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 , 2005, and ending ,

B Check if applicable: [ ] Address change [ ] Name change [ ] Initial return [ ] Final return [ ] Amended return [ ] Application pending

Please use IRS label or print or type. See specific instructions.

SOUTHSIDE ELECTRIC COOPERATIVE, INC.
POST OFFICE BOX 7
CREWE, VA 23930

D Employer Identification Number: 54-0387895

E Telephone number: 434-645-7721

F Accounting method: [ ] Cash [X] 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).**

H and I are not applicable to section 527 organizations

H (a) Is this a group return for affiliates? [ ] Yes [X] No

H (b) If 'Yes,' enter number of affiliates ►

H (c) Are all affiliates included? [ ] Yes [ ] No (If 'No,' attach a list See instructions)

H (d) Is this a separate return filed by an organization covered by a group ruling? [ ] Yes [X] No

I Group Exemption Number ►

M Check ► [X] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

G Web site: ► N/A

J Organization type (check only one) ► [X] 501(c) 12 ◄ (insert no) [ ] 4947(a)(1) or [ ] 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 chooses to file a return, be sure to file a complete return **Some states require a complete return.**

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ► 92,610,723.

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

1	Contributions, gifts, grants, and similar amounts received:				
a	Direct public support	1a			
b	Indirect public support	1b			
c	Government contributions (grants)	1c			
d	Total (add lines 1a through 1c) (cash $ noncash $)			1d	0.
2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	732,970.
3	Membership dues and assessments			3	
4	Interest on savings and temporary cash investments			4	
5	Dividends and interest from securities			5	
6a	Gross rents	6a	201,303.		
b	Less: rental expenses	6b			
c	Net rental income or (loss) (subtract line 6b from line 6a)			6c	201,303.
7	Other investment income (describe)			7	

			(A) Securities		(B) Other		
8a	Gross amount from sales of assets other than inventory			8a			
b	Less cost or other basis and sales expenses			8b			
c	Gain or (loss) (attach schedule)			8c			
d	Net gain or (loss) (combine line 8c, columns (A) and (B))					8d	

9	Special events and activities (attach schedule) If any amount is from **gaming**, check here ► [ ]				
a	Gross revenue (not including $ of contributions reported on line 1a)	9a			
b	Less direct expenses other than fundraising expenses	9b			
c	Net income or (loss) from special events (subtract line 9b from line 9a)			9c	
10a	Gross sales of inventory, less returns and allowances	10a	91,385,200.		
b	Less cost of goods sold	10b	52,454,065.		
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) STATEMENT 1			10c	38,931,135.
11	Other revenue (from Part VII, line 103)			11	291,250.
12	**Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	40,156,658.
13	Program services (from line 44, column (B))			13	
14	Management and general (from line 44, column (C))			14	
15	Fundraising (from line 44, column (D))			15	
16	Payments to affiliates (attach schedule)			16	
17	**Total expenses** (add lines 16 and 44, column (A))			17	32,543,514.
18	Excess or (deficit) for the year (subtract line 17 from line 12)			18	7,613,144.
19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	70,946,578.
20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 2			20	-3,273,524.
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21	75,286,198.

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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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (att sch) (cash $ ______ non-cash $ ______) If this amount includes foreign grants, check here ► ☐	22				
23 Specific assistance to individuals (att sch)	23				
24 Benefits paid to or for members (att sch)	24				
25 Compensation of officers, directors, etc	25	0.			
26 Other salaries and wages	26				
27 Pension plan contributions	27				
28 Other employee benefits	28				
29 Payroll taxes	29				
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33				
34 Telephone	34				
35 Postage and shipping	35				
36 Occupancy	36				
37 Equipment rental and maintenance	37				
38 Printing and publications	38				
39 Travel	39				
40 Conferences, conventions, and meetings	40				
41 Interest	41	5,789,530.			
42 Depreciation, depletion, etc (attach schedule)	42	6,817,040.			
43 Other expenses not covered above (itemize)					
a A&G.	43a	5,639,882.			
b CONSUMER ACCOUNTS	43b	4,232,843.			
c DISTRIBUTION	43c	9,611,018.			
d SALES EXPENESES	43d	434,489.			
e TAXES	43e	18,712.			
f	43f				
g	43g				
44 Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	32,543,514.			

