## **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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A F	or the	2022 calendar year, or tax year beginning JUL 1, 2022 and endin	g <u>JUN</u> 30, 202	3
<b>B</b> (	Check if applicable	C Name of organization	D Employer ident	ification number
Г	Addres	MARSHALL-DEKALB ELECTRIC COOPERATIVE		
	Name change	Doing business as	63-0132	
	return _Final _return/	Number and street (or P.O. box if mail is not delivered to street address)  P.O. BOX 724	suite <b>E</b> Telephone numb (256)59	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	61,383,282.
	Amend		H(a) Is this a group	return
	Application	F Name and address of principal officer: SCOTT BOBO	for subordinat	
	pendin	g 10025 HWY 168, BOAZ, AL 35957	H(b) Are all subordinates	
1 -	Гах-ехе	empt status: 501(c)(3) X 501(c) ( 12 ) (insert no.) 4947(a)(1) or	7	a list. See instructions
J١	<b>N</b> ebsit		H(c) Group exempt	ion number
<b>K</b> F	orm of	organization: Corporation Trust Association X Other COOPE L	Year of formation: 1941	M State of legal domicile: AL
Pa	art I	Summary		
Se	1	Briefly describe the organization's mission or most significant activities: SALE OF	ELECTRIC POW	ER
nar	2	Check this box if the organization discontinued its operations or disposed of	more than 25% of its net a	assets.
Ver	3			<b>3</b> 9
ဇ္	4	Number of independent voting members of the governing body (Part VI, line 1b)		1 0
Activities & Governance	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		58
	6	Total number of volunteers (estimate if necessary)		0
cţi	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		a 0.
⋖	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		о.
			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	0	
	9	Program service revenue (Part VIII, line 2g)		
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	76,965	. 117,391.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		. 18,356,022.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	18,545,582	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	. 0.
ă	b	Total fundraising expenses (Part IX, column (D), line 25)	12 055 640	12 246 615
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	15,393,263	
	19	Revenue less expenses. Subtract line 18 from line 12	3,152,319	
ts or		Tabel accords (Dart W. Para 40)	Beginning of Current Yea 96,065,726	
SSE	20	Total assets (Part X, line 16)	32,653,068	
let/	1	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20	63,412,658	
Pa	art II	Signature Block	03,412,030	• 07,202,203•
Und	er nena	ties of perjury, I declare that I have examined this return, including accompanying schedules and s	tatements, and to the hest of	my knowledge and belief it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of which pre		ny kilombago alia bollon, it io
		,, , , , , , , , , , , , , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Sig	n I	Signature of officer	Date	
Her		SCOTT BOBO, GENERAL MANAGER		
	_	Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Paid	,	KATHRYN E. CONDIT, CPA KATHRYN E. CONDIT,	C 10/16/23 self-emp	P01359319
Prej	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 IF	S discuss this return with the preparer shown above? See instructions		X Yes No

Га	Check if Schedule O contains a response or note to any line in this Part III	
1	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?	Yes X No
_	If "Yes," describe these new services on Schedule O.	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes 🗘 No
4	If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as measured by	w expenses
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	
	revenue, if any, for each program service reported.	enpenees, and
4a	(Code:) (Expenses \$ 15,812,049. including grants of \$) (Revenue \$	)
	SALE OF ELECTRICITY PURCHASED FROM TVA 20,700 CUSTOMERS SERVED	)
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	)
		,
	·	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	)
4e	15 010 040	
		Form <b>990</b> (2022)

# Form 990 (2022) MARSHALL-DEKALB ELECTRIC COOPERATIVE 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? 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		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in 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		Х
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, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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	X	
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
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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			
	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			
	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,			3.7
	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			37
	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,"			
	complete Schedule G, Part III	19		X
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b		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		X

