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Department of the Treasury

**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 Open to Public Inspection

<u>In</u>	ternal Reven	ue Service	The organization may have to use a copy of this return to satisfy state reporting requirer	nents.	Inspection		
Ā	For the	2007 calen	dar year, or tax year beginning JUL 1, 2007 and ending JUN 30,	2008			
. B	Check if	Diamo	C Name of organization	) Employer	identification number		
<b>≗</b>	Check if applicable		NORTH GEORGIA ELECTRIC MEMBERSHIP	• •			
<b>3</b> [	Addres		FOUNDATION, INC.	20-5	770279		
¥ ¦	change Name	type					
	lchange	See	Number and street (or P.O. box if mail is not delivered to street address)  Room/suite	-			
<b>─</b> ─ ₁ -	return	I Inctrue . I	1850 CLEVELAND HIGHWAY		259-9441		
3	Termin	tions	1	F Accounting me			
إ	X Amend return		DALTON, GA 30722	Other (specify)	<u> </u>		
L	Applica pendin		Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts  H and I are not applic	able to sec	ction 527 organizations		
		m	nust attach a completed Schedule A (Form 990 or 990-EZ).  H(a) Is this a group ret	urn for affilia	ates? Yes X No		
G	Website	: <b>▶</b> N/A	H(b) If "Yes," enter num	nber of affilia	ates▶N/A		
J			(check only one) ► X 501(c) ( 3 ) ◀ (insert no ) 4947(a)(1) or 527 H(c) Are all affiliates in		N/A Yes No		
K			(If "No," attach a lit	st.)	-		
			If the organization is not a 509(a)(3) supporting organization and its gross  H(d) is this a separate in ganization supporting organization and its gross  H(d) is this a separate in ganization covered.	return filed t d by a grour	o ruling? Yes X No		
	•		turn, be sure to file a complete return.  I Group Exemption		N/A		
_	01100000	10 1110 0 101					
					ation is <b>not</b> required to attach		
_			d lines 6b, 8b, 9b, and 10b to line 12 ▶ 8, 649. Sch. B (Form 990	, 990-EZ, OI	990-27).		
L	Part I		ue, Expenses, and Changes in Net Assets or Fund Balances	1 1			
	1	Contribut	tions, gifts, grants, and similar amounts received:				
	a	Contribut	tions to donor advised funds				
	Ь	Direct put	blic support (not included on line 1a)  1b 8,64	9.			
	C	Indirect p	public support (not included on line 1a)				
	d	Governme	ent contributions (grants) (not included on line 1a)				
	e		d lines 1a through 1d) (cash \$)	1e	8,649.		
	2		service revenue including government fees and contracts (from Part VII, line 93)	2			
	3	-	ship dues and assessments	3			
	4		on savings and temporary cash investments	4			
	5		s and interest from securities	5			
	1		1 1	"			
	6 a	Gross ren		$\dashv$			
	b		tal expenses 6b 1	┥,∣			
9	c   د		l income or (loss). Subtract line 6b from line 6a	6c			
Š	7		estment income (describe	) 7			
0,100,10	8 a		nount from sales of assets other (A) Securities (B) Other				
	•	than inver	· · · · · · · · · · · · · · · · · · ·				
	b	Less: cost	st or other basis and sales expenses 8b	<b></b>			
	C	Gain or (lo	oss) (attach schedule)	_			
(d)	d	Net gain o	or (loss). Combine line 8c, columns (A) and (B)	8d			
Š	9	Special ev	vents and activities (attach schedule). If any amount is from <code>gaming</code> , check here 🕨 📖				
<b>&gt;</b>	a	Gross revenue	e (not including \$ of contributions reported on line 1b) 9a				
	Ь	Less: dire	ect expenses other than fundraising expenses 9b				
7	C	Net incom	ne or (loss) from special events. Subtract line 9b from line 9a	9c			
,	10 a	Gross sale	es of inventory, less returns and allowances				
-	Ь		st of goods sold				
	c		of or (less) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c			
	11		enue (from hat TH times 1931	11			
	12	Total reve	mure Add times 10, 2, 5, 4, 5, 60 7, 8d, 9c, 10c, and 11	12	8,649.		
_	13		services (from line 44, column (B))	13	3,400.		
ď	14	Managan	ent and general (中面 原身4g, colume (C))	14_	3, ±00.		
Fynancac	15	Eundroide	ng (from line 44, column (D))	15			
2	15		E to a the state that the state of the state				
Ú	ľ	raymenus	16	2 400			
_	17		enses. Add indt 16 and 44 dolumn (A)	17	3,400.		
	<u>18</u>		(deficit) for the year. Subtract line +7 from line 12	18	5,249.		
Net	19		s or fund balances at beginning of year (from line 73, column (A))	19	1,715.		
	<b>⊄</b>   - "		inges in net assets or fund balances (attach explanation)	20	0.		
_	21	Net assets	s or fund balances at end of year. Combine lines 18, 19, and 20	21	6,964.		