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? N/A ► ☐ 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** N/A

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? ► 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)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)
a (Grants and allocations $) If this amount includes foreign grants, check here ► ☐	
b (Grants and allocations $) If this amount includes foreign grants, check here ► ☐	
c (Grants and allocations $) If this amount includes foreign grants, check here ► ☐	
d (Grants and allocations $) If this amount includes foreign grants, check here ► ☐	
e Other program services (Grants and allocations $) If this amount includes foreign grants, check here ► ☐	
f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) ►	

Part IV Balance Sheets (See Instructions)

Note: *Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.*			(A) Beginning of year		(B) End of year
ASSETS 45 Cash – non-interest-bearing			848,135.	45	152,160.
46 Savings and temporary cash investments				46	
47a Accounts receivable	47a	8,876,019.			
b Less. allowance for doubtful accounts	47b		7,408,570.	47c	8,876,019.
48a Pledges receivable	48a				
b Less: allowance for doubtful accounts	48b			48c	
49 Grants receivable				49	
50 Receivables from officers, directors, trustees, and key employees (attach schedule)				50	
51a Other notes & loans receivable (attach sch)	51a				
b Less· allowance for doubtful accounts	51b			51c	
52 Inventories for sale or use			1,410,424.	52	1,386,812.
53 Prepaid expenses and deferred charges			4,441,339.	53	5,017,300.
54 Investments – securities (attach schedule) ► ☐ Cost ☐ FMV			26,644,676.	54	27,653,931.
55a Investments – land, buildings, & equipment basis	55a	224,960,948.			
b Less· accumulated depreciation (attach schedule) STATEMENT 3	55b	62,643,812.	155,293,047.	55c	162,317,136.
56 Investments – other (attach schedule)				56	
57a Land, buildings, and equipment: basis	57a				
b Less accumulated depreciation (attach schedule)	57b			57c	
58 Other assets (describe ► SEE STATEMENT 4)			1,044,830.	58	99,752.
59 **Total assets** (must equal line 74) Add lines 45 through 58			197,091,021.	59	205,503,110.
LIABILITIES 60 Accounts payable and accrued expenses			21,561,147.	60	6,481,720.
61 Grants payable				61	
62 Deferred revenue				62	
63 Loans from officers, directors, trustees, and key employees (attach schedule)				63	
64a Tax-exempt bond liabilities (attach schedule)				64a	
b Mortgages and other notes payable (attach schedule)			95,707,837.	64b	103,903,588.
65 Other liabilities (describe ► SEE STATEMENT 5)			8,875,459.	65	19,831,604.
66 **Total liabilities.** Add lines 60 through 65			126,144,443.	66	130,216,912.
NET ASSETS OR FUND BALANCES **Organizations that follow SFAS 117, check here** ► ☐ and complete lines 67 through 69 and lines 73 and 74.					
67 Unrestricted				67	
68 Temporarily restricted				68	
69 Permanently restricted				69	
Organizations that do not follow SFAS 117, check here ► ☒ and complete lines 70 through 74					
70 Capital stock, trust principal, or current funds			213,115.	70	219,535.
71 Paid-in or capital surplus, or land, building, and equipment fund			70,733,463.	71	75,066,663.
72 Retained earnings, endowment, accumulated income, or other funds				72	
73 **Total net assets or fund balances** (add lines 67 through 69 **or** lines 70 through 72, column (A) **must** equal line 19; column (B) **must** equal line 21)			70,946,578.	73	75,286,198.
74 **Total liabilities and net assets/fund balances.** Add lines 66 and 73			197,091,021.	74	205,503,110.

Part IV-A **Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See instructions.)

a	Total revenue, gains, and other support per audited financial statements			a	40,156,658.
b	Amounts included on line **a** but not on Part I, line 12				
	1 Net unrealized gains on investments	b1			
	2 Donated services and use of facilities	b2			
	3 Recoveries of prior year grants	b3			
	4 Other (specify):	b4			
	Add lines **b1** through **b4**			b	
c	Subtract line **b** from line **a**			c	40,156,658.
d	Amounts included on Part I, line 12, but not on line **a:**				
	1 Investment expenses not included on Part I, line 6b	d1			
	2 Other (specify):	d2			
	Add lines **d1** and **d2**			d	
e	**Total revenue** (Part I, line 12) Add lines **c** and **d** ►			e	40,156,658.

