization (W-2/1099-MIS		compens from t			
	related	20	stee			sate		(W-2/1099-MISC/	1099-NEC)		organiza			
	organizations	truste	al tru		yee	in Del		1099-NEC)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- }	and rela			
	below	idua	institutional trustee	iei	Key employee	Highest compensated employee	ᇣ	, ,		1	organiza	tions		
	line)	宣	Inst	Officer	Кеу	三島	Former					,,		
						<u> </u>								
	<u> </u>													
			$\vdash$							$\longrightarrow$				
										ļ				
			├-	-		-			·····					
	<u> </u>													
			$\vdash$			-								
		ĺ												
			<b></b>		-									
	<del></del>							,						
										$\neg$				
		1												
							İ							
1b Subtotal		.,					<b></b>	760,495.		0.	11,	700.		
c Total from continuation sheets to Part VI								0.		0.		0.		
d Total (add lines 1b and 1c)			· • • • • • • •				<u> </u>	760,495.		0.	11,'	700.		
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable	Э				
compensation from the organization												5		
•										F	Ye	s No		
3 Did the organization list any former officer,			еу е	mpl	oye	e, or	hìg	hest compensated emp	loyee on					
line 1a? If "Yes," complete Schedule J for s								***************************************		ļ	3	X		
4 For any individual listed on line 1a, is the su	-							•	~	ļ				
and related organizations greater than \$150											4 X			
5 Did any person listed on line 1a receive or a												37		
rendered to the organization? If "Yes." com Section B. Independent Contractors	iplete Schedule	a <i>J f</i>	or si	ich i	oers	on_		***************************************			5	X		
Complete this table for your five highest co.	mpanaetad ina	lone	ndo	at a.	t		ua 41	bot voorbing die en d	100 000 -1		·			
the organization. Report compensation for										Jensai	ion iton			
(A)	trie caleridai ye	zai c	mun	ig w	iui c	JI VVI		(B)	ear.		(C)			
Name and business	address							Description of s	services	С	ompensat	ion		
CORBITT POWER AND LIGHT,	LLC, 10	08						INSTALLATION			,			
CRESTWOOD STREET, ALBERTY				95	0			SERVICING OF		1	,067,	028.		
DUCKETT CONSTRUCTION	-	-									· · · · · · · · ·			
181 TANT MUCH DAM RD, ALE	BERTVILL	Ε,	A	L	35	95	1	CONSTRUCTION			396,	329.		
LANDERS' LAND IMPROVEMENT												******		
855 NORTHRIDGE TRACE, ALE	ERTVILL	Ε,	A	L	<u>35</u>	<u>95</u>	1	LANDSCAPING			272,	355.		
					_									
2 Total number of independent contractors (in		ot lir	nited	d to	_	-	sted	above) who received m	ore than					
\$100,000 of compensation from the organization	zation					3								

