

Form **8868**

(Rev. January 2022) Department of the Treasury

Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

orms list Contracts	ed below with the exception of Form 8870, Information R s, for which an extension request must be sent to the IRS his form, visit www.irs.gov/e-file-providers/e-file-for-charit	leturn for ⁻ in paper	Transfers Associated With Certain Pe format (see instructions). For more d	ersonal Be	enefit				
	atic 6-Month Extension of Time. Only subm								
-	rations required to file an income tax return other than Fo Form 7004 to request an extension of time to file income			s, REMICs	s, and trusts				
Type or	Name of exempt organization or other filer, see instruc	ctions.		Taxpayer	identification numb	er (TIN)			
orint	FEM ELECTRIC ASSOCIATION, INC. 46-02								
ile by the lue date for iling your eturn. See	Number, street, and room or suite no. If a P.O. box, se P.O. BOX 468		ions.						
nstructions.	City, town or post office, state, and ZIP code. For a fo IPSWICH, SD 57451-0468	reign addı	ress, see instructions.						
nter the	Return Code for the return that this application is for (file	a separat	te application for each return)	************	************	0 1			
Applicati	on	Return	Application			Return			
s For		Code	Is For			Code			
	or Form 990-EZ	01	Form 1041-A			08			
	20 (individual)	03	Form 4720 (other than individual)			09			
orm 990	700	04	Form 5227		10				
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11			
)-T (trust other than above)	06	Form 8870			12			
orm 990	O-T (corporation) SCOTT MOORE	07							
Teleph	pooks are in the care of ► PO BOX 468 - IF none No. ► (605)426-6891 organization does not have an office or place of business		Fax No. >						
	is for a Group Return, enter the organization's four digit (heck this			
32 3									
the	. If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 2022 To the organization named above. The extension is for the organization's return for: X calendar year 2021 Tax year beginning And ending The and attach a list with the names and TINs of all members the extension is for.								
	he tax year entered in line 1 is for less than 12 months, cl Change in accounting period			Final retur	n				
	his application is for Forms 990-PF, 990-T, 4720, or 6069	, enter the	tentative tax, less			0			
_	y nonrefundable credits. See instructions.			3a	\$	0.			
	his application is for Forms 990-PF, 990-T, 4720, or 6069				_	Λ			
	imated tax payments made. Include any prior year overp			3b	\$	0.			
	lance due. Subtract line 3b from line 3a. Include your pa			2.	.	0.			
usi	ng EFTPS (Electronic Federal Tax Payment System). See	instructio	ons.	3c	\$ ==== 0070 TC for a				
Caution: nstruction	If you are going to make an electronic funds withdrawal	(airect del	oil) with this Form 8868, see Form 84	400-1E an	u FUIII 00 / 9+1 E f0 /	payment			

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

Form 990

Department of the Treasury Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2022 Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

A F	or the	2021 calendar year, or tax year beginning and	ending							
B C	heck if oplicable:	C Name of organization		D Employer identific	ation number					
	Address	FEM ELECTRIC ASSOCIATION, INC.								
	Name change	Doing business as		46-02131	71					
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number						
-	Final	P.O. BOX 468		(605)426-6891						
L	Jreturn/ termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ 16,320,511.						
	Amende	IPSWICH, SD 57451-0468		H(a) Is this a group return						
	Applica				?Yes X No					
	pending	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No					
II	ax-exe	mpt status: 501(c)(3) X 501(c) (12) ◀ (insert no.) 4947(a)(1) (or 527	If "No," attach a	list. See instructions					
JV	Vebsite	e: ▶ WWW.FEMELECTRIC.COOP		H(c) Group exemption						
ΚF	orm of	organization: X Corporation Trust Association Other	L Year	r of formation: 1949 N	State of legal domicile: SD					
	rt I	Summary								
	1 E	Briefly describe the organization's mission or most significant activities: ${ t TO}$ S.	AFELY	PROVIDE RELI	ABLE,					
Governance	(COST-EFFICIENT ELECTRICITY AND OTHER SERV	TICES.							
nai		Check this box 🕨 🔲 if the organization discontinued its operations or dispos	sed of more	e than 25% of its net ass	ets.					
vel	8 1			3	<u> </u>					
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)								
φ γ		Total number of individuals employed in calendar year 2021 (Part V, line 2a)			18					
/itie		Total number of volunteers (estimate if necessary)								
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			1,798.					
_	bl	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.					
				Prior Year 0.	Current Year 0 .					
Ð	l .	Contributions and grants (Part VIII, line 1h)			15,809,973.					
nu		Program service revenue (Part VIII, line 2g)		16,943,591.						
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		107,694.	42,047.					
œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-22,254.	15,874,732.					
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		17,029,031.	8,141.					
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		664,496.	73,370.					
		Benefits paid to or for members (Part IX, column (A), line 4)		1,816,662.	1,870,385.					
e S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.					
Expenses	16a 1	Professional fundraising fees (Part IX, column (A), line 11e)	0.							
×	b	Total fundraising expenses (Part IX, column (D), line 25)		13,622,150.	13,149,078.					
ш	1 17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		16,111,053.	15,100,974.					
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		917,978.	773,758.					
		Revenue less expenses. Subtract line 18 from line 12		Beginning of Current Year	End of Year					
S OF		T. 1 () (D. 1) (P. 140)		41,163,016.	42,436,941.					
SSe	20	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		24,759,109.	25,591,132.					
Net Assets	21	Net assets or fund balances. Subtract line 21 from line 20		16,403,907.	16,845,809.					
	art II	Signature Block		, , , ,						
Uno	lor nona	Ities of perjury, I declare that I have examined this return, including accompanying schedule	es and stater	ments, and to the best of my	/ knowledge and belief, it is					
truo	ei pella	t, and complete. Declaration of preparer (other than officer) is based on all information of w	hich prepare	er has any knowledge.	/					
uue	, 601166	d, and complete. Declaration of property (other than others) to see on the		6/23	12022					
e:-		Signature of officer		Date						
Sig He		SCOTT MOORE, GENERAL MANAGER/CEO								
rie	C	Type or print name and title								
-		Print/Type preparer's name Preparer's signature		Date Check	PTIN					
Pai	d	I	CPA	06/14/22 self-emplo						
	parer	Firm's name EIDE BAILLY LLP		Firm's EIN ▶	45-0250958					
	Only	Firm's address 200 E. 10TH ST., STE. 500								
	SIOUX FALLS, SD 57104-6375 Phone no.605-339-1999									
Ma	y the If	RS discuss this return with the preparer shown above? See instructions			X Yes No					
	001 12-0		ions.		Form 990 (2021)					