			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			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L. Part II	26		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? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
_	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а		28a		x
h	"Yes," complete Schedule L, Part IV  A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		<u> </u>
C		28c		x
29	"Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		<del> </del>
30		20		X
24	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	31		<u> </u>
32				X
00	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		<u> </u>
33				X
0.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	ا ۵٫۰		x
05 -	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	ا		
00	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?	0.0		
07	If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37	· · · · · · · · · · · · · · · · · · ·			<sub>v</sub>
00	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		Х	
Pai	Note: All Form 990 filers are required to complete Schedule O  † V   Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	
ı al				
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 49			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		77	
	(gambling) winnings to prize winners?	1c	X	
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MARSHALL-DEKALB ELECTRIC COOPERATIVE
Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

					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 return	าร?		2b	X	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		_X_
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 a	uthori	ty over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccour	t)?	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 Ac	ccoun	ts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		_ <u>X</u> _
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.			5b		<u>X</u>
С	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					v
	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 contribution were not tax deductible?		_	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a		<u>X</u>
b				7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa to file Form 8282?	•		7c		х
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 co	ontrac	t?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 88	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	Э			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а				9a		
b				9b		
10	Section 501(c)(7) organizations. Enter:	۔مد ا	I			
a	Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a 10b				
ь 11	Section 501(c)(12) organizations. Enter:	LIOD				
	Gross income from members or shareholders	11a	59050296.			
	Gross income from other sources. (Do not net amounts due or paid to other sources against	110	330302301			
	amounts due or received from them.)	11h	2,215,595.			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a		
	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.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	<b>Note:</b> 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				
	Enter the amount of reserves on hand	13c				
				14a		<u>X</u>
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					77
	excess parachute payment(s) during the year?			15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.		•			v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incon	ne?	16		X
47	If "Yes," complete Form 4720, Schedule O.	ali, stat				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

Form **990** (2022)

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
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 0			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
3		3		x
4	of officers, directors, trustees, or key employees to a management company or other person?  Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
	District the second of the sec	6	Х	
6	Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	-	21	
7a				x
	more members of the governing body?	7a		_^
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	l		<b>₩</b>
_	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		37	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	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 chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
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 approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on 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?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3))	only)	availal	ole
	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, conflict of interest policy, and	l financ	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 books and records			
	JENNIFER OLIVER, CHIEF FINANCIAL OFFICER - 256-593-4262			
	10025 HWY 168, BOAZ, AL 35957			

Form **990** (2022)

# Part VII 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 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, box 6 of 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.

(A)	(B)	ny related organization compensate (B) (C)						(D)	(E)	(F)
Name and title	Average			Pos	itior	1		Reportable	Reportable	Estimated
Name and title	hours per		not cl	heck i	more	than o		compensation	compensation	amount of
	week		cer an					from	from related	other
	(list any	tot						the	organizations	compensation
	hours for	r dire				eg eg		organization	(W-2/1099-MISC/	from the
	related	tee o	nstee			ensat		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	l trus	nal tr		oyee	dwo		1099-NEC)		and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(4)	line)	<u>n</u>	lus	₩0	, Ke	흜틍	For			
(1) WILLIAM S. BOBO	40.00	1			\			160 504	_	F 200
MANAGER (2) ERIC LESTER	40.00	-			X			160,594.	0.	5,200.
CHIEF ENGINEER	40.00	ł			x			142 267	0.	0.
(3) CHRIS CORNELIUS	40.00	$\vdash$	Н		┝≏			142,267.	U •	· ·
SERVICE SUPERVISOR	40.00	1			x			126,038.	0.	0.
(4) CHRIS BROOKS	40.00	1			₽			120,030.	· ·	0.
CONSTRUCTION SUPERVISOR	40.00	ł			x			108,251.	0.	15,600.
(5) JENNIFER OLIVER	40.00	H			<u> </u>			100,251.	•	13,000
CFO	1000	i			X			108,196.	0.	5,200.
(6) LAVAUGHN HOLCOMB	5.00								•	
PRESIDENT	3.33	x		х				16,825.	0.	0.
(7) BRIGGS PATTERSON	5.00								-	
TRUSTEE		X						15,061.	0.	0.
(8) BOBBY WEATHERS	5.00									
SEC/TREAS		X		Х				15,025.	0.	0.
(9) TERRY EDMONDSON	5.00									
VICE PRESIDENT		X		Х				14,710.	0.	0.
(10) STEVE HENLEY	5.00									
TRUSTEE		X						14,421.	0.	0.
(11) JERRY SCOTT	5.00									
TRUSTEE		X						14,382.	0.	0.
(12) TERRY JOHNSON	5.00	ļ								
TRUSTEE		X						14,000.	0.	0.
(13) WILLIAM G. HULGAN	5.00	١						12 22		
TRUSTEE		X				_		13,921.	0.	0.
(14) STEPHEN P. DAVIS	5.00	١						12 505		
TRUSTEE		X						13,725.	0.	0.
		$\mathbf{I}$								
		$\vdash$	$\vdash$		$\vdash$					
		1								
		$\vdash$			$\vdash$	$\vdash$				
		1								
			$\Box$			ь			l .	