			Check if Schedule O contains a	response o	or note to any lin	e 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
캶캶	1	а	Federated campaigns	1a				And the state of t	The second of th
i i			Membership dues	1b			The second secon	See the property of the proper	The property of the control of the c
A,C			Fundralsing events	10				Company of the Compan	The second secon
E F			Related organizations	1d					
2 3			Government grants (contributions)	1e					The state of the s
Contributions, Gifts, Grants and Other Similar Amounts		f	All other contributions, gifts, grants, and	1 1					
έą			similar amounts not included above	1f			Specific continuous desirabilità della del	The second secon	The state of the s
ρg		_	Noncash contributions Included in lines 1a-1f  Total. Add lines 1a-1f	1g \$					
OR		11	Total. Add lines 1a-11		Business Code				
	2	9	MISCELLANEOUS ELECTRIC		221000	634,546.	634,546.		
<u>ğ</u>		b				001,010,	001,010.		
Sec		c		·					<del></del>
E		d							
Program Service Revenue		e							
<u>.</u>		f	All other program service revenue			·			
			W			634,546.			Amended that the Print of the p
	3		Investment income (including divide						
			other similar amounts)			76,965.	76,965.		
	4		Income from investment of tax-exer		•				
Ì	5		Royalties						
				(i) Real	(li) Personal				
	6		Gross rents6a		906,121.		*M-29/17-20-20-20-20-20-20-20-20-20-20-20-20-20-		
			Less: rental expenses 6b		0,				
			Rental income or (loss) 6c		906,121.	906,121.			006 121
	7			Securities	(ii) Other	500,121,			906,121.
	•	а	assets other than inventory 7a	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(1) 00101			As a desirable de la constantina del la constantina de la constantina de la constantina de la constantina del la	
		h	Less: cost or other basis						
e e		~	and sales expenses7b						
E E		C	Gain or (loss) 7c						
Revenue			Net gain or (loss)						
ā	8		Gross income from fundraising events (						
₽			including \$	_ of					The state of the s
			contributions reported on line 1c). §						general control and control an
			Part IV, line 18	<u>8</u> a				Principal de la company de la	
			Less: direct expenses		<u> </u>				
	_		Net income or (loss) from fundraisin	_					
	9	а	Gross income from gaming activitie						Parameter of the control of the cont
		<b>L</b>	Part IV, line 19	9a 9b	<u> </u>				
			Net income or (loss) from gaming a						
	10		Gross sales of inventory, less return						
		-	and allowances		54,838,997.			A service of the serv	
		b	Less: cost of goods sold		37,911,047.				
			Net income or (loss) from sales of in		<b>)</b>	16,927,950.	16927950.		
					Business Code	y, <del>(12</del> - 12 <u>2</u> - 12 2 <u>2 1</u>		A STATE OF THE STA	
Miscellaneous Revenue	11	а							
ane		b							
Sek		С							
Mis			All other revenue		<u> </u>				
$\perp$			Total. Add lines 11a-11d			40.545.55			
	12		Total revenue. See instructions			18,545,582.	17639461.	0.	906,121.

Secti	on 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A).	
	Check if Schedule O contains a respon	se or note to any line in t (A)	this Part IX (B)	(C)	/D\
	not include amounts reported on lines 6b, 9b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				The state of the s
	and domestic governments. See Part IV, line 21				And the state of t
2	Grants and other assistance to domestic				A STATE OF THE PARTY OF THE PAR
	individuals. See Part IV, line 22				The second secon
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				Administration of the Control of the
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members	·			Control of the Contro
5	Compensation of current officers, directors,				
	trustees, and key employees	251,548.	251,548.		<u> </u>
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				WHAT .
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	1,767,193.	1,767,193.		
9	Other employee benefits	64,846.	64,846.		
10	Payroll taxes	254,028.	254,028.		
11	Fees for services (nonemployees):				
а	Management				
b	Legal	88,178.	88,178.		
С	Accounting				
d	Lobbying		·		
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	110,037.	110,037.		
13	Office expenses	87,368.	87,368.		
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	596,752.	596,752.		
21	Payments to affiliates	••••			
22	Depreciation, depletion, and amortization	3,949,468.	3,949,468.		
23	Insurance				
24	Other expenses, Itemize expenses not covered			The second secon	And the second s
	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.)				
	DISTRIBUTION OPERATING	2,000,995.	2,000,995.		
b	GROSS RECEIPTS AND PRIV	1,810,646.	1,810,646.		
C		1,561,668.	1,561,668.		
d	DISTRIBUTION MAINTENANC	1,327,911.	1,327,911.		
e	All other expenses	1,522,625.	1,522,625.		
25	Total functional expenses. Add lines 1 through 24e	15,393,263.	15,393,263.	0.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Chook here	-	1	Ī	i