Form 990 (2021)

			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
	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3		3		x
	public office? If "Yes," complete Schedule C, Part I	-		
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
0		8		х
	Schedule D, Part III			
9	Did the organization report an amount in Part A, line 21, for escribing a december intelline, over the discovery did to describe the service of the service			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	١		- T
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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? /f "Yes," complete Schedule D, Part VII	11b		X
_	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	Х	
لہ	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			
a		11d		х
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11e	Х	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	116	-21	_
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		Х	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		7.7	
	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				
	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? f "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			
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
47	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
17		17		х
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	T"		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		х
	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			7.7
	complete Schedule G, Part III	19		X
20a		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

132004 12-09-21

Form	990 (2021) FEM ELECTRIC ASSOCIATION, INC. 46-021	3171	Р	age 4
Pai	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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	
24 a	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	-	
С	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		-
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	. 24d	-	-
25 a	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	051		
	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%	26		Х
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	. 20		- 21
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	1		
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
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):			
9	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? f			
и	"Yes," complete Schedule L, Part IV	28a		х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes." complete Schedule L. Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	. 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	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		X
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			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	. 35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	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	0.7		х
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	x	
Pa	Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a reasonne or note to any line in this Part V	30	22	
	Check if Schedule O contains a response or note to any line in this Part V			
-	Official in Octobratio O Contrains a response of field to any line in the field variety		Yes	No
1.	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	3	100	1,40
ıd h	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

Form 990 (2021)

(gambling) winnings to prize winners?

Form 990 (2021) FEM ELECTRIC ASSOCIATION, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 18		₩	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.		х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b	X	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	SD	21	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4a		Х
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	7-0		**
D	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).		- 1	
5 0	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
5a b	and the state of t	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
- Ou	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	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 services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
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.	9a		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9b		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	30	100	-
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	77		
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
''a	Gross income from members or shareholders 11a 15938687.			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			-
-	amounts due or received from them.) 86,403.			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
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		7	
С	Enter the amount of reserves on hand			v
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		x
	excess parachute payment(s) during the year?	15		-21
40	If "Yes," see the instructions and file Form 4720, Schedule N.	16		х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	10		
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
17	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
	n 100 compare 1 ann acce.		200	

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.

				X
0	Check if Schedule O contains a response or note to any line in this Part VI			A
Sec	tion A. Governing Body and Management		Yes	No
	Enter the number of voting members of the governing body at the end of the tax year		100	110
1a	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	1.00		
	Enter the number of voting members included on line 1a, above, who are independent			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
2		2		Х
	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision			
3	of officers, directors, trustees, or key employees to a management company or other person?	3		х
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
4	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
5	Did the organization have members or stockholders?	6	Х	
6	Did the organization have members of stockholders, or other persons who had the power to elect or appoint one or			
7a	more members of the governing body?	7a	Х	
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
D	persons other than the governing body?	7b	Х	
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
8	The governing body?	8a	X	
a 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			
9	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.)			
	THIS Section B requests information about policies for 1999 and 1999 and 1999	.00	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
h	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	the state of the second of this Form 200 to all members of its governing body before filling the form?	11a	X	
b	The state of the s			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
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	X	
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	ction 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)s only)	availa	ble
	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, as	id finar	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		_	-
	SCOTT MOORE - (605)426-6891			_
	PO BOX 468, IPSWICH, SD 57451-0468			

FEM ELECTRIC ASSOCIATION, INC.

