

Form 990
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047
2005
Open to Public Inspection

A For the 2005 calendar year, or tax year beginning 01-01-2005 and ending 12-31-2005

- B Check if applicable
Address change
Name change
Initial return
Final return
Amended return
Application pending

C Name of organization
COBB ELECTRIC MEMBERSHIP CORPORATION
% Cobb Electric Membership Corp
Number and street (or P O box if mail is not delivered to street address) Room/suite
1000 EMC Parkway
City or town, state or country, and ZIP + 4
Marietta, GA 30060

D Employer identification number
58-0198155
E Telephone number
(678) 355-3629
F Accounting method
Cash
Accrual
Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Web site:

J Organization type (check only one)
501(c)(12)
4947(a)(1)
527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

H and I are not applicable to section 527 organizations
H(a) Is this a group return for affiliates?
H(b) If "Yes" enter number of affiliates
H(c) Are all affiliates included?
H(d) Is this a separate return filed by an organization covered by a group ruling?
I Group Exemption Number
M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12
332,733,096

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Table with columns for Revenue, Expenses, and Net Assets. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less rental expenses; 6c Net rental income or (loss); 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less cost or other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9 Special events and activities; 10a Gross sales of inventory, less returns and allowances; 10b Less cost of goods sold; 10c Gross profit or (loss) from sales of inventory; 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.

**Part II Statement of Functional Expenses**

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions )

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22</b>	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22</b> 0			
<b>23</b>	Specific assistance to individuals (attach schedule)	<b>23</b> 0			
<b>24</b>	Benefits paid to or for members (attach schedule)	<b>24</b> 0			
<b>25</b>	Compensation of officers, directors, etc . . . . .	<b>25</b> 1,583,536			
<b>26</b>	Other salaries and wages . . . . .	<b>26</b> 0			
<b>27</b>	Pension plan contributions . . . . .	<b>27</b> 0			
<b>28</b>	Other employee benefits . . . . .	<b>28</b> 0			
<b>29</b>	Payroll taxes . . . . .	<b>29</b> 0			
<b>30</b>	Professional fundraising fees . . . . .	<b>30</b> 0			
<b>31</b>	Accounting fees . . . . .	<b>31</b> 0			
<b>32</b>	Legal fees . . . . .	<b>32</b> 0			
<b>33</b>	Supplies . . . . .	<b>33</b> 0			
<b>34</b>	Telephone . . . . .	<b>34</b> 0			
<b>35</b>	Postage and shipping . . . . .	<b>35</b> 0			
<b>36</b>	Occupancy . . . . .	<b>36</b> 0			
<b>37</b>	Equipment rental and maintenance . . . . .	<b>37</b> 0			
<b>38</b>	Printing and publications . . . . .	<b>38</b> 0			
<b>39</b>	Travel . . . . .	<b>39</b> 0			
<b>40</b>	Conferences, conventions, and meetings . . . . .	<b>40</b> 0			
<b>41</b>	Interest . . . . .	<b>41</b> 14,691,542			
<b>42</b>	Depreciation, depletion, etc (attach schedule) <input checked="" type="checkbox"/>	<b>42</b> 15,666,093			
<b>43</b>	Other expenses not covered above (itemize)				
<b>a</b>	Taxes	<b>43a</b> 4,006,175	0	0	0
<b>b</b>	Operation & Maintenance	<b>43b</b> 22,192,288	0	0	0
<b>c</b>	Other Deductions	<b>43c</b> 4,072,084	0	0	0
<b>d</b>	Cost of Power	<b>43d</b> 218,376,782	0	0	0
<b>e</b>	General & Administrative	<b>43e</b> 16,286,431	0	0	0
<b>f</b>	Consumer Expense	<b>43f</b> 17,497,525	0	0	0
<b>g</b>		<b>43g</b>			
<b>44</b>	<b>Total functional expenses.</b> Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	<b>44</b> 314,372,456			

**Joint Costs.** Check  if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_, (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments** (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? <b>►</b> Sale of Electricity to Cooperative Members  All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)
<b>a</b> Utility Systems Programs, General/Other Sale of Electricity to Cooperative Members (0 3813286269 kwh)  (Grants and allocations \$ 0) If this amount includes foreign grants, check here <b>►</b> <input type="checkbox"/>	0
<b>b</b>  (Grants and allocations \$ ) If this amount includes foreign grants, check here <b>►</b> <input type="checkbox"/>	
<b>c</b>  (Grants and allocations \$ ) If this amount includes foreign grants, check here <b>►</b> <input type="checkbox"/>	
<b>d</b>  (Grants and allocations \$ ) If this amount includes foreign grants, check here <b>►</b> <input type="checkbox"/>	
<b>e</b> Other program services (attach schedule) (Grants and allocations \$ ) If this amount includes foreign grants, check here <b>►</b> <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) . . . . <b>►</b>	0