Form **990** (2021) 132010 12-09-21

Fai	L A	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash · non-interest-bearing	2,024,767.	1	1,576,520.
	2	Savings and temporary cash investments	3,283,123.	2	<u>4,638,265.</u>
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	3,523,139.	4	4,347,185.
	5	Loans and other receivables from any current or former officer, director,	From the control of t		
		trustee, key employee, creator or founder, substantial contributor, or 35%			A CONTROL OF THE PARTY OF THE P
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			The state of the s
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ध	7	Notes and loans receivable, net		7	· · · · · · · · · · · · · · · · · · ·
Assets	8	Inventories for sale or use	677,554.	8	710,900.
Ä	9	Prepaid expenses and deferred charges	149,711.	9	157,313.
	10a	Land, buildings, and equipment: cost or other	The Control of Control		And the second s
		basis. Complete Part VI of Schedule D 10a 110,700,964.			Company of the Compan
	b	Less: accumulated depreciation 10b 26,991,843.	78,969,633.	10c	83,709,121.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	27,655.	12	27,655.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1,317,369.	15	898,767.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	89,972,951.	16	96,065,726.
	17	Accounts payable and accrued expenses	15,824,118.	17	16,849,508.
	18	Grants payable		18	<u></u>
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	·
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	American de la companya de la compan	21	carries and the control of the contr
es	22	Loans and other payables to any current or former officer, director,			The second secon
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			Make the state of the property of the control of th
jab.		controlled entity or family member of any of these persons	12 808 216	22	15 000 100
-	23	Secured mortgages and notes payable to unrelated third parties	13,797,316.	23	15,299,108
	24	Unsecured notes and loans payable to unrelated third parties		24	
!	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	602 217		E04 4E0
	00	of Schedule D	683,317. 30,304,751.		32,653,068
	26	Total liabilities. Add lines 17 through 25	30,304,731.	26	32,033,000
Ś		Organizations that follow FASB ASC 958, check here			And the second s
ဦ	מט	and complete lines 27, 28, 32, and 33.  Net assets without donor restrictions		07	Manuscreptory Company of the Company
ala	27 28	Net assets with donor restrictions		27	
ō	20	Organizations that do not follow FASB ASC 958, check here		28	
풀		and complete lines 29 through 33.			Management of the second secon
þ	29	Capital stock or trust principal, or current funds	144,772.	29	146,597
ets	30	Pald-in or capital surplus, or land, building, or equipment fund	91,679.	30	91,679
4ss	31	Retained earnings, endowment, accumulated income, or other funds	59,431,749.	31	63,174,382
Net Assets or Fund Balances	32	Total net assets or fund balances	59,668,200.	32	63,412,658
Z	33	Total liabilities and net assets/fund balances	89,972,951.	33	96,065,726

	990 (2021) MANDIALL DERALD ELECTRIC COOPERATIVE	0.0	_ OT 25	1222	. Pi	age 🗠
Pa	Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		******			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	18	B,549	5,5	582.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	5,393	3,2	263.
3	Revenue less expenses. Subtract line 2 from line 1	3		3,152	2,3	319.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5.9	9,668	3,2	200.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8		590	),3	314.
9	Other changes in net assets or fund balances (explain on Schedule O)	9			1,8	325.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	63	3,412	2,6	558.
Pa	Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			A PROPERTY OF THE PROPERTY OF		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
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 complled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	<u> </u>	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis	,			
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis			1.44		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the					İ
	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 Sch					AND THE PARTY OF T
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	-				
	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 requi					
	or sudite explain why on Schedule O and describe any steps taken to undergo such audits			25		1