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, 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 organization (A)	(B)	(C)				العط	Jal	(D)	(E)	(F)
(A) Name and title	Average	Position			ı		Reportable	Reportable	Estimated	
name and title	hours per	(do	(do not check more than one box, unless person is both an			than o	one n an	compensation	compensation	amount of
	week	offic	icer and a direct		irecto	r/trus	tee)	from	from related	other
	(list any	į						the	organizations	compensation
	hours for	or director				20		organization	(W-2/1099-MISC/	from the
	related	tee or	ustee			ensat		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Itrus	nal tr		oyee	g mo		1099-NEC)		and related
	below	Individual trustee	Institutional trustee	je;	Key amployee	Highest compensated employee	Former			organizations
	line)	iğ.	lust	Officer	Key	売品	For			
(1) SCOTT MOORE	40.00									404 006
GENERAL MANAGER/CEO/CFO				X			_	149,015.	0.	134,206.
(2) RHONDA TUSCHERER	40.00									440 500
DIRECTOR OF FINANCE & BENEFITS			_			X	_	105,804.	0.	110,522.
(3) ERIC ODENBACH	3.00									
SECRETARY		X		X			L	9,815.	0.	0.
(4) PAULA PETERSEN	3.00	1								
TREASURER		X	_	X		_	_	8,225.	0.	0.
(5) TOM THORPE	2.00									
VICE PRESIDENT		X	_	X		_	_	7,715.	0.	0.
(6) GARY BACHMAN	4.00									
PRESIDENT		X	_	Х		-	_	7,365.	0.	0.
(7) KELLY MELIUS	3.00					1				
ASSISTANT SEC/TREAS FROM 07/2021		X		X		-	_	4,907.	0.	0.
(8) LARRY BOWAR	1.00							0.405		
SECRETARY UNTIL 06/2021		X	_	X	_	ـــ	┡	2,107.	0.	0.
		-								
		_	_	_	_	-	-			
		1								
		_	_	_	_	_	_			
		4				1				
		_		_	_	_	_			
		1				1				
		_	_	_	_	1	1			
		1								
		_				_	┡			
		4				1				
		_	_	_	-	-	1			
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		-				[
		-	-	-	_	-	1			
		-								
				1_	L		L			E 000 (000)

Form 990 (2021)

(A) Name and title	(B) Average	(de		(C Posi	ition	l than c	ne	(D) Reportable	(E) Reportable		Es	(F) timate	d
	hours per week (list any	box	box, unless person is both an officer and a director/trustee)					compensation from the	compensation from related organizations			ount o other oensa	
	hours for related	stee or dire	rustee			ensated		organization (W-2/1099-MISC/	(W-2/1099-MIS 1099-NEC)	C/	orga	om the anizati	on
	organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-NEC)				l relate nizatio	
		_								-			
										\dashv			_
1b Subtotal		1	L				>	294,953.		0.	244	1,72	28
c Total from continuation sheets to Part d Total (add lines 1b and 1c)	/II, Section A							294,953.		0.	244	1,72	0 28
Total number of individuals (including but compensation from the organization	not limited to th	ose	liste	d ab	ove) wh	o re	ceived more than \$100,	000 of reportable				
3 Did the organization list any former office	er director trust	ا مم	kev e	mnl	ove	e or	hia	hest compensated empl	ovee on	ſ		Yes	N
line 1a? If "Yes," complete Schedule J for	such individual]	3		X
For any individual listed on line 1a, is the										1	4	х	
and related organizations greater than \$1: Did any person listed on line 1a receive or													
rendered to the organization? f "Yes." co]	5		X
Section B. Independent Contractors Complete this table for your five highest of										ensat	ion fro	m	
the organization. Report compensation for	r the calendar y	ear e	endi	ng w	ith c	or wi	thin		ear,		10	4	_
(A) Name and busines	ss address							(B) Description of s		С	Omper	r) nsatio	1
&H ELECTRIC, INC. O BOX 656, LINTON, ND 5	8552						- 1	PLOWING/BORI HING	NG/TRENC		484	1,4	43
<u> </u>													
2 Total number of independent contractors	(including but n	ot li	mite	d to	thos	se lis	ted	above) who received me	ore than		E.		

			Check if Schedule O contains a response	or note to any line	in this Part VIII			
			Oncor in Contracting to Table 1997		(A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
						lunction revenue	business revenue	sections 512 - 514
10 12	1	_	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts.								
5 2								
A.								
ije jej			Related organizations 1d					
S, E			Government grants (contributions) 1e					
tio S		f	All other contributions, gifts, grants, and					
io #			similar amounts not included above 1f					
È당		-	Noncash contributions included in lines 1a-1f 1g \$					
Se		h	Total. Add lines 1a-1f	▶				
				Business Code				
ا بو	2	а	SALE OF POWER	221000	15,100,974.	15100974.		
Š		b	COOP CAPITAL CREDITS	221000	708,999.	708,999.		
Sei		С						
am		d						
Program Service Revenue		e						
٦ <u>.</u>		f	All other program service revenue					
		а	Total, Add lines 2a-2f	•	15,809,973.			
	3	-	Investment income (including dividends, intere					
- 1	·		other similar amounts)		43,623.			43,623.
	4		Income from investment of tax-exempt bond p					
	5		Royalties					
	3		(i) Real	(ii) Personal				
		_		1''				
	6							Andrew Re
- 1			Rental income or (loss) 6c					
			Net rental income or (loss) Gross amount from sales of (i) Securities	(ii) Other				
	7	а	ar deb arrivativiti dalla di					
			assets other than inventory 7a	65,776.				
		b	Less: cost or other basis	S. 350				
e			and sales expenses 7b	67,352.				
Ver			Gain or (loss) 7c	-1,576.				A 555
Other Revenue		d	Net gain or (loss)	▶	-1,576.			-1,576.
her	8	а	Gross income from fundraising events (not					
- ₽			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18				100000	
		b	Less: direct expenses 8b					
		С	Net income or (loss) from fundraising events					
- 1	9	а	Gross income from gaming activities. See					
			Part IV, line 19 9a					
		b	Less: direct expenses 9b					
	ŀ		Net income or (loss) from gaming activities					
	10		Gross sales of inventory, less returns				of the Byllese II	
			and allowances 10a	379,872.				1000
		h	Less: cost of goods sold 10					
			Net income or (loss) from sales of inventory	>	1,445.	-353.	1,798.	
_	_		The modern of proof nom owner or investigation	Business Code				
Sn	11	2	IRS REFUND	221000	21,267.	21,267.		
oer ue	"							
Miscellaneous Revenue		b						
Sce		Y	All other revenue					
Ξ			Total. Add lines 11a-11d	>	21,267.			
	12		Total revenue. See instructions	>	15,874,732.	15830887.	1,798.	42,047.
	14	_	TULBI ISYGNUS. OCO MICH GOROMO					200