Form 990 (2022)

63-0132555

Section A. Officers, Directors, Trus	tees, Key Emp	oloy	<u>ees,</u>	anc	d Hig	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)			(0	C)			(D)	(E)			(F)	
Name and title	Average			Pos	-	1		Reportable	Reportable		Fs	timated	4
Name and title	hours per					than o s both		compensation	compensation	n		nount o	
	week					r/trust		from	from related			other	1
	(list any	tor						the	organizations			pensati	ion
	hours for	direc						organization	(W-2/1099-MIS			om the	
	related	e 0r (	tee			sate		(W-2/1099-MISC/	1099-NEC)	٠ <i>,</i>		anizatio	
	organizations	ruste	<u> </u>		99	ubeu		1099-NEC)	10001120)		_	d relate	
	below	lual t	tiona	١. ا	oldr	yee or	_	10001120)				anizatio	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				0.90	inzatio	
	,	<u> </u>	<u> </u>	0	¥	포 &	ш			-+			
						Н				-+			
						П				$\neg$			
						Ш							
						Н				$\dashv$			
						П							
						Ш							
			_		_	$\sqcup$				$\longrightarrow$			
1b Subtotal								777,416.		0.	20	6,00	
c Total from continuation sheets to Part VI	, Section A							0.		0.			0.
d Total (add lines 1b and 1c)								777,416.		0.	<u> </u>	6,00	<u>0.</u>
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	) who	re	eceived more than \$100,	000 of reportable	!			
compensation from the organization													<u>5</u>
										-		Yes	No
3 Did the organization list any former officer,	director, truste	ee, k	кеу е	empl	oye	e, or	hig	hest compensated empl	loyee on				
line 1a? If "Yes," complete Schedule J for s	uch individual									L	3		X
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150	0.000? If "Yes	" co	mnle	ete S	Sche	dule	.I f	for such individual			4	Х	
5 Did any person listed on line 1a receive or a									dual for services				
rendered to the organization? If "Yes," com											5		Х
Section B. Independent Contractors	<u>piete Scriedule</u>	<i>3 U 1</i> 0	JI SL	<u>ICIT L</u>	Jers	OII .							
Complete this table for your five highest cor	mpensated ind	epe	nder	nt cc	ontra	actor	s th	nat received more than \$	100.000 of comp	ensati	ion fro	m	
the organization. Report compensation for t													
(A)								(B)			(C	;)	
Name and business								Description of s	ervices	Co	omper	nsation	
CORBITT POWER AND LIGHT,	LLC						ľ	INSTALLATION	AND				
PO BOX 2368, ALBERTVILLE,								SERVICING OF	UTILITY	1,	<u>,19:</u>	2,53	5.
EXELERON SOFTWARE LLC, 70		TH	S	$\mathbf{T}$									
SUITE N2-331, MCALLEN, TX							į	SOFTWARE			<u> 37(</u>	0,22	1.
LANDERS' LAND IMPROVEMENT		_	_	_	2 -	0 - 1					0.0	0 04	2
855 NORTHRIDGE TRACE, ALB	RKTATT <u></u>	<b>Е</b> ,	A	<u> </u>	<u> </u>	<b>95</b>	-	LANDSCAPING			_∠88	8,94	<u>3.</u>