132012 12-09-21

# **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection =

Name of the organization

MARSHALL-DEKALB ELECTRIC COOPERATIVE

Employer identification number 63-0132555

Pai	Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		ds or Acco	unts. Complete if the
		(a) Donor advised funds	(b) F	unds 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 w	riting that the assets held in donor a	dvised funds	
	are the organization's property, subject to the organization's e	xclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpe	ose conferring	
T	impermissible private benefit?			Yes No
Pai	Conservation Easements. Complete if the organic	anization answered "Yes" on Form 9	90, Part IV, line	97.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).		
	Preservation of land for public use (for example, recreati	on or education) Preservation	n of a historica	ally important land area
	Protection of natural habitat	Preservation	n of a certified	historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the fo	orm of a conse	rvation easement on the last
	day of the tax year.			Held at the End of the Tax Year
a	Total number of conservation easements		2	a
b		***************************************		b
C	Number of conservation easements on a certified historic stru-	cture included in (a)	2	c
d	Number of conservation easements included in (c) acquired at	fter 7/25/06, and not on a historic str	ucture	
	listed in the National Register	*****	<u>L</u> 2	d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by	the organizati	on during the tax
	year ▶			
4	Number of states where property subject to conservation ease			
5	Does the organization have a written policy regarding the period		of	
	violations, and enforcement of the conservation easements it	***************************************		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing	conservation e	asements during the year
7	Amount of expenses incurred in monitoring, inspecting, handle	ing of violations, and enforcing cons	ervation easem	ents during the year
	<b>\$</b>			
8	Does each conservation easement reported on line 2(d) above			
_	and section 170(h)(4)(B)(ii)?		*******	Yes No
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footnote	ote to the organization's financial sta	tements that d	lescribes the
10 ET	organization's accounting for conservation easements.  Till Organizations Maintaining Collections of	Art Historical Transuras or	Other Sim	ilar Assats
2 4	Complete if the organization answered "Yes" on Form		Outer Sim	iliai Assets.
ıa	If the organization elected, as permitted under FASB ASC 958			
	of art, historical treasures, or other similar assets held for publication, provide in Part VIII the taxt of the feature to its financial			or public
h	service, provide in Part XIII the text of the footnote to its finance.			
b	If the organization elected, as permitted under FASB ASC 958			
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in	turtnerance of	public service,
	provide the following amounts relating to these items:			▶ ♠
	(i) Revenue included on Form 990, Part VIII, line 1			<b>*</b>
		aven as athor similar spects for fine		\$
2	If the organization received or held works of art, historical trea		ncial gain, pro	vide
_	the following amounts required to be reported under FASB AS	· ·	,	
a	Revenue included on Form 990, Part VIII, line 1			<b>&gt;</b> \$
	Assets included in Form 990, Part X			\$ 0.1 1.1 D./T. 0000.0001
LHA	For Paperwork Reduction Act Notice, see the Instructions	TOT FORM 990.		Schedule D (Form 990) 2021