Form 990 (2021) FEM ELECTRIC ASSOCIATION, INC.

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All other	r organizations must co	mplete column (A).	
	Check if Schedule O contains a respons		his Part IX		
	ot include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	8,141.			
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	73,370.			
5	Compensation of current officers, directors,				
	trustees, and key employees	251,381.			
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	1,240,398.			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	272,496.			
9	Other employee benefits				
10	Payroll taxes	106,110.			
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
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				
13	Office expenses				
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	789,662.			
20	Interest	705,002.			
21	Payments to affiliates	1,144,175.			
22		1/111/1/00			
23	Other expenses. Itemize expenses not covered				
24	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	COST OF POWER	10,198,025.			
b	ADMIN & GENERAL	1,071,882.			
c	DISTRIBUTION-OPERATIONS	602,039.			
d	DISTRIBUTION-MAINTENANC	515,537.			
e	All other expenses	-1,172,242.			
25	Total functional expenses. Add lines 1 through 24e	15,100,974.			
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)				

Par	tΧ	Balance Sheet			,
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	1,400,807.	2	1,629,388.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	993,872.	4	958,228.
	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)	10 110	6	00 000
Assets	7	Notes and loans receivable, net	40,418.	7	22,982
	8	Inventories for sale or use	483,711.	8	546,653
As	9	Prepaid expenses and deferred charges	500,571.	9	500,967
	10a	Land, buildings, and equipment: cost or other		-	
		basis. Complete Part VI of Schedule D 10a 38, 969, 474.			05 054 004
	b		27,189,947.	10c	27,851,221
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	40 546 000	12	10 010 024
	13	Investments - program-related. See Part IV, line 11	10,546,022.	13	10,919,834
	14	Intangible assets	7.660	14	7 ((0
	15	Other assets. See Part IV, line 11	7,668.	15	7,668
	16	Total assets. Add lines 1 through 15 (must equal line 33)	41,163,016.	16	42,436,941
	17	Accounts payable and accrued expenses	1,374,362.	17	1,350,017
	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	7-07-11-77-77
S	22	Loans and other payables to any current or former officer, director,			
Ĕ		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons	23,349,244.	22	24,182,443
_	23	Secured mortgages and notes payable to unrelated third parties	23,343,244.		24,102,443
	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	35,503.	25	58,672
		of Schedule D	24,759,109.	26	25,591,132
_	26	Total liabilities. Add lines 17 through 25	24,730,1100.	20	20/002/202
w		Organizations that follow FASB ASC 958, check here			
Ç		and complete lines 27, 28, 32, and 33.		27	
alar	27	Net assets without donor restrictions		28	
ä	28	Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here			
Ĕ		-			
Ĕ		and complete lines 29 through 33.	0.	29	0
its (29	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund	0.	30	0
SSE	30	Retained earnings, endowment, accumulated income, or other funds	16,403,907.	31	16,845,809
Net Assets or Fund Balances	31	Total net assets or fund balances	16,403,907.	32	16,845,809
ž	32	Total liabilities and net assets/fund balances	41,163,016.	33	42,436,941
_	33	Total natinates and thet assets/fully balances			Form 990 (202

Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

X

3a

3b

Form 990 (2021)

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.