Form **990** (2022)

25601001

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 (2022) MARSHAL
Part VIII Statement of Revenue

		Check if Schedule O contains a response o	r note to any line	n this Part VIII			
		Chock il Corlodale C corltaine à responde c	Those to drift line	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
							360110113 3 12 - 3 14
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns 1a					
ira ou	k	Membership dues 1b					
P, G	ď	Fundraising events 1c					
ar it		d Related organizations 1d					
S, E	6	Government grants (contributions)					
ës	f	All other contributions, gifts, grants, and					
e ci		similar amounts not included above 1f					
ĕ₹	, ا	Noncash contributions included in lines 1a-1f					
ξg	,	1 Total. Add lines 1a-1f					
0 10		1 Total / Idd iii los Tu Ti	Business Code				
		MISCELLANEOUS ELECTRIC	221000	1 202 031	1 202 031		
ice	2 a	" —————————————————————————————————————	221000	1,202,031.	1,202,031.		
er e	k	·					
n S en	•	·					
ran Sev	C	d					
Program Service Revenue	•	e					
<u>a</u>	f	f All other program service revenue					
	ç	Total. Add lines 2a-2f		1,202,031.			
	3	Investment income (including dividends, interes					
		other similar amounts)		117,391.	117,391.		
	4	Income from investment of tax-exempt bond pro	Г				
	5	Royalties	F				
		(i) Real	(ii) Personal				
	6.	. l. <del>'''  </del>	1013564.				
	6 a		0.				
		Less: rental expenses 6b	1013564.				
		Rental income or (loss) 6c 6c	1013304.	1 012 564			1013564.
			(:) Other:	1,013,564.			1013564.
	7 a	a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	k	Less: cost or other basis					
ne		and sales expenses <b>7b</b>					
Revenue	C	Gain or (loss)7c					
Re	ď	d Net gain or (loss)					
her	8 a	a Gross income from fundraising events (not					
Œ		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a					
	k	b Less: direct expenses 8b					
		Net income or (loss) from fundraising events					
		a Gross income from gaming activities. See					
		Part IV, line 19					
	,	b Less: direct expenses 9b					
		Not income as (loss) from coming activities					
	10 2	a Gross sales of inventory, less returns	59,050,296.				
	_						
		<u> </u>	41,707,838.	15 240 450	15240450		
		Net income or (loss) from sales of inventory		17,342,458.	17342458.		
S		-	Business Code				
Miscellaneous Revenue	11 a	ı					
ane	t	o					
	0						
Ais. B	0	d All other revenue					
_		Total. Add lines 11a-11d					
	12	Total revenue. See instructions		19,675,444.	18661880.	0.	1013564.

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respon		this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	240 005	240 000		
	trustees, and key employees	340,287.	340,287.		
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include	1 707 020	1 707 020		
_	section 401(k) and 403(b) employer contributions)	1,797,830. 66,839.	1,797,830. 66,839.		
9	Other employee benefits	260,478.	260,478.		
10	Payroll taxes Fees for services (nonemployees):	200,470.	200,470.		
11					
a b	Management Legal	33,595.	33,595.		
C	Accounting	33,333.	33,333.		
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
q	Other. (If line 11g amount exceeds 10% of line 25,				
Ŭ	column (A), amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	94,042.	94,042.		
13	Office expenses	91,821.	91,821.		
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	F.CO. 001	E C 0 0 0 1		
20	Interest	568,201.	568,201.		
21	Payments to affiliates	2 702 075	2 702 075		
22	Depreciation, depletion, and amortization	3,702,975.	3,702,975.		
23	Insurance Other expanses Itemize expanses not expend				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а	GROSS RECEIPTS AND PRIV	2,061,818.	2,061,818.		
b	DISTRIBUTION OPERATING	2,030,587.	2,030,587.		
С	DISTRIBUTION MAINTENANC	1,660,944.	1,660,944.		
d	CONSUMER ACCT EXPENSE	1,634,629.	1,634,629.		
е	All other expenses	1,468,003.	1,468,003.		
25	Total functional expenses. Add lines 1 through 24e	15,812,049.	15,812,049.	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.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2022)