132051 10-28-21

Using the organization is acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):		dule D (Form 990) 2021 MARSHAL	L-DEKALB E	LECTRIC	COOPERAT	IVE		63-01:	32555	Page 2
Collection terms (check all that apply):   a									(continue	d)
a Public axhibition difference of the comparison	3		on, and other record	ls, check any o	f the following tha	ıt make s	ignificant :	use of its		
b Scholarly research e				()						
c Preservation for future generations  4 Provide a description of the organization solicit or receive donations of art, historical treasures, or other similar assets  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets  6 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets  7 Part VI Except and Custodial Arrangements. Complets if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  8 Is the organization an agent, trustee, ouetodian or other intermediary for contributions or other assets not included on Form 990, Part XV.  9 If "Yes," explain the arrangement in Part XIII and complete the following table:	а		•							
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.	b	-	•	e Other						<del></del>
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sed for passe funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an angent, trustee, outscloud or other intermediary for contributions or other assets not included on Form 990, Part X?    Yes	C	•								
to be sold to raise funds rather than to be maintained as part of the creanization's collection?    Part IVE   Excrow and Custodial Arrangements. Compete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.	4							se in Part :	XIII.	
Escrew and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part N, line 9, or reported an amount on Form 990, Part N, line 21.  1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part N?	5					er similar	assets			
reported an anount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIII and complete the following table:  Amount  c Beginning balance  d Additions during the year  f Ending balance  Distributions during the year  f Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes No  b If "Yes," explain the arrangement In Part XIII. Check here if the explanation has been provided on Part XIII  PartXVIII Endowment Funds. Complete if the organization answered "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  To Not investment earnings, gains, and losese (d) Current year end balance (line 1g, column (a)) held as:  a Board designated or quasiendowment	5 D ====								Yes	No_
Telephone   Tele	Far			lete if the orga	nization answered	"Yes" or	Form 990	), Part IV, I	ine 9, or	•
on Form 990, Part X?    If *Yes,* explain the arrangement in Part XIII and complete the following table:   Amount			<del></del>							<del></del>
b If "Yes," explain the arrangement in Part XIII and complete the following table:    Amount   1c	1a							_	- r	
d Additions during the year e Distributions during the year 1 Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 3 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 3 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 3 Did the organization include an amount on Form 990, Part X, line 10. 4 Did Tives years back liability? 4 Did Tives years back liability? 5 Described organizations 6 Did Tives years back liability? 6 Did Tives years back liability? 6 Did Tives years back liability? 7 Did Tives years back liability? 7 Did Tives years back liability? 8 Did Tives years back liability years back liability? 8 Did Tives years back liability? 8 Did Tives years back liability? 8 Did Tives years back liability years back liability? 8 Did Tives years back liability years back liability? 8 Did Tives years back liability years back liability? 9 Did Tives years back liability years back liability? 9 Did Tives years back liability years back liability? 9 Did Tives years back liability years back liability? 9 Did Tives years back liability years back liability? 9 Did Tives years back liability years back liability years back liability? 9 Did Tives years back liability years back liability years back liability. 9 Did Tives years back liability years back liability years back liability. 9 Did Tives years back liability years back liability years back liability. 9 Did Tives years back liability years back liability. 9 Did Tives years back liability. 9 Did Tives years back liability. 9 Did Tives years back liability. 9 Did Tives years back liability. 9 Did Tives years back liability. 9 Did Tives years back lia		on Form 990, Part X?	***************************************			•••••	• • • • • • • • • • • • • • • • • • • •	L	∐ Yes [	No
c Beginning balance d Additions during the year 1	b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:				1	·	
d Additions during the year   1d		B							Amount	
e Distributions during the year   1	C									
f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	a									
2a Did the organization include an amount on Form 990, Part X, line 21, for secrow or custodial account liability?  Part Yes, "soblain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.  (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (e) Four years back (d) Three years back (e) Four years back (e) Four years back (d) Three years back (e) Four years back (e	e									
Describe in Part XIII the intended uses of the organization's endowment for the passis (in Part Part VIII and Beginning of property   Describe in Part XIII the intended uses of the organization's endowment funds.	Ť	Ending balance					<u>  1f</u>	l	<del>п г</del>	<del></del>
Endowment Funds. Complete if the organization answered "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   (d) Three years back   (e) Four years back									_iYes [	—  <sup>№</sup>
a Beginning of year balance   b Contributions   c Net investment earnings, gains, and losses   d Grants or scholarships   c Other expenditures for facilities and programs   f Administrative expenses   g End of year balance   more of the estimated percentage of the current year end balance (line 1g, column (a)) held as:   a Board designated or quasi-endowment   %   %   %   %   %   %   %   %   %	D Dar	TYPES, explain the arrangement in Part XIII.	Check here if the ex	xplanation has	been provided on	Part XIII	40			