Open to Public Inspection

Employer identification number

Name of the organization 46-0213171 FEM ELECTRIC ASSOCIATION, INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds No are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. 2a a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) No and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other 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 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1

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

Assets included in Form 990, Part X

the following amounts required to be reported under FASB ASC 958 relating to these items:

Schedule D (Form 990) 2021

(ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide

a Revenue included on Form 990, Part VIII, line 1

Sched		CTRIC ASSO	CIATI t, Histo	ON, IN	IC . asures, oi	r Other			13171 s continu	
3	Using the organization's acquisition, accession	on, and other record	s. check	any of the f	ollowing that	make sid	gnificant u	use of its		
3	collection items (check all that apply):	,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-,	,		•				
а	Public exhibition	c		Loan or excl	hange progra	am				
b	Scholarly research				5 , 5					
c	Preservation for future generations			-						
4	Provide a description of the organization's co	llections and explai	n how the	ey further th	e organizatio	n's exem	npt purpo:	se in Part	XIII.	
-	During the year, did the organization solicit or									
	to be sold to raise funds rather than to be ma								Yes	No_
	IV Escrow and Custodial Arrang								line 9, or	
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodia	an or other intermed	liary for c	ontributions	or other ass	sets not i	ncluded			
	on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement in Part XIII									
	. ,								Amount	
С	Beginning balance						1c			
d	Additions during the year					,.,	1d			
	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for e	scrow or cu	stodial acco	unt liabili	ty?		Yes	No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	kplanatio	n has been	provided on I	Part XIII				
Par	t V Endowment Funds. Complete i		swered	"Yes" on Fo						
		(a) Current year	(b) P	rior year	(c) Two year	rs back	(d) Three y	years back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses								ļ	
g	End of year balance									
2	Provide the estimated percentage of the curr		e (line 1g	j, column (a)) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment									
С	Territ eride witteric	%								
	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse	ssion of the organiz	ation tha	t are held ar	nd administer	red for th	e organiza	ation	I.	'es No
	by:								0 (1)	62 140
	(i) Unrelated organizations								. 75.47	
	(ii) Related organizations									
	If "Yes" on line 3a(ii), are the related organiza								. [3b]	
4 Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment	unas.						
Fai	Complete if the organization answere		0 Part IV	/ line 11a S	See Form 990) Part X	line 10.			
_					or other		ccumulate	od l	(d) Book	value
	Description of property	(a) Cost or a basis (invest		l , , ,	(other)		oreciation		(u) Dook	valu c
-	Land	10	000.		2,674.	20		11.11.1	5.0	,674.
_	Land		000.		2,102.	-	513,6	80.	2,838	
b	Buildings			3,33	_,,	——	,	30.	_,	,
	Leasehold improvements			35.46	6,698.	10.5	504,5	73.	24,962	,125.
d	Equipment Other			,		= - / .	/ -		-,	
_	. Add lines 1a through 1e. (Column (d) must e		X colun	nn (R) line 1	0c l			> 2	27,851	,221.
TOTAL	ET TOO THE STEP SEE TO TOO THE STEE	Market State		and the contract of						

Schedule D	Form 990	2021	T. ETA	PUBCI
Part VIII	Investo	ients -	Other Se	ecurities.

Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) MEMBERSHIPS	4,400.	COST
(2) EAST RIVER ELECTRIC POWER		
(3) COOPERATIVE	8,992,325.	COST
(4) RURAL ELECTRIC SUPPLY		
(5) COOPERATIVE	102,327.	COST

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.

(8) (9)

CORPORATION

NATIONAL RURAL UTILITIES

COOPERATIVE FINANCE

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book valu
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
tal. (Column (b) must equal Form 990, Part X, col. (B) line 15.) art X Other Liabilities.	

1,025,945.

10,919,834.

COST

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability		(b) Book value
(1)	Federal income taxes		
(2)	CUSTOMER DEPOSITS		8,719.
(3)	DEFERRED CREDITS		49,953.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)		19.00	F0 (70
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)		58,672.

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2021

Schedule D	Form 990) 20	021 FEM	ELECTRIC	ASSOCIATION,	INC.	46-
Part XI	Reconcili	ation of Reve	nue per Audit	ed Financial Statem	ents With	Revenue per Return.