**Part IV Balance Sheets** (See the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		<b>(A)</b>		<b>(B)</b>		
		Beginning of year		End of year		
<b>Assets</b>	<b>45</b> Cash—non-interest-bearing . . . . .		293,696	<b>45</b>	1,222,225	
	<b>46</b> Savings and temporary cash investments . . . . .		18,390,335	<b>46</b>	68,479,084	
	<b>47a</b> Accounts receivable . . . . .	<b>47a</b>	51,046,481			
	<b>b</b> Less allowance for doubtful accounts . . . . .	<b>47b</b>	0	36,275,476	<b>47c</b>	51,046,481
	<b>48a</b> Pledges receivable . . . . .	<b>48a</b>	0			
	<b>b</b> Less allowance for doubtful accounts . . . . .	<b>48b</b>	0	0	<b>48c</b>	0
	<b>49</b> Grants receivable . . . . .		0	<b>49</b>	0	
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .		1,020,548	<b>50</b>	340,508	
	<b>51a</b> Other notes and loans receivable (attach schedule) . . . . .	<b>51a</b>	0			
	<b>b</b> Less allowance for doubtful accounts . . . . .	<b>51b</b>	0	0	<b>51c</b>	0
	<b>52</b> Inventories for sale or use . . . . .		2,592,673	<b>52</b>	2,956,445	
	<b>53</b> Prepaid expenses and deferred charges . . . . .		5,460,276	<b>53</b>	2,400,373	
	<b>54</b> Investments—securities (attach schedule) . . . . .	<input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV	145,851,352	<b>54</b>	138,053,653	
	<b>55a</b> Investments—land, buildings, and equipment basis . . . . .	<b>55a</b>	542,990,979			
	<b>b</b> Less accumulated depreciation (attach schedule) . . . . .	<b>55b</b>	96,244,671	416,711,312	<b>55c</b>	446,746,308
<b>56</b> Investments—other (attach schedule) . . . . .		0	<b>56</b>	0		
<b>57a</b> Land, buildings, and equipment basis . . . . .	<b>57a</b>	0				
<b>b</b> Less accumulated depreciation (attach schedule) . . . . .	<b>57b</b>	0	0	<b>57c</b>	0	
<b>58</b> Other assets (describe  _____)		1,518,938	<b>58</b>	8,276,903		
<b>59 Total assets</b> (must equal line 74) Add lines 45 through 58 . . . . .		628,114,606	<b>59</b>	719,521,980		
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses . . . . .		69,451,054	<b>60</b>	38,300,293	
	<b>61</b> Grants payable . . . . .		0	<b>61</b>	0	
	<b>62</b> Deferred revenue . . . . .		0	<b>62</b>	0	
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		0	<b>63</b>	0	
	<b>64a</b> Tax-exempt bond liabilities (attach schedule) . . . . .		0	<b>64a</b>	0	
	<b>b</b> Mortgages and other notes payable (attach schedule) . . . . .		259,616,479	<b>64b</b>	332,995,294	
	<b>65</b> Other liabilities (describe  _____)		72,804,560	<b>65</b>	104,264,427	
<b>66 Total liabilities</b> Add lines 60 through 65 . . . . .		401,872,093	<b>66</b>	475,560,014		
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 67 through 69 and lines 73 and 74</b>					
	<b>67</b> Unrestricted . . . . .			<b>67</b>		
	<b>68</b> Temporarily restricted . . . . .			<b>68</b>		
	<b>69</b> Permanently restricted . . . . .			<b>69</b>		
	<b>Organizations that do not follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 70 through 74</b>					
	<b>70</b> Capital stock, trust principal, or current funds . . . . .		824,879	<b>70</b>	824,879	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund . . . . .		0	<b>71</b>	0	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		225,417,634	<b>72</b>	243,137,087	
	<b>73 Total net assets or fund balances</b> (add lines 67 through 69 <b>or</b> lines 70 through 72, column (A) <b>must</b> equal line 19, column (B) <b>must</b> equal line 21) . . . . .		226,242,513	<b>73</b>	243,961,966	
	<b>74 Total liabilities and net assets / fund balances</b> Add lines 66 and 73 . . . . .		628,114,606	<b>74</b>	719,521,980	