Part X | Balance Sheet

Pa	rt X	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	1,576,520.	1	3,289,396.
	2	Savings and temporary cash investments	4,638,265.	2	2,739,131.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	4,347,185.	4	3,771,935.
	5	Loans and other receivables from 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		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	710,900. 157,313.	8	863,538.
¥	9	Prepaid expenses and deferred charges	157,313.	9	189,206.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 116, 256, 809.			
	b	Less: accumulated depreciation 10b 28,480,728.	83,709,121.	10c	87,776,081.
	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	898,767.	15	574,360.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	96,065,726.	16	99,231,302.
	17	Accounts payable and accrued expenses	16,849,508.	17	17,283,101.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
鼍		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons	1E 200 100	22	14 275 650
_	23	Secured mortgages and notes payable to unrelated third parties	15,299,108.	23	14,275,650.
	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	504,452.	۱ ۵۰	390,286.
	26	of Schedule D  Total liabilities. Add lines 17 through 25	32,653,068.	25 26	31,949,037.
	20	Organizations that follow FASB ASC 958, check here	32,033,000.	20	31,343,0376
S		and complete lines 27, 28, 32, and 33.			
JC.	27			27	
ala	28	Net assets without donor restrictions  Net assets with donor restrictions		28	
P P	20	Organizations that do not follow FASB ASC 958, check here		20	
필		and complete lines 29 through 33.			
٥	29	Capital stock or trust principal, or current funds	146,597.	29	148,107.
ets	30	Paid-in or capital surplus, or land, building, or equipment fund	91,679.	30	91,601.
Ass	31	Retained earnings, endowment, accumulated income, or other funds	63,174,382.	31	67,042,557.
Net Assets or Fund Balances	32	Total net assets or fund balances	63,412,658.	32	67,282,265.
Z	33	Total liabilities and net assets/fund balances	96,065,726.	33	99,231,302.
	, 55	Total habilition and flot adopto/faile balailogs	50,000,.200	_ 55	Form <b>990</b> (2022)

Form **990** (2022)

Pai	rt XI 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			444.
2	Total expenses (must equal Part IX, column (A), line 25)	2			049.
3	Revenue less expenses. Subtract line 2 from line 1	3			395.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	63,4	<u>12,</u>	658.
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		4,	780.
9	Other changes in net assets or fund balances (explain on Schedule O)	9		1,	432.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	67,2	282,	265.
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Ye	s No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	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 compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		<u>L</u> a	eb X	
	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				
С	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?		<u>L</u>	2c X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<u>L</u> :	3a	Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		5	Bb	
			Fo	orm <b>9</b> 9	0 (2022)