	a the state of the second West on Form 900. Bort IV, line 123		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	1	15,874,732.
1	Total revenue, gains, and other support per audited financial statements		10,0,1,,011
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (103303) on investments		
b	Donated services and use of racings		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		0.
е	Add lines 2a through 2d	2e	15,874,732.
3	Subtract line 2e from line 1	3	15,074,752.
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		
b			0
c	Add lines 4a and 4b	4c	15,874,732.
_5	Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 Octur	13,0/4,/34.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per F	tetui	11.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		15 007 604
1	Total expenses and losses per audited financial statements	1	15,027,604.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	15,027,604.
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		
b	$\frac{1}{4}$ $\frac{1}{2}$ $\frac{1}$		
С	Add lines 4a and 4b	4c	73,370.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.)	5	15,100,974.
Pa	rt XIII Supplemental Information.		
Prov	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4	; Part	X, line 2; Part XI,
Prov	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4	; Part	X, line 2; Part XI,
Prov	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4 and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	; Part	X, line 2; Part XI,
Prov	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4	; Part	X, line 2; Part XI,
lines	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4 s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	k; Part	X, line 2; Part XI,
PA	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4 and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. RT X, LINE 2:		
PA	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4 and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. RT X, LINE 2:		
PA TH	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. RT X, LINE 2: E ASSOCIATION BELIEVES IT HAS APPROPRIATE SUPPORT FOR ANY T		
PA TH	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. RT X, LINE 2: E ASSOCIATION BELIEVES IT HAS APPROPRIATE SUPPORT FOR ANY T	'AX	
PA TH	wide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4 and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. RT X, LINE 2: E ASSOCIATION BELIEVES IT HAS APPROPRIATE SUPPORT FOR ANY TABLE OF THE SUPPORT FOR	'AX DOE	POSITIONS S NOT HAVE
PA TH	wide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4 and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. RT X, LINE 2: E ASSOCIATION BELIEVES IT HAS APPROPRIATE SUPPORT FOR ANY TABLE OF THE SUPPORT FOR	'AX DOE	POSITIONS S NOT HAVE
PA TH	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. RT X, LINE 2: E ASSOCIATION BELIEVES IT HAS APPROPRIATE SUPPORT FOR ANY T	'AX DOE	POSITIONS S NOT HAVE
PA TH TA	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4 and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. RT X, LINE 2: E ASSOCIATION BELIEVES IT HAS APPROPRIATE SUPPORT FOR ANY TO THE FINANCIA KEN AFFECTING ITS ANNUAL FILING REQUIREMENTS, AND AS SUCH, Y UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIA	'AX DOE	POSITIONS S NOT HAVE TATEMENTS.
PA TH TA	wide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4 and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. RT X, LINE 2: E ASSOCIATION BELIEVES IT HAS APPROPRIATE SUPPORT FOR ANY TABLE OF THE SUPPORT FOR	'AX DOE	POSITIONS S NOT HAVE TATEMENTS.
PA TH TA AN TH	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4 and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. RT X, LINE 2: E ASSOCIATION BELIEVES IT HAS APPROPRIATE SUPPORT FOR ANY TAKEN AFFECTING ITS ANNUAL FILING REQUIREMENTS, AND AS SUCH, Y UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIA E ASSOCIATION WOULD RECOGNIZE FUTURE ACCRUED INTEREST AND E	'AX DOE L S	POSITIONS S NOT HAVE TATEMENTS.
PA TH TA AN TH	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4 and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. RT X, LINE 2: E ASSOCIATION BELIEVES IT HAS APPROPRIATE SUPPORT FOR ANY TO THE FINANCIA KEN AFFECTING ITS ANNUAL FILING REQUIREMENTS, AND AS SUCH, Y UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIA	'AX DOE L S	POSITIONS S NOT HAVE TATEMENTS.
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PA TH TA AN TH RE	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4 and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. RT X, LINE 2: E ASSOCIATION BELIEVES IT HAS APPROPRIATE SUPPORT FOR ANY TAKEN AFFECTING ITS ANNUAL FILING REQUIREMENTS, AND AS SUCH, Y UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIA E ASSOCIATION WOULD RECOGNIZE FUTURE ACCRUED INTEREST AND E	'AX DOE L S	POSITIONS S NOT HAVE TATEMENTS.
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PA TH TA AN TH RE	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4 and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. RT X, LINE 2: E ASSOCIATION BELIEVES IT HAS APPROPRIATE SUPPORT FOR ANY TELLING REQUIREMENTS, AND AS SUCH, Y UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIA E ASSOCIATION WOULD RECOGNIZE FUTURE ACCRUED INTEREST AND E LATED TO UNRECOGNIZED TAX BENEFITS IN INCOME TAX EXPENSE IF	'AX DOE L S	POSITIONS S NOT HAVE TATEMENTS.
PA TH TA AN TH RE	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4 and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. RT X, LINE 2: E ASSOCIATION BELIEVES IT HAS APPROPRIATE SUPPORT FOR ANY TERM AFFECTING ITS ANNUAL FILING REQUIREMENTS, AND AS SUCH, Y UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL ASSOCIATION WOULD RECOGNIZE FUTURE ACCRUED INTEREST AND FINANCIAL ASSOCIATION WOULD TAX BENEFITS IN INCOME TAX EXPENSE IF TEREST AND PENALTIES ARE INCURRED.	'AX DOE L S	POSITIONS S NOT HAVE TATEMENTS.
PA TH TA AN TH RE	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4 and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. RT X, LINE 2: E ASSOCIATION BELIEVES IT HAS APPROPRIATE SUPPORT FOR ANY TELLING REQUIREMENTS, AND AS SUCH, Y UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIA E ASSOCIATION WOULD RECOGNIZE FUTURE ACCRUED INTEREST AND E LATED TO UNRECOGNIZED TAX BENEFITS IN INCOME TAX EXPENSE IF	'AX DOE L S	POSITIONS S NOT HAVE TATEMENTS.
PA TH TA AN TH RE IN	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4 is 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. RT X, LINE 2: E ASSOCIATION BELIEVES IT HAS APPROPRIATE SUPPORT FOR ANY TO SURE APPROPRIATE SUPPORT FOR ANY TO SUCH APPROPRIATE SUPPORT FOR ANY TO SUC	DOE L S PENA	POSITIONS S NOT HAVE TATEMENTS. LTIES
PA TH TA AN TH RE IN	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4 and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. RT X, LINE 2: E ASSOCIATION BELIEVES IT HAS APPROPRIATE SUPPORT FOR ANY TERM AFFECTING ITS ANNUAL FILING REQUIREMENTS, AND AS SUCH, Y UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL ASSOCIATION WOULD RECOGNIZE FUTURE ACCRUED INTEREST AND FINANCIAL ASSOCIATION WOULD TAX BENEFITS IN INCOME TAX EXPENSE IF TEREST AND PENALTIES ARE INCURRED.	DOE L S PENA	POSITIONS S NOT HAVE TATEMENTS. LTIES

Schedule D.	(Form 990) 2021	FEM	ELECTRIC	ASSOCIATION,	INC.	46-0213171	Page 5
Part XIII	(Form 990) 2021 Supplemental Infor	mation	(continued)				
			CONTINUES				
-							

Schedule D (Form 990) FEM ELECTRIC ASSOCIATION, INC.