Part IV-B **Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

a	Total expenses and losses per audited financial statements			a	32,543,514.
b	Amounts included on line **a** but not on Part I, line 17:				
	1 Donated services and use of facilities	b1			
	2 Prior year adjustments reported on Part I, line 20	b2			
	3 Losses reported on Part I, line 20	b3			
	4 Other (specify)	b4			
	Add lines **b1** through **b4**			b	
c	Subtract line **b** from line **a**			c	32,543,514.
d	Amounts included on Part I, line 17, but not on line **a:**				
	1 Investment expenses not included on Part I, line 6b	d1			
	2 Other (specify):	d2			
	Add lines **d1** and **d2**			d	
e	**Total expenses** (Part I, line 17) Add lines **c** and **d** ►			e	32,543,514.

Part V-A **Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) *(See the instructions.)*

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances

Part V-A Current Officers, Directors, Trustees, and Key Employees *(continued)*

			Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business as board meetings ► 0			
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If 'Yes,' attach a statement that identifies the individuals and explains the relationship(s)	75 b		X
c	Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control?	75 c		X
	Note. Related organizations include section 509(a)(3) supporting organizations If 'Yes,' attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization			
d	Does the organization have a written conflict of interest policy?	75 d	X	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column See the instructions)

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances

Part VI Other Information *(See the instructions.)*

			Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes.	77		X
78 a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78 a		X
b	If 'Yes,' has it filed a tax return on **Form 990-T** for this year?	78 b	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	79		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization?	80 a		X
b	If 'Yes,' enter the name of the organization ► N/A and check whether it is ☐ exempt or ☐ nonexempt			
81 a	Enter direct and indirect political expenditures. (See line 81 instructions.) 81 a 0.			
b	Did the organization file **Form 1120-POL** for this year?	81 b		X

Part VI Other Information *(continued)*

				Yes	No
82 a 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?			82a		X
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.)	82b	N/A			
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?			83a	X	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?			83b	X	
84 a Did the organization solicit any contributions or gifts that were not tax deductible?			84a		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			84b	N/A	
85 *501(c)(4), (5), or (6) organizations* **a** Were substantially all dues nondeductible by members?			85a	N/A	
b Did the organization make only in-house lobbying expenditures of $2,000 or less?			85b	N/A	
If 'Yes' was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.					
c Dues, assessments, and similar amounts from members	85c	N/A			
d Section 162(e) lobbying and political expenditures	85d	N/A			
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A			
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A			
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?			85g	N/A	
h 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?			85h	N/A	
86 *501(c)(7) organizations* Enter: **a** Initiation fees and capital contributions included on line 12	86a	N/A			
b Gross receipts, included on line 12, for public use of club facilities	86b	N/A			
87 *501(c)(12) organizations* Enter. **a** Gross income from members or shareholders	87a	91,385,200.			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	1,225,523.			
88 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			88		X
89 a *501(c)(3) organizations* Enter· Amount of tax imposed on the organization during the year under· section 4911 ► N/A , section 4912 ► N/A , section 4955 ► N/A					
b *501(c)(3) and 501(c)(4) organizations* 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			89b	N/A	

c Enter· Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► N/A

d Enter· Amount of tax on line 89c, above, reimbursed by the organization ► N/A

90 a List the states with which a copy of this return is filed ► NONE

b Number of employees employed in the pay period that includes March 12, 2005 (See instructions) | 90b | 0

91 a The books are in care of ► CORPORATION Telephone number ► 434-645-7721

Located at ► POST OFFICE BOX 7,CREWE,VA., ZIP + 4 ► 23930

		Yes	No
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)?	91b		X
If 'Yes,' enter the name of the foreign country ►			
See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Statements			
c At any time during the calendar year, did the organization maintain an office outside of the United States?	91c		X
If 'Yes,' enter the name of the foreign country ►			

92 *Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of* ***Form 1041*** — Check here N/A ► ☐
and enter the amount of tax-exempt interest received or accrued during the tax year ► 92 N/A

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

Note: Enter gross amounts unless otherwise indicated	Unrelated business income (A) Business code	(B) Amount	Excluded by section 512, 513, or 514 (C) Exclusion code	(D) Amount	(E) Related or exempt function income
93 Program service revenue					
a CONTRIBUTED CAPITAL			11	732,970.	
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts					
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate.					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop			11	201,303.	
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory			11	38,931,135.	
103 Other revenue: a					
b INTEREST			11	130,249.	
c OTHER INCOME			11	161,001.	
d					
e					
104 Subtotal (add columns (B), (D), and (E))				40,156,658.	