1a Beginning of year balance b Contributions c Not investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board dosignated or quasi-endowment ▶		Litaowillett's arias. Complete		1				vaara haak	(-) Equryo	ara baale
b Contributions c Not investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (ai)) held as: a Board designated or quasi-endowment	4	Designing of year halons	(a) Current year	(D) FIIOT y	ear (C) IWO yea	ais Dauk	(a) Illiee	years back	(e) roul ye	ars back
c Net investment earnings, gains, and losses d Grants or scholarships	1a									
d Grants or scholarships  c Other expenditures for facilities and programs  f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment  % b Permanent endowment  % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4. Describe in Part XIII the Intended uses of the organization's endowment funds.  Part XIII the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value depreciation  1a Land  1 Land  1 Land  1 Land  2 Leasehold improvements 4 Equipment 5 Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  1a Land  1b Buildings 1c Leasehold improvements 1c	D					<del> </del>				<del></del>
e Other expenditures for facilities and programs  1 Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	ن ام									
and programs  f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board dosignated or quasi-endowment  %  b Permanent endowment  %  The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part V Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  basis (investment)  1a Land	a									
f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	е			i						
g End of year balance  Provide the estimated percentage of the current year end balance (line 1g, column (aj) held as:  a Board designated or quasi-endowment  %  b Permanent endowment  %  c Term endowment  %  The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations  (ii) Related organizations  b If "Yes" on line 3a(ii), are the related organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  b Buildings  c Leasehold improvements  d Equipment  e Other  110,567,394. 26,991,843. 83,575,551.										
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment  %  b Permanent endowment  %  The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations  3a(ii)										
a Board designated or quasi-endowment	_		continuous and halana	A (line de line)	(a)\ b a lel a a c					
b Permanent endowment			-		mn (a)) neid as:					
The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations (ii) Related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  Describe in Part XIII the Intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  1a Land  Description of property  (b) Cost or other depreciation  1a Land  1a	a			%						
The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iv) Hard a sa(iv)   Sa(iv)	,									
Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations (ii) Related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VIII Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  basis (investment)  1a Land  133,570.  Buildings  c Leasehold improvements d Equipment e Other  110,567,394. 26,991,843. 83,575,551.	G		, ,							
by:	32			ation that are l	old and administs	arod for t	ho organiz	ation		
(ii) Unrelated organizations (iii) Related organizations (ii) Related organizations (iii) Accumulated (iv) Book value (iv)	oa		SSION OF THE ORGANIZ	ation that are i	iou and administe	ereu ior u	ne organiz	auon	\(\mathbf{v}_{\ell}\)	as No
(ii) Related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  basis (other)  1a Land  1.33,570.  b Buildings  c Leasehold improvements d Equipment e Other  110,567,394. 26,991,843. 83,575,551.		•								3 140
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  1a Land  1.33,570.  Buildings  c Leasehold improvements d Equipment e Other  110,567,394. 26,991,843. 83,575,551.										
Describe in Part XIII the intended uses of the organization's endowment funds.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  1a Land  1.33,570.  Buildings  c Leasehold improvements d Equipment e Other  110,567,394. 26,991,843. 83,575,551.	h	If "Yes" on line 3a(ii), are the related organiza	itions listed as requi	red on Schedi	le R?			**************	3h	<del></del>
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  1a Land  1 Land  1 Land  1 Land  2 Leasehold improvements  4 Equipment  6 Other  110,567,394. 26,991,843. 83,575,551.	_						************	• • • • • • • • • • • • • • • • • • • •	30	
Description of property   (a) Cost or other basis (investment)   (b) Cost or other basis (other)   (c) Accumulated depreciation	Par	Land, Buildings, and Equipm	ent.	ATTION TO TO TO S						
Description of property   (a) Cost or other basis (investment)   (b) Cost or other basis (other)   (c) Accumulated depreciation	30.00	Complete if the organization answere	d "Yes" on Form 99	0, Part IV, line	11a. See Form 99	0, Part X	, line 10.			
1a Land       1.33,570.       133,570.         b Buildings       1.33,570.       1.33,570.         c Leasehold improvements       1.33,570.       1.33,570.         d Equipment       1.33,570.       1.33,570.         e Other       1.33,570.       1.33,570.         1.33,570.       1.33,570.       1.33,570.         1.33,570.       1.33,570.       1.33,570.         1.33,570.       1.33,570.       1.33,570.         1.33,570.       1.33,570.       1.33,570.         1.33,570.       1.33,570.       1.33,570.         1.33,570.       1.33,570.       1.33,570.         1.33,570.       1.33,570.       1.33,570.         1.33,570.       1.33,570.       1.33,570.         1.33,570.       1.33,570.       1.33,570.         1.33,570.       1.33,570.       1.33,570.         1.33,570.       1.33,570.       1.33,570.         1.33,570.       1.33,570.       1.33,570.         1.33,570.       1.33,570.       1.33,570.         1.33,570.       1.33,570.       1.33,570.         1.33,570.       1.33,570.       1.33,570.         1.33,570.       1.33,570.       1.33,570.         1.33,570.       1.			(a) Cost or	other (b	) Cost or other	(c) A	Accumulat		(d) Book v	alue
b Buildings	12	Land	· · · · · · · · · · · · · · · · · · ·				- p. 0 5/44/01		133	570
c Leasehold improvements										3,00
d Equipment						<del> </del>				
e Other 110,567,394. 26,991,843. 83,575,551.	-							<del></del>		
				110	.567.394	26	991.8	43. R	3.575	551.