Part XIII Supplemental Information (continued)

Part VIII Investments - Program Related. See Form 990, Part X, line 13.		
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
NATIONAL RURAL TELECOMMUNICATIONS	007.040	G0.GE
COOPERATIVE	207,943.	COST
OTHER COOPERATIVES	44,317.	COST
OTHER COOPERATIVES		
FEDERATED RURAL ELECTRIC INSURANCE	91,077.	COST
RURAL ELECTRIC ECONOMIC DEVELOPMENT, INC.	46,000.	COST
OTHER INV-FEDERAL EC DEV LOANS	405,500.	COST
	+	
V		
123421 0A-01-21		Schedule D (Form 990

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

FEM ELECTRIC ASSOCIATION, INC.

Employer identification number 46-0213171

Pa	rt I Questions Regarding Compensation			
			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,		134	
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	100		
	First-class or charter travel Housing allowance or residence for personal use		100	
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments X Health or social club dues or initiation fees		1 =	
	Discretionary spending account Personal services (such as maid, chauffeur, chef)		File	
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or		3	
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	X	
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	X	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's		3.73	
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to		- 2	
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee		18	
		5 1		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	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:			
	The organization?	5a		-
b	Any related organization?	5b		
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:	-		
а	The organization?	6a 6b	-	_
b	, -	do	1	
	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	7		
_	not described on lines 5 and 6? If "Yes," describe in Part III			
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	8		
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	0		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	9		
	Regulations section 53.4958-6(c)?	1 0		

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

Schedule J (Form 990) 2021

Schedule J [Form 990 | 2021 FEM | ELECTRIC | ASSOCIATION | INC. | 46-0213171

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	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) SCOTT MOORE	(i)	149,015.	0.	0.	110,034.	26,728.	285,777.	0.	
GENERAL MANAGER/CEO/CFO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) RHONDA TUSCHERER	(i)	105,804.	0.	0.	86,261.	26,237.		0.	
DIRECTOR OF FINANCE & BENEFITS	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
-	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
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Schedule J (Form 990) 2021

Schedule J Form 990 2021 FEM ELECTRIC ASSOCIATION, INC.	46-0213171	Page 3
Part III Supplemental Information		
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 6b, 6a, 6b, 7, and 8, and for Part II. Also complete this	part for any additional information.	
PART I, LINE 1A:		
FEM OFFERS A WELLNESS PROGRAM TO ALL EMPLOYEES AS PART OF THE WELLNESS		
INCENTIVE, DUES TO THE IPSWICH COMMUNITY FITNESS CENTER AND OTHER WELLNESS		
RELATED FEES ARE PAID WHILE THE EMPLOYEE IS ACTIVELY ATTENDING. WELLNESS		
INCENTIVES ARE INCLUDED AS TAXABLE INCOME.		
SCHEDULE J, PART II, LINE 1, COLUMN C		
PART II COLUMN C INCLUDES \$103,879 OF CHANGE IN ACTUARIAL BENEFITS FOR		
SCOTT MOORE'S DEFINED BENEFIT PLAN. ACTUAL CONTRIBUTIONS TO THIS PLAN		
BY THE COOPERATIVE WERE \$29,349.		
PART II COLUMN C INCLUDES \$81,864 OF CHANGE IN ACTUARIAL BENEFITS FOR		-1
RHONDA TUSCHERER'S DEFINED BENEFIT PLAN. ACTUAL CONTRIBUTIONS TO THIS		
PLAN BY THE COOPERATIVE WERE \$20,943.		

SCHEDULE 0 (Form 990)

132211 11-11-21

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 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

FEM FIFCTRIC ASSOCIATION

Employer identification number 46-0213171

FEM ELECTRIC ASSOCIATION, INC. 10 02131/1
FORM 990, PART VI, SECTION A, LINE 6:
EACH MEMBER HOLDS ONE MEMBERSHIP AND HAS ONE VOTE.
FORM 990, PART VI, SECTION A, LINE 7A:
A NOMINATION COMMITTEE IS FORMED FROM THE MEMBERSHIPS IN THE DISTRICT(S) OF
THE BOARD MEMBER BEING ELECTED. THAT COMMITTEE IS RESPONSIBLE FOR NOMINEES
TO BE PLACED ON THE BALLOT. AN ELECTION IS HELD AT THE ANNUAL MEETING AND
EACH MEMBERSHIP HAS ONE VOTE IN THE ELECTION OF THE BOARD MEMBERS.
FORM 990, PART VI, SECTION A, LINE 7B:
CHANGES TO BY-LAWS MUST BE APPROVED BY MEMBERS. EACH MEMBERSHIP HAS ONE
VOTE WITH THE SAME VOTING RIGHTS.
FORM 990, PART VI, SECTION A, LINE 8B:
THE COOPERATIVE DOES NOT HAVE COMMITTEES WITH BROAD AUTHORITY TO ACT ON
BEHALF OF THE GOVERNING BODY.
FORM 990, PART VI, SECTION B, LINE 11B:
THE GENERAL MANAGER/CEO WILL REVIEW THE FORM 990 BEFORE IT IS SUBMITTED TO
THE IRS. THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS AT A BOARD
MEETING HELD PRIOR TO THE FILING OF THE 990.
MEDITAG HURD INTOK TO THE I INTOK TO THE PROPERTY OF THE PROPE
HORN GOO DARM MI CECUTON B LINE 12C.
FORM 990, PART VI, SECTION B, LINE 12C:
EACH DIRECTOR WILL DISCLOSE IN WRITING TO THE BOARD OF DIRECTORS AT THE
NEXT SCHEDULED BOARD MEETING ANY CONFLICT OF INTEREST, AS OUTLINED IN THE
POLICY, AS THEY EXIST OR WHEN THEY MAY BE INVOLVED IN THE FUTURE. THE LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2021