NORTH GEORGIA ELECTRIC MEMBERSHIP 20-5770279 Page 2 Form 990 (2007) FOUNDATION, INC. All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) Statement of Part II and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. **Functional Expenses** (B) Program (C) Management Do not include amounts reported on line (D) Fundraising (A) Total and general 6b, 8b, 9b, 10b, or 16 of Part I. services 22a Grants paid from donor advised funds (attach schedule) 0 • noncash \$ (cash \$ If this amount includes foreign grants, check here 22b Other grants and allocations (attach schedule) (cash \$ 3,400 • noncash \$ 3,400 3,400. If this amount includes foreign grants, check here 22b 23 Specific assistance to individuals (attach 23 schedule) 24 Benefits paid to or for members (attach schedule) 24 25a Compensation of current officers, directors, key 0 0 0 0. employees, etc. listed in Part V-A 25a b Compensation of former officers, directors, key 0. 0 0. employees, etc. listed in Part V-B 25b 0 c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in 25c section 4958(c)(3)(B) 26 Salaries and wages of employees not included on lines 25a, b, and c 26 27 Pension plan contributions not included on 27 lines 25a, b, and c 28 Employee benefits not included on lines 25a - 27 28 29 29 Payroll taxes 30 30 Professional fundraising fees Accounting fees 31 31 32 32 Legal fees 33 33 Supplies 34 34 Telephone 35 Postage and shipping 36 36 Occupancy Equipment rental and maintenance 37 Printing and publications 38 38 39 39 40 Conferences, conventions, and meetings 40 41 Depreciation, depletion, etc. (attach schedule) 42 43 Other expenses not covered above (itemize). 43a 43b 43c 43d 43e 43f 43g

Joint Costs. Check  if you are following SOP s	98-2.			
Are any joint costs from a combined educational campaign and	► Yes	X No		
If "Yes," enter (i) the aggregate amount of these joint costs \$ _	N/A	; (ii) the amount allocated to Program services \$_	N/A	;
(iii) the amount allocated to Management and general \$	N/A_	; and (iv) the amount allocated to Fundraising \$	N/A	

3,400

3,400.

44 Total functional expenses Add lines 22a through 43g. (Organizations completing columns (B)-(D),

carry these totals to lines 13-15)

0.

Form 990 (2007) FOUNDATION, INC.

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

20-5770279

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? ▶ SEE STATEMENT 1 **Program Service** Expenses

che	ents served, publications is	sued, etc. Discuss	achievements	nents in a clear and concise ma that are not measurable. (Sect also enter the amount of grant	ion 501(c)(3) and (4)			and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
а				AND COMMUNITY S H GEORGIA ELECTI		TIVE		
b	(Grants and allocations	\$	3,400.)	If this amount includes foreign	n grants, check here	<b>▶</b> [		3,400
С	(Grants and allocations	\$	)	If this amount includes foreign	n grants, check here	<b>&gt;</b> [		
d	(Grants and allocations	\$	)	If this amount includes foreign	n grants, check here	▶ [		
e	(Grants and allocations Other program services (a (Grants and allocations	\$ttach schedule)	)	If this amount includes foreign		<b>▶</b> [		
f		Expenses (should	d equal line 44,	column (B), Program services)		. )	<b>-</b>	3,400.

Form **990** (2007)

Pa	rt IV	Balance Sheets (See the instructions)				,	
Note		ere required, attached schedules and amounts wit ould be for end-of-year amounts only.	hin the	e description column	(A) Beginning of year		(B) End of year
	45	Cash - non-interest-bearing		<u> </u>	500.	45	6,964.
	46	Savings and temporary cash investments		<u> </u>		46	
	47 a	Accounts receivable	47a				
	b	Less allowance for doubtful accounts	47b		1,215.	47c	
	48 a	_	48a				
	b	Less: allowance for doubtful accounts	48b			48c	
	49	Grants receivable		<u> </u>		49	
	50 a	Receivables from current and former officers, di	s, trustees, and				
		key employees	<u>.                                    </u>		50a		
	b	, , ,					
ets		4958(f)(1)) and persons described in section 495	1 ' '	)(B)	<del></del>	50b	
Assets	51 a		51a			i	
	b	Less: allowance for doubtful accounts	51b			51c	<u> </u>
	52	Inventories for sale or use		-		52_	
	53	Prepaid expenses and deferred charges		Cost FMV		53	
	54 a	·		Cost FMV Cost FMV	<del></del>	54a 54b	
	. b			COST LITHIN L		340	
	55 a	, <b>,</b> ,	55a				
		equipment basis	55a				
	Ь	Less accumulated depreciation	55b			55c	
	56	Investments - other	000	L	<del></del>	56	
	57 a		57a				
	b		57b			57c	
	58	Other assets, including program-related investments					
		(describe ►		58			
	59	Total assets (must equal line 74) Add lines 45 t	n 58	1,715.	59	6,964.	
	60	Accounts payable and accrued expenses		L		60	
	61	Grants payable		_		61	
w	62	Deferred revenue		-		62	
lities	63	Loans from officers, directors, trustees, and key	emplo	yees		63	
Liabil		a Tax-exempt bond liabilities		<u> </u>		64a	
Ë		Mortgages and other notes payable		, <del> </del>		64b	
	65	Other liabilities (describe	_	/ <del> </del>		65	
	66	Total liabilities. Add lines 60 through 65			0.	66	0.
		anizations that follow SFAS 117, check here	X	and complete lines		- 00	<u></u>
	O. g.	67 through 69 and lines 73 and 74		and complete into			
es	67	Unrestricted			1,715.	67	6,964.
anc	68	Temporarily restricted				68	•
Ba	69	Permanently restricted				69	
pur	Orga	anizations that do not follow SFAS 117, check h	ere 🕨	▶ □ and			
rFt		complete lines 70 through 74.					
Net Assets or Fund Balances	70	Capital stock, trust principal, or current funds				70	
set	71	Paid-in or capital surplus, or land, building, and e	ı		71	<del></del>	
t As	72	Retained earnings, endowment, accumulated inc		1		72	
Se	73	Total net assets or fund balances. Add lines 67 through		<u> </u>			
		(Column (A) must equal line 19 and column (B) must e		•	1,715.	73	6,964.
	74	Total liabilities and net assets/fund balances.	Add lin	es 66 and 73	1,715.	74	6,964.