Schedule D (Form 990) 2021

	<u>mn (p) must equal Form 990, Part X, col, (B) line 15</u>
Part X	Other Liabilities.
	Complete if the organization answered "Yes" on

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ADVANCES FROM TVA	250,948.
(3) DEFERRED POLE RENT REVENUE	253,504.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>▶</b> 504,452.
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statement	

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) 2021

25601001

(3) Other

(B) (C) (D) (E) (F) (G)

(1)(2)(3)(4) (5)(6)(7)(8) (9)

(1)(2)(3) (4)(5)(6)(7)(8) (9)

	Complete if the examination analysed "Vest as Farm 000 Dark" " " 4"				
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 1: Total revenue, gains, and other support per audited financial statements			1	56,456,629.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	• • • • • • • • • • • • • • • • • • • •	***************************************		30,430,023.
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities		,		
c	Recoveries of prior year grants	2c			
d			37,911,047.		
9	Add lines 2a through 2d			2e	37,911,047.
3	Subtract line 2e from line 1			3	18,545,582.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	*************	***************************************		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)				
C	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	18,545,582.
Pai	**************************************	ments W	ith Expenses per F	etur	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.			
1	Total expenses and losses per audited financial statements			1	53,304,310.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments				
C	Other losses				
d			37,911,047.		
е	Add lines 2a through 2d			2e	37,911,047.
3	Subtract line 2e from line 1			3	15,393,263.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	_			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
C	Add lines 4a and 4b			4c	0.
5	Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	15,393,263.
		************		<u> </u>	13,393,203.
Pa	TEXIII Supplemental Information.	***************************************		<u> </u>	15,393,203.
				' <del></del>	
Prov	T≆XIII Supplemental Information.	art IV, lines	1b and 2b; Part V, line 4	' <del></del>	
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	art IV, lines	1b and 2b; Part V, line 4	' <del></del>	
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	art IV, lines	1b and 2b; Part V, line 4	' <del></del>	
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	art IV, lines	1b and 2b; Part V, line 4	' <del></del>	
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a	art IV, lines	1b and 2b; Part V, line 4	' <del></del>	
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	art IV, lines	1b and 2b; Part V, line 4	' <del></del>	
Provi lines PAI	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a RT XI, LINE 2D - OTHER ADJUSTMENTS:	art IV, lines	1b and 2b; Part V, line 4	; Part	X, line 2; Part XI,
Provi lines PAI	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a	art IV, lines	1b and 2b; Part V, line 4	; Part	
Provi lines PAI	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a RT XI, LINE 2D - OTHER ADJUSTMENTS:	art IV, lines	1b and 2b; Part V, line 4	; Part	X, line 2; Part XI,
Provi lines PAI	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a RT XI, LINE 2D - OTHER ADJUSTMENTS:	art IV, lines	1b and 2b; Part V, line 4	; Part	X, line 2; Part XI,
Provi lines PAL	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a RT XI, LINE 2D - OTHER ADJUSTMENTS:	art IV, lines	1b and 2b; Part V, line 4	; Part	X, line 2; Part XI,
Provi lines PAL	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a RT XI, LINE 2D - OTHER ADJUSTMENTS:	art IV, lines	1b and 2b; Part V, line 4	; Part	X, line 2; Part XI,
Provi lines PAP COS	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a RT XI, LINE 2D - OTHER ADJUSTMENTS:  ST OF GOODS SOLD  RT XII, LINE 2D - OTHER ADJUSTMENTS:	art IV, lines	1b and 2b; Part V, line 4	; Part	X, line 2; Part XI,  37 , 911 , 047 .
Provi lines PAP COS	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a RT XI, LINE 2D - OTHER ADJUSTMENTS:	art IV, lines	1b and 2b; Part V, line 4	; Part	X, line 2; Part XI,
Provi lines PAP COS	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a RT XI, LINE 2D - OTHER ADJUSTMENTS:  ST OF GOODS SOLD  RT XII, LINE 2D - OTHER ADJUSTMENTS:	art IV, lines	1b and 2b; Part V, line 4	; Part	X, line 2; Part XI,  37 , 911 , 047 .
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132054 10-28-21