132212 11-11-21

Name of the organization FEM ELECTRIC ASSOCIATION, INC.	46-0213171
REPRESENT CURRENT YEAR CONTRIBUTIONS TO THE PLAN. RATHER,	IT IS AN
ESTIMATE OF THE INCREASE OR DECREASE IN THE ACTUARIAL VALU	E OF THE PLAN
AS CALCULATED BY THE PLAN ADMINISTRATOR.	
FORM 990, PART IX, LINE 24E STATEMENT OF FUNCTIONAL EXPENS	ES:
THE LABOR, PENSION AND PAYROLL TAXES REPORTED ON LINES 6-1	0 ARE
INCLUDED IN DISTRIBUTION EXPENSE, ADMINISTRATIVE & GENERAL	EXPENSE AND
CUSTOMER EXPENSE. THEREFORE, LABOR, PENSION AND PAYROLL TA	XES ARE SHOWN
AS A REDUCTION TO OTHER EXPENSES ON LINE 24E.	
FORM 990, PART IX, LINE 4, BENEFITS PAID TO OR FOR MEMBERS	S:
THE COOPERATIVE HAS INTERPRETED THE INSTRUCTIONS TO PART I	X, LINE 4, TO
MEAN PATRONAGE CAPITAL ALLOCATED FOR THE YEAR, RATHER THAN	PATRONAGE
CAPITAL RETIRED. THIS IS CONSISTENT WITH THE BY-LAWS OF THE	IE
COOPERATIVE.	

UNRELATED BUSINESS INCOME

CARRYOVER DATA TO 2022

Name FEM	ELECTRIC ASSOCIATION, INC.	Employer Identificat 46-02131	
	formation provided with this return, the following are possible carryover amounts to next year.	117	
	POST-2017 NET OPERATING LOSS - ELECTRICAL C		10,787.
FEDERAL	NET POSITIVE ACE ADJUSTMENT		539.
FEDERAL	CONTRIBUTION - 50% CASH		23,123.
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ame:	FEM ELECTRIC A	ASSOCIATION IN	IC,							FEIN:	46-02131
		CTRICAL CONTRAC			DETAIL CA	RRYOVER SCH	IEDULE				
ear rigi-	82 Annual Limitation Original Carryover Amount	Total Amount Used	Amount Used for 12/31/19	Amount Used for 12/31/20	Amount Used for 12/31/21	Amount Used for	Amount Used fo				
018	75,824.	65,037.	63,882.	16,	1,139.				_		
				- 71							
etail ype	E Amount S Used for B C	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amour Used fo

ear	82 Annual Limitation Original	Total	Section 382 Carryover Amount Used for	Amount Used for							
rigi- ited	Carryover Amount	Amount Used									
013	539.										
	1-515										
	E Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount
tail /pe	S Used for B C	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used fo
-	С		1/1-								
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d Entity: NOL	FED			DETAIL C	ARRYOVER SCH	HEDULE				
2 Annual Limitation Original Carryover	Total Amount Used	Amount Used for 12/31/18	Amount Used for 12/31/19	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
172,168. 24,878. 25,326.	172,168. 24,878. 25,326.	24,878. 9,740.	15,586.							
E Amount S Used for B C	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
	Original Carryover Amount 172,168. 24,878. 25,326.	Original Carryover Amount Used 172,168. 172,168. 24,878. 24,878. 25,326.	Annual Limitation Section 382 Carryover Amount Carryover Amount Used for 12/31/18 Amount Used 172,168. 24,878. 24,878. 24,878. 25,326. 25,326. 9,740.	Annual Limitation	Panual Limitation	Panual Limitation	Section 382 Carryover	Panual Limitation Section 382 Carr yover Amount Coniginal Carryover Amount Used for 12/31/18 Used for 12/31/19 Used for Used for	Section 382 Carry over	Section 382 Carryover

	/pe and Entity: CONTRIBUTION - 50% CASH FED DETAIL CARRYOVER SCHEDULE ction 382 Annual Limitation Section 382 Carryover										
ection 3: 'ear Origi- ated	Original Carryover Amount	Total Amount Used	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used fo
2016 2017 2018 2020 2021	8,995. 9,555. 4,823. 7,745. 1,000.										
etail ype	E Amount S Used for B C	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amour Used fo