**Part VI Other Information** (continued)

Yes No

<p><b>82a</b> Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? . . . . .</p> <p><b>b</b> If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III) . . . . .</p>	<b>82a</b>		No
<p><b>83a</b> Did the organization comply with the public inspection requirements for returns and exemption applications?</p> <p><b>b</b> Did the organization comply with the disclosure requirements relating to quid pro quo contributions? . . . . .</p>	<b>83a</b>	Yes	
<p><b>84a</b> Did the organization solicit any contributions or gifts that were not tax deductible? . . . . .</p> <p><b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .</p>	<b>84a</b>		No
<p><b>85</b> <i>501(c)(4), (5), or (6) organizations.</i> <b>a</b> Were substantially all dues nondeductible by members? . . . . .</p> <p><b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? . . . . .</p> <p>If "Yes," was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed the prior year.</p> <p><b>c</b> Dues assessments, and similar amounts from members . . . . .</p> <p><b>d</b> Section 162(e) lobbying and political expenditures . . . . .</p> <p><b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices . . . . .</p> <p><b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e) . . . . .</p> <p><b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? . . . . .</p> <p><b>h</b> If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? . . . . .</p>	<b>85a</b>		
<p><b>86</b> <i>501(c)(7) orgs.</i> Enter <b>a</b> Initiation fees and capital contributions included on line 12</p> <p><b>b</b> Gross receipts, included on line 12, for public use of club facilities . . . . .</p>	<b>86a</b>		
<p><b>87</b> <i>501(c)(12) orgs.</i> Enter <b>a</b> Gross income from members or shareholders . . . . .</p> <p><b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .</p>	<b>87a</b>	329,011,294	
<p><b>88</b> At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX . . . . .</p>	<b>88</b>		No
<p><b>89a</b> <i>501(c)(3) organizations</i> Enter Amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> _____, section 4912 <input type="checkbox"/> _____, section 4955 <input type="checkbox"/> _____</p> <p><b>b</b> <i>501(c)(3) and 501(c)(4) orgs.</i> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction . . . . .</p> <p><b>c</b> Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . <input type="checkbox"/> 0</p> <p><b>d</b> Enter Amount of tax on line 89c, above, reimbursed by the organization . . . . . <input type="checkbox"/> 0</p>	<b>89b</b>		
<p><b>90a</b> List the states with which a copy of this return is filed <input type="checkbox"/> GA</p> <p><b>b</b> Number of employees employed in the pay period that includes March 12, 2005 (See instructions) <input type="checkbox"/> <b>90b</b> 568</p>			
<p><b>91a</b> The books are in care of <input type="checkbox"/> Dwight Brown Telephone no <input type="checkbox"/> (678) 355-3450</p> <p style="margin-left: 40px;">1000 EMC Parkway</p> <p>Located at <input type="checkbox"/> Marietta, GA ZIP + 4 <input type="checkbox"/> 30060</p> <p><b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?</p> <p>If "Yes," enter the name of the foreign country <input type="checkbox"/> _____</p> <p>See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b>, Report of Foreign Bank and Financial Accounts</p> <p><b>c</b> At any time during the calendar year, did the organization maintain an office outside of the United States?</p> <p>If "Yes," enter the name of the foreign country <input type="checkbox"/> _____</p>	<b>91b</b>	Yes No	No
<p><b>92</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of <b>Form 1041</b>—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> <b>92</b></p>	<b>92</b>		

**Part VII Analysis of Income-Producing Activities** (See the instructions.)

**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>93</b> Program service revenue					
<b>a</b> Sale of Electricity		0		0	329,011,294
<b>b</b> Program Related Rentals		0		0	407,278
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>f</b> Medicare/Medicaid payments . . . . .					
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments . . . . .					
<b>95</b> Interest on savings and temporary cash investments		0	14	3,083,498	0
<b>96</b> Dividends and interest from securities . . . . .					
<b>97</b> Net rental income or (loss) from real estate					
<b>a</b> debt-financed property . . . . .					
<b>b</b> non debt-financed property . . . . .					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income . . . . .		0	14	231,026	0
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events . . . . .					
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue <b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>104</b> Subtotal (add columns (B), (D), and (E)) . . . . .		0		3,314,524	329,418,572
<b>105 Total</b> (add line 104, columns (B), (D), and (E)) . . . . .					332,733,096

**Note:** Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93 a	Sale of Electricity
93 b	Program Related Rentals

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

(b) Did the organization, during the year, pay premiums, directly or indirectly

**NOTE:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Under penalties of perjury, I declare that I have examined this return, including a and belief, it is true, correct, and complete Declaration of preparer (other than of

**Please Sign Here**

Signature of officer \_\_\_\_\_  
 Dwight Brown Presiden/CEO  
 Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_  
 Firm's name (or yours if self-employed), address, and ZIP + 4 \_\_\_\_\_

990 Online Filers: Please fax completed and signed form to 866-699-3916

Form **8453-EO**

**Exempt Organization Declaration and Signature for Electronic Filing**

OMB No. 1545-1879

For calendar year 2005, or tax year beginning 1/1/2005 and ending 12/31/2005

**2005**

Department of the Treasury  
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

▶ See instructions on back.