### **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.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection Employer identification number

63-0132555

#### MARSHALL-DEKALB ELECTRIC COOPERATIVE Part Questions Regarding Compensation

_	Charlette communicate transfer Military and the communication of the City of t		Yes	No
12	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  Housing allowance or residence for personal use			THE PARTY OF THE P
	Travel for companions  Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			Appropriate Control of
	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		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			Part Total
	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.			The state of the s
	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
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
	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			
	contingent on the revenues of:			
а	The organization?	5a		
	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			TOTAL STATE
•	contingent on the net earnings of:			
а	The organization?	6a		
b	Any related organization?	6b		_
_	If "Yes" on line 6a or 6b, describe in Part III.		===	THE STATE OF THE S
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			T SANSA MAN AND A SANSA MAN AN
	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	Similar Cold Car See		
-	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		CONTRACTOR OF THE PARTY OF THE
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	^		
	riogulatione doction ob-4500 o(c)?	9		

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Schedule J (Form 990) 2021

MARSHALL-DEKALB ELECTRIC COOPERATIVE

Schedule J (Form 990) 2021

Partiti 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)-f(ii) 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	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(j-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) WILLIAM S. BOBO	Ε	158,357.	0	0	5,200.	0.	163,557.	0.
MANAGER	€		0	0	• 0	0		• 0
(2) ERIC LESTER	ε	138,760.	0.	0.	• 0	0	138,760.	0
CHIEF ENGINEER	: E		0.	0.	0.	0.		0.
(3) CHRIS CORNELIUS	Ξ	123,292.	0	0	• 0	0	123,292.	0.
SERVICE SUPERVISOR	<b>E</b>		0	0	•0	0.		0.
(4) TERRY TURK	€	119,457.	0	0	1,300.	*0	120,757.	.0
CONSTRUCTION SUPERVISOR	<u> </u>	0	0	0	0	• 0		0.
(5) JENNIFER OLIVER	ε	101,168.	0	0	5,200.	0.	106,368.	0.
CFO			0.	0	0.	0.	0	0.
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HE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS MAKES ECOMMENDATIONS FOR COMPENSATION TO THE BOARD OF DIRECTORS ON AN ANNUAL SASIS. THE RECOMMENDED COMPENSATIONS ARE REVIEWED AND VOTED ON BY THE			Schedule J (Form 990) 2021
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### SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

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 Form 990-EZ.

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

OMB No. 1545-0047 Open to Public

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 1,825.
FORM 990, PART XII, LINE 2C:
THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

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Schedule O (Form 990) 2021