# NORTH GEORGIA ELECTRIC MEMBERSHIP FOUNDATION, INC.

P	art IV-A	Reconciliation of Revenue per Audited Fina instructions)	incial Statements W	ith Revenue p	er R	eturn (Se	ee the
	Total rays	nue, gains, and other support per audited financial stateme	note			a	8,649.
a b		included on line a but not on Part I, line 12.	anto			-	0,042
1		dized gains on investments	l <sub>1</sub>	b1			
2		services and use of facilities		b2		1	
3		es of prior year grants		b3		1 1	
_	Other (sp		<del> </del>	b4		1 1	
4		b1 through b4		D4			0.
_		ine b from line a				b	8,649.
C	• • • • • • • • • • • • • • • • • • • •	included on Part I, line 12, but not on line a:	•			C	0,049.
ď		· · · · · ·	L	44 1		1	
1		nt expenses not included on Part I, line 6b		d1		-	
2	Other (sp			d2		- 1	0
		d1 and d2				d	0.
	Total revo	enue (Part I, line 12) Add lines c and d Reconciliation of Expenses per Audited Fine	ancial Statements M	Vith Expanses		e   Poturn	8,649.
<u> </u>			anciai Statements V	vitii Expenses	per	1 1	2 400
a	•	enses and losses per audited financial statements				а	3,400.
b		included on line a but not on Part I, line 17	1.	. 1			
1		services and use of facilities	_	b1		- 1	
2	-	adjustments reported on Part I, line 20	<u> </u>	02		4 1	
3		ported on Part I, line 20	<u> </u>	03			
4	Other (spe	• • • • • • • • • • • • • • • • • • • •	[1	04		1	_
	Add lines	b1 through b4				b	0.
C	Subtract I	ine <b>b</b> from line <b>a</b>				С	3,400.
d	Amounts	included on Part I, line 17, but not on line a:	1	1		1	
1	Investmer	nt expenses not included on Part I, line 6b	<u>_                                    </u>	11		]	
2	Other (spe	ecify)		12		1	
	Add lines	d1 and d2				d	0.
	Total exp	enses (Part I, line 17) Add lines c and d				e	3,400.
Pa		Current Officers, Directors, Trustees, and Ke		•		fficer, direc	ctor, trustee,
		or key employee at any time during the year even if they we	(Section 1) (Section (B) Title and average hours			ntributions to	(E) Expense
		(A) Name and address	per week devoted to	(If not paid, enter	) plans	ntributions to byee benefit & deferred	àccount and
			position	-0)	compe	nsation plans	other allowances
<u>-</u> =						^	_
SE	E STAT	FEMENT 2		0.	<del> </del>	0.	0.
	- <b></b>						
		<del></del>					
							ı
			<u> </u>				
		· · · · · · · · · · · · · · · · · · ·					
							-
			"				
- <b>-</b>							
- <b>-</b>				:			

20-5770279 Page 5

Form 990 (2007)

For	n 990 (20	07) FOUNDATION, INC.			<u> 20-5770</u>	<u> 279</u>		age 6
Pa	rt V-A	Current Officers, Directors, Trustees, and Ko	ey Employees (continu	ued)			Yes	No
75 a	Enter the	ne total number of officers, directors, and trustees permitted gs	to vote on organization bu	siness at board	10			
b	listed in	officers, directors, trustees, or key employees listed in Form in Schedule A, Part I, or highest compensated professional and A or II-B, related to each other through family or business relatively and part of