### **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

Name of the organization

MARSHALL-DEKALB ELECTRIC COOPERATIVE

**Employer** identification number 63-0132555

Pai	t I Organizations Maintaining Donor Advised	d Funds or Other	Similar Funds o	r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.		·
		(a) Donor adv	ised 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 v	writing that the assets	held in donor advised	funds
	are the organization's property, subject to the organization's	exclusive legal contro	l?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that		
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for	any other purpose cor	nferring
	impermissible private benefit?			
Pai	t II Conservation Easements. Complete if the org	ganization answered "	Yes" on Form 990, Pa	rt IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that appl	y)	
	Preservation of land for public use (for example, recreated)	tion or education)	Preservation of a	historically important land area
	Protection of natural habitat		Preservation of a	certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation cont	ribution in the form of	
	day of the tax year.			Held at the End of the Tax Year
а				
b				
С	Number of conservation easements on a certified historic stru	٠,		2c
d	Number of conservation easements included in (c) acquired a	after July 25,2006, and	not on a	
_				•
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	or terminated by the or	ganization during the tax
	year			
4	Number of states where property subject to conservation eas	_	action bandling of	
5	Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements it	- I I-I-O		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		and enforcing conser	
Ū	otali and volunteer flours devoted to morntoning, inspecting,	nandling of violations	and emoreing conser	valion casements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and	enforcing conservation	n easements during the year
•	, who are or experience mount of an intermediate, interpretaining, mana	ming or violations, and	ornoroning control value	in successful daming the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirem	ents of section 170(h)(	4)(B)(i)
•	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footn			
	organization's accounting for conservation easements.			
Pai	t III Organizations Maintaining Collections of	Art, Historical T	reasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its r	evenue statement and	balance sheet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, educati	on, or research in furth	nerance of public
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that o	lescribes these items.	
b	If the organization elected, as permitted under FASB ASC 95 $$	8, to report in its reve	nue statement and bal	ance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education	, or research in further	ance of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
2	If the organization received or held works of art, historical treat	asures, or other simila	r assets for financial g	ain, provide
	the following amounts required to be reported under FASB A	SC 958 relating to the	se items:	
а	Revenue included on Form 990, Part VIII, line 1			\$
<u>b</u>	Assets included in Form 990, Part X			\$
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.		Schedule D (Form 990) 2022

# 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)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		133,570.		133,570.
<b>b</b> Buildings				
c Leasehold improvements				
<b>d</b> Equipment				
e Other		116,123,239.	28,480,728.	87,642,511.
Total. Add lines 1a through 1e. (Column (d) must equa	l Form 990. Part X. colur	nn (B), line 10c.)		87,776,081.

Schedule D (Form 990) 2022

Schedule D	(Form 990) 2022		KALB ELECTRIC	COOPERATIVE	63-0132555 Page <b>3</b>
Part VII	Investments - 0	Other Securities.			
	Complete if the orga	anization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line	÷12.
(a) Descrip	tion of security or categ	Ory (including name of security)	(b) Book value	(c) Method of valuation: C	Cost or end-of-year market value
(1) Financia	al derivatives				
(2) Closely					
(3) Other	. ,				
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
<u>(H)</u>					
		Part X, col. (B) line 12.)			
Part VIII	J	Program Related.			
				11c. See Form 990, Part X, line	
	(a) Description of i	nvestment	(b) Book value	(c) Method of valuation: C	Cost or end-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	a) must squal Form 000	Port V and (P) line 12 \			
Part IX	Other Assets.	, Part X, col. (B) line 13.)			
I dit ix		enization answered "Ves"	on Form 990 Part IV line	11d. See Form 990, Part X, line	15
	Complete ii the orga		Description	Tra. Gee Form 556, Fart X, line	(b) Book value
		(a)	Description		(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colu	mn (b) must equal For	rm 990, Part X, col. (B) line <b>S.</b>	÷ 15.)		
			on Form 990, Part IV. line	11e or 11f. See Form 990, Part	X, line 25.
4		scription of liability			(b) Book value
1. (1) Food					(8) 2001. (4.40
	eral income taxes VANCES FROM	/ mzzz			103,195.
			7		
(3) DE	FERRED POLE	E RENT REVENU	<u> </u>		287,091.
(4)					
(5)					
(6)					
(7)					
(8)			<u> </u>		
(9)					
	mn (h) must saual Est	rm 990. Part X. col. (B) line	25.)		390,286.
				the organization's financial sta	
organiza	ation 5 hability for UNC	енані тах розіноні under	I AOD AOU 140, UNECK NE	ere if the text of the footnote ha	a been provided in Fart XIII