105 Total (add line 104, columns (B), (D), and (E)) ► 40,156,658.

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)
N/A	

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
N/A	%			
	%			
	%			
	%			

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, on a personal benefit contract? ☐ Yes ☒ No

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

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

► M. Larry Longshore — Signature of officer — Date 8/7/06

► M. LARRY LONGSHORE President/CEO — Type or print name and title

Paid Preparer's Use Only

Preparer's signature ► DENNIS PORTER	Date	Check if self-employed ► ☐	Preparer's SSN or PTIN (See General Instruction W) 227-62-3260
Firm's name (or yours if self-employed), address, and ZIP + 4 ► JOHNSON CPA PLLC AND CONSULTING			
2501 FRANKLIN TURNPIKE		EIN ► 54-1963793	
DANVILLE, VA 24540		Phone no ► (434) 836-4498	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

► **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

OMB No. 1545-0047

2005

Name of the organization: SOUTHSIDE ELECTRIC COOPERATIVE, INC.

Employer identification number: 540387895

Part I — Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See instructions. List each one. If there are none, enter 'None.')

(a) Name and address of each employee paid more than $50,000	(b) Title and average hours per week devoted to position		(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
LARRY LONGSHORE CREWE, VA 23930	PRESIDENT	40	239,228.	67,299.	0.
STANLEY WORSHAM BURKEVILLE, VA 23922	MGR. OF FINANCE	40	137,557.	47,855.	0.
JAMES D. OAKES RICE, VA 23966	MGR. OPERATIONS	40	130,160.	45,590.	0.
H. JULUIS HACKETT JETERSVILLE, VA 23083	MGR. OF ENGINEE	40	112,844.	40,494.	0.
FRANKLIN D. HARRISS AMELIA, VA 23002	MGR. PUBLIC REL	40	110,300.	31,606.	0.
Total number of other employees paid over $50,000 . ►		104			

Part II – A — Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See instructions. List each one (whether individuals or firms). If there are none, enter 'None.')

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
DAVIS E. ELLIOTT COMPANY, INC. BALTIMORE, MD 21297	LINE CONSTRUCTION	2,464,263.
LEWIS TREE SERVICE BUFFALO, NY 14267	RIGHT OF WAY CONTRAC	2,322,121.
MID-ATLANTIC CONTRACTORS, INC FARMVILLE, VA 23901	BUILDER	1,082,275.
SOUTHSIDE UTILITY MAINTENANCE RED OAK, VA 23964	POLE INSPECTION	114,139.
SCS VICTORIA, VA 23974	COMPUTER CONSULTANT	74,580.
Total number of others receiving over $50,000 for professional services . ► 4		

Part II – B — Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over $50,000 for other services . ► 0		

STATEMENT 1
FORM 990, PART I, LINE 10
GROSS PROFIT (LOSS) FROM SALES OF INVENTORY

GROSS SALES OF INVENTORY	$ 91,385,200.
GROSS SALES	$ 91,385,200.
LESS RETURNS & ALLOWANCES	0.
NET SALES	$ 91,385,200.
LESS COST OF GOODS SOLD	52,454,065.
GROSS PROFIT FROM SALES OF INVENTORY	$ 38,931,135.

STATEMENT 2
FORM 990, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

MEMBERSHIPS	$ 6,420.
PRIOR PERIOD TAX ADJ. TO FUND BAL.	-704,902.
RETIREMENT OF CAPITAL CREDITS	-2,575,042.
TOTAL	$ -3,273,524.

STATEMENT 3
FORM 990, PART IV, LINE 55B
INVESTMENTS - LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
MACHINERY AND EQUIPMENT	$ 224960948.	$ 62,643,812.	$ 162317136.
TOTAL	$ 224960948.	$ 62,643,812.	$ 162317136.

STATEMENT 4
FORM 990, PART IV, LINE 58
OTHER ASSETS

DEFFERED DEBITS	$ 99,752.
TOTAL	$ 99,752.

STATEMENT 5
FORM 990, PART IV, LINE 65
OTHER LIABILITIES

OTHER	$ 19,831,604.
TOTAL	$ 19,831,604.

M2-4

RENTAL INCOME WORKSHEET

GROSS RENTAL INCOME	$	201,303.
EXPENSES		
TOTAL EXPENSES	$	0.
NET RENTAL INCOME OR LOSS	$	201,303.