Name of exempt organization

**COBB ELECTRIC MEMBERSHIP CORPORATION**

Employer identification number

**58 : 0198155**

**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8453-EO and enter the applicable amount from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b whichever is applicable, blank (i.e. do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, line 12)	1b	<b>\$332,733,096</b>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

**Part II Declaration of Officer**

6  I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If a copy of this return is being filed with a state agency(s) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(s).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2005 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Sign Here

*Dwight Brown* 12/21/06

Signature of officer

Date

**Dwight Brown, Presiden/CEO**

Title

**Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)**











I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Publication 4206, Information for Authorized IRS e-file Providers of Exempt Organization Filings. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

<b>ERO's Use Only</b>	ERO's signature ▶	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code ▶				EIN ( ) Phone no. ( )









Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

<b>Paid Preparer's Use Only</b>	Preparer's signature ▶	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code ▶			EIN ( ) Phone no. ( )

**Additional Data****Software ID:** 05000240**Software Version:** v1.00**EIN:** 58-0198155**Name:** COBB ELECTRIC MEMBERSHIP CORPORATION**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
Larry Chadwick  935 Old Chadwick Lane Roswell, GA 30075	Board Chairman 0	25,332 0	0	0
Henry L Balkcom III  Route 2 Box 188 Georgetown, GA 31754	Director 0	8,400 0	0	0
David Herndon  1923 Hamlin Drive Marietta, GA 30064	Director 0	31,132 0	0	0
Frank D Boone  2050 Pine Mountain Road Kennesaw, GA 30144	Director 0	34,732 0	0	0
Sarah C Brown  734 First Cotton Drive Powder Springs, GA 30127	Vice Chairman 0	25,832 0	0	0
David McGinnis  3245 Harris Road Marietta, GA 30060	Director 0	14,184 0	0	0
Alton Fortney Jr  920 Oak Drive Woodstock, GA 30189	Director 0	27,732 0	0	0
Donald Barnett  4131 Lovingwood Trail Powder Springs, GA 30123	Director 0	18,254 0	0	0
Glenn Brock  49 Atlanta Street Marietta, GA 30060	Director 0	12,884 0	0	0
Lonnie Hale  4651 Stepping Stone Lane Kennesaw, GA 30152	COO 0	232,164 0	0	0

**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
Frank Myers  3155 Sawyer Court Marietta, GA 30066	Senior VP 0	183,239	0	0
Chip Nelson  2346 Bells Ferry Road Marietta, GA 30066	COO 0	242,213	0	0
Sam Kelly  2216 Major Loring Way Marietta, GA 30064	VP 0	103,632	0	0
Gary Wyatt  118 Nunnally Way Leesburg, GA 31763	Senior VP 0	186,704	0	0
Lil Lasseter  131 Fairview Avenue Decatur, GA 30030	Senior VP 0	63,514	0	0
Carl C Hames Sr  2405 South Cherokee Lane Woodstock, GA 30188	Secretary/Treas 0	21,069	0	0
Bob Elsberry  5077 Kingsbridge Pass Powder Springs, GA 30127	Senior VP 0	1,132	0	0
Dwight Brown  3832 Wesley Chapel Road Marietta, GA 30062	CEO 0	335,901	0	0

## TY 2005 Compensation Explanation

**Name:** COBB ELECTRIC MEMBERSHIP CORPORATION

**EIN:** 58-0198155

**Software ID:** 05000240

**Software Version:** v1.00

Person Name	Explanation
Larry Chadwick	
Henry L Balkcom III	
David Herndon	
Frank D Boone	
Sarah C Brown	
David McGinnis	

Person Name	Explanation
Alton Fortney Jr	
Donald Barnett	
Glenn Brock	
Lonnie Hale	
Frank Myers	
Chip Nelson	

Person Name	Explanation
Sam Kelly	
Gary Wyatt	
Lil Lasseter	
Carl C Hames Sr	
Bob Elsberry	
Dw ight Brow n	