Schedule D (Form 990) 2022

Par	Reconciliation of Revenue per Audited Financial Statemer Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	•	turn.	
1	Takal managaran mala and akkaman manakan manakan di katal Sanan dalakan maka		1	61,383,282.
			_	01,303,202.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	0-		
a	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
C	Recoveries of prior year grants Other (Describe in Part XIII.)	1 - 1 41 707 020		
d			0-	11 707 838
e	Add lines 2a through 2d		2e 3	41,707,838. 19,675,444.
3	Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part VIII, line 12, but not on line 1:		3	17,013,444.
4	· · · · · · · · · · · · · · · · · · ·	1.4-1		
a	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)			0
c	Add lines 4a and 4b		4c	19,675,444.
5 Dai	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)  t XII Reconciliation of Expenses per Audited Financial Statement	ents With Expenses per F	5 Potur	n
I al	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	•	ictui	· · ·
_	· •		1	57,519,887.
1			1	37,313,007.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities			
b	Prior year adjustments	I I		
С.	Other losses	44		
d	Other (Describe in Part XIII.)			11 707 939
e	Add lines 2a through 2d		2e	41,707,838. 15,812,049.
3	Subtract line 2e from line 1		3	13,012,049.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1		
a	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)			0
_ C	Add lines 4a and 4b		4c	15,812,049.
5 Dai	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) t XIII Supplemental Information.		5	13,612,049.
		N/ Bass 4b sand Obs Doub // Bass 4	. D	V. Bara O. Davit VI
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part		; Part .	X, line 2; Part XI,
ines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addi	tional information.		
PAF	T XI, LINE 2D - OTHER ADJUSTMENTS:			
	·			
COS	T OF GOODS SOLD			41,707,838.
PAF	T XII, LINE 2D - OTHER ADJUSTMENTS:			
COS	T OF GOODS SOLD			41,707,838.

### 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.

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

MARSHALL-DEKALB ELECTRIC COOPERATIVE

Employer identification number 63-0132555

Pa	art I Questions Regarding Compensation			
			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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		1
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			
	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		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	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		<u></u>
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		
b	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			
	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			
	Regulations section 53 4958.6(c)?	പ		ı

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

Schedule J (Form 990) 2022

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	(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)(i)-(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	≘	160,594.	0	0.	5,200.	0.	165,794.	0
MANAGER	≘	• 0	• 0	• 0	0	• 0	• 0	• 0
(2) ERIC LESTER	(E)	142,267.	• 0	0 •	0	0	142,267.	0
CHIEF ENGINEER	(ii)	0	• 0	0	0	0		0
(3) CHRIS CORNELIUS	(E)	126,038.	• 0	0.	0.	0.	126,038.	0.
SERVICE SUPERVISOR	Œ)	0	• 0	0	0	0	0 •	0
(4) CHRIS BROOKS	(E)	108,251.	• 0	0	15,600.	0	123,851.	0
CONSTRUCTION SUPERVISOR	Œ)	0	• 0	0		0	0 •	0
(5) JENNIFER OLIVER	Θ	108,196.	• 0	0.	5,200.	0	113,396.	0
CFO	(E)	0.	• 0	0.	0.	0.	0 •	0.
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Part III | Supplemental Information

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, PART 1, QUESTION 3:	HE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS MAKES	ECOMMENDATIONS FOR COMPENSATION TO THE BOARD OF DIRECTORS ON AN ANNUAL	THE RECOMMENDED COMPENSATIONS ARE REVIEWED AND VOTED ON BY THE									Schedule J (Form 990) 202
1,	HE COMPENSATION COM	ECOMMENDATIONS FOR	ASIS. THE RECOMMEN	[ 전								

### SCHEDULE O (Form 990)

## 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.

2022
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

MARSHALL-DEKALB ELECTRIC COOPERATIVE

Employer identification number 63-0132555

MARDIADD DERADD EDECIRIC COOLERATIVE 03 0132333
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 1,432.
FORM 990, PART XII, LINE 2C:
THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

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

Schedule O (Form 990) 2022