COMPUTATION OF COST OF GOODS SOLD (FORM 990)

1. INVENTORY AT START OF YEAR	1,410,424.
2. PURCHASES	52,430,453.
3. COST OF LABOR	0.
4. ADDITIONAL 263A COSTS	0.
5. OTHER COSTS	0.
6. TOTAL (ADD LINES 1 THROUGH 5)	53,840,877.
7. INVENTORY AT END OF YEAR	1,386,812.
8. COST OF GOODS SOLD (SUBTRACT LINE 7 FROM LINE 6)	52,454,065.

SEC DIRECTORS' EXPENSES 2005

NAME	SSN	PER DIEM	EXPENSES	MILEAGE	NET PAID
Frank W.Bacon		2,900.00	-273.76	998.10	3,624.34
Paul S. Bennett		2,300.00	-145.33	804.75	2,959.42
Calvin P. Carter		4,300.00	624.70	1,400.80	6,325.50
Earl C. Currin Jr.		3,500.00	196.63	841.89	4,538.52
Lillian H. Hicks		2,900.00	12.88	532.77	3,445.65
John L. Lewis III		1,600.00	-17.54	311.50	1,893.96
Thomas McGonigle Jr		4,900.00	1,538.26	3,109.32	9,547.58
Charles R. Nichols		4,300.00	746.87	1,717.74	6,764.61
Quentin E. Wilhelmi		4,500.00	137.95	1,294.33	5,932.28
Herbert Winn		4,400.00	219.28	1,068.73	5,688.01
TOTALS		35,600.00	3,039.94	12,079.93	50,719.87

Attorney	Retainer	Net Paid
John M. Boswell	30,100.00	30,100.00

CLIENT 10119 SOUTHSIDE ELECTRIC COOPERATIVE, INC. 540387895

5/11/06 2 05 PM

	2005	2004	DIFF
REVENUE			
PROGRAM SERVICE REVENUE	732,970	636,338	96,632
NET RENTAL INCOME (LOSS)	201,303	115,261	86,042
GROSS PROFIT (LOSS) - INVENTORY SALES	38,931,135	36,172,475	2,758,660
OTHER REVENUE	291,250	302,527	-11,277
TOTAL REVENUE	40,156,658	37,226,601	2,930,057
EXPENSES			
TOTAL EXPENSES	32,543,514	30,642,297	1,901,217
NET ASSETS OR FUND BALANCES			
EXCESS OR (DEFICIT) FOR THE YEAR	7,613,144	6,584,304	1,028,840
NET ASSETS/FUND BAL. AT BEG. OF YEAR	70,946,578	64,645,506	6,301,072
OTHER CHANGES IN NET ASSETS/FUND BAL	-3,273,524	-283,232	-2,990,292
NET ASSETS/FUND BAL. AT END OF YEAR	75,286,198	70,946,578	4,339,620

CLIENT 10119 SOUTHSIDE ELECTRIC COOPERATIVE, INC. 540387895

5/11/06 02 05PM

FEDERAL OVERRIDES

SCREEN 4.1

- ☐ AN OVERRIDE ENTRY OF 3 HAS BEEN MADE IN FEDERAL "TIN ON FORMS 990/990-PF: 1=WHEN APPLICABLE, 2=SUPPRESS, 3=FORCE [O]" (SCREEN 4.1, CODE 27).

SCREEN 6

- ☐ AN OVERRIDE ENTRY OF 2 HAS BEEN MADE IN FEDERAL "UNRELATED BUSINESS GROSS INCOME OF $1,000 OR MORE OR LOBBYING PROXY TAX: 1=YES, 2=NO, 3=N/A (78A)[35A][O]" (SCREEN 6, CODE 3).

SCREEN 34

- ☐ AN OVERRIDE ENTRY OF 6,817,040 HAS BEEN MADE IN FEDERAL "BOOK DEPRECIATION [O]" (SCREEN 34, CODE 30).

SCREEN 50.1

- ☐ AN OVERRIDE ENTRY OF 27,653,931 HAS BEEN MADE IN FEDERAL "SECURITIES (FORM 990) [O]" (SCREEN 50.1, CODE 222).
- ☐ AN OVERRIDE ENTRY OF 103,903,588 HAS BEEN MADE IN FEDERAL "MORTGAGES AND OTHER NOTES PAYABLE [O]" (SCREEN 50.1, CODE 265).

CLIENT 10119 SOUTHSIDE ELECTRIC COOPERATIVE, INC. 540387895

5/11/06 02 05PM

FORMS NEEDED FOR THIS RETURN

FEDERAL: 990

CARRYOVERS TO 2006

NONE

RENTAL INCOME WORKSHEET

GROSS RENTAL INCOME	$	201,303.
EXPENSES		
TOTAL EXPENSES	$	0.
NET RENTAL INCOME OR LOSS	$	201,303.

COMPUTATION OF COST OF GOODS SOLD (FORM 990)

1. INVENTORY AT START OF YEAR	1,410,424.
2. PURCHASES	52,430,453.
3. COST OF LABOR	0.
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7. INVENTORY AT END OF YEAR	1,386,812.
8. COST OF GOODS SOLD (SUBTRACT LINE 7 FROM LINE 6)	52,454,065.

Form **8868** (Rev December 2004)

Department of the Treasury Internal Revenue Service

Application for Extension of Time to File an Exempt Organization Return

▶ File a separate application for each return.

OMB No 1545 1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ [X]
- If you are filing for an **Additional (not automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time – Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension – check this box and complete Part I only ▶ [ ]

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6-months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit *www.irs.gov/efile*.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization: SOUTHSIDE ELECTRIC COOPERATIVE, INC.	**Employer identification number**: 540387895
	Number, street, and room or suite number. If a P O box, see instructions: POST OFFICE BOX 7	
	City, town or post office For a foreign address, see instructions. state ZIP code: CREWE, VA 23930	

Check type of return to be filed (file a separate application for each return):

[X] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (section 401(a) or 408(a) trust)	[ ] Form 5227
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- The books are in the care of ▶ CORPORATION

Telephone No. ▶ 434-645-7721 FAX No. ▶

- If the organization does **not** have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a **Group Return,** enter the organization's four digit Group Exemption Number (GEN) ______. If this is for the **whole** group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until 8/15, 20 06, to file the exempt organization return for the organization named above. The extension is for the organization's return for.

▶ [X] calendar year 20 05 or

▶ [ ] tax year beginning ________, 20 ___, and ending ________, 20 ___.

2 If this tax year is for less than 12 months, check reason. [ ] Initial return [ ] Final return [ ] Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions $ 0.

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit $ 0.

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions $ 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (not automatic) 3-Month Extension, complete only Part II** and check this box ► ☐

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time – Must File Original and One Copy.

Type or print

File by the extended due date for filing the return See instructions

Name of Exempt Organization: SOUTHSIDE ELECTRIC COOPERATIVE, INC.	Employer identification number: 540387895
Number, street, and room or suite number If a P O box, see instructions: POST OFFICE BOX 7	For IRS use only
City, town or post office, state, and ZIP code For a foreign address, see instructions: CREWE, VA 23930	

Check type of return to be filed (File a separate application for each return):

[X] Form 990	☐ Form 990-T (section 401(a) or 408(a) trust)	☐ Form 5227
☐ Form 990-BL	☐ Form 990-T (trust other than above)	☐ Form 6069
☐ Form 990-EZ	☐ Form 1041-A	☐ Form 8870
☐ Form 990-PF	☐ Form 4720	

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in care of ► CORPORATION
  Telephone No. ► 434-645-7721 FAX No. ►
- If the organization does **not** have an office or place of business in the United States, check this box ► ☐
- If this is for a **Group Return,** enter the organizations four digit Group Exemption Number (GEN) ______ . If this is for the **whole** group, check this box ► ☐ . If it is **part** of the group, check this box ► ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 11/15 , 20 06.

5 For calendar year 2005 , or other tax year beginning ______ , 20 __ , and ending ______ , 20 __ .

6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension . TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions . . $ ______

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 . $ ______

c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions . $

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ► M. Larry Longshore Title ► President/CEO Date ► 8/7/06

Notice to Applicant – To be Completed by the IRS

☐ We **have** approved this application. Please attach this form to the organization's return.

☐ We **have not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely filed return. Please attach this form to the organization's return.

☐ We **have not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.

☐ We **cannot consider** this application because it was filed after the extended due date of the return for which an extension was requested.

☐ Other. ______

Director ______ By ______ Date ______

Alternate Mailing Address – Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print

Name: JOHNSON CPA PLLC AND CONSULTING
Number and street (include suite, room, or apartment number) or a P.O. box number: 2501 FRANKLIN TURNPIKE
City or town, province or state, and country (including postal or ZIP code): DANVILLE, VA 24540