## TY 2005 Depreciation and Depletion Schedule

**Name:** COBB ELECTRIC MEMBERSHIP CORPORATION

**EIN:** 58-0198155

**Software ID:** 05000240

**Software Version:** v1.00

Asset	Amount
Gen & Distribut	15,666,093

## TY 2005 General Explanation Attachment

**Name:** COBB ELECTRIC MEMBERSHIP CORPORATION

**EIN:** 58-0198155

**Software ID:** 05000240

**Software Version:** v1.00

Identifier	Return Reference	Explanation
Number of Employees	Form 990, Part VI, Line #90b	The contracted employees that work for Cobb Electric Membership Corporation are contracted out by Cobb Energy Management Corporation, and Cobb Energy is responsible for all tax forms regarding those employees

<b>Identifier</b>	<b>Return Reference</b>	<b>Explanation</b>
Audited Financial Statements	Form 990, Part IV-A & B, Lines a-e	Our financial statements are audited on a fiscal year basis, May 1st - April 30th. This part was not completed due to the timing of our audit, compared to the form being completed on a calendar basis.

## TY 2005 Investments - Land Schedule

**Name:** COBB ELECTRIC MEMBERSHIP CORPORATION

**EIN:** 58-0198155

**Software ID:** 05000240

**Software Version:** v1.00

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
Distrib & Gen Assets	542,990,979	96,244,671	446,746,308

**TY 2005 Investments - Securities Schedule**

**Name:** COBB ELECTRIC MEMBERSHIP CORPORATION

**EIN:** 58-0198155

**Software ID:** 05000240

**Software Version:** v1.00

Description	Book Value	Cost/FMV
Various	138,053,653	C

**TY 2005 Mortgages and Notes Payable Schedule**

**Name:** COBB ELECTRIC MEMBERSHIP CORPORATION

**EIN:** 58-0198155

**Software ID:** 05000240

**Software Version:** v1.00

**Total Mortgage Amount:** 332995294

## TY 2005 Officer Compensation Schedule

**Name:** COBB ELECTRIC MEMBERSHIP CORPORATION

**EIN:** 58-0198155

**Software ID:** 05000240

**Software Version:** v1.00

### 18 Officers Directors ect

	Compensation	EE Benefit Plans	Expense Acct
Program Services	0	0	0
Mgmt & General	0	0	0
Fundraising	0	0	0

## TY 2005 Other Assets Schedule

**Name:** COBB ELECTRIC MEMBERSHIP CORPORATION

**EIN:** 58-0198155

**Software ID:** 05000240

**Software Version:** v1.00

Description	Beginning of Year Amount	End of Year Amount
Investment in Officer Deferred Benefit Plan	1,518,938	8,276,903

**TY 2005 Other Changes in Net Assets Schedule****Name:** COBB ELECTRIC MEMBERSHIP CORPORATION**EIN:** 58-0198155**Software ID:** 05000240**Software Version:** v1.00

Description	Amount
Change in stock value, memberships, donated capital, & reserved assets	-641,187

## TY 2005 Other Investment Income Schedule

**Name:** COBB ELECTRIC MEMBERSHIP CORPORATION

**EIN:** 58-0198155

**Software ID:** 05000240

**Software Version:** v1.00

Description	Amount
Equity Increase on Investment	231,026

## TY 2005 Other Liabilities Schedule

**Name:** COBB ELECTRIC MEMBERSHIP CORPORATION

**EIN:** 58-0198155

**Software ID:** 05000240

**Software Version:** v1.00

Description	Beginning of Year Amount	End of Year Amount
Pension/Post Rtrmnt, Consumer Dep, ect	72,804,560	104,264,427

**TY 2005 Other Receivables  
from Officers Schedule**

**Name:** COBB ELECTRIC MEMBERSHIP CORPORATION

**EIN:** 58-0198155

**Software ID:** 05000240

**Software Version:** v1.00

**Travel Advance to Officers:**

<b>Item No.</b>	1
<b>Borrower's Name</b>	
<b>Borrower's Title</b>	*
<b>Original Amount of Loan</b>	1500000
<b>Balance Due</b>	340508
<b>Date of Note</b>	2002-02
<b>Maturity Date</b>	2010-10
<b>Repayment Terms</b>	*
<b>Interest Rate</b>	0
<b>Security Provided by Borrower</b>	N/A
<b>Purpose of Loan</b>	N/A
<b>Description of Lender Consideration</b>	N/A
<b>Consideration FMV</b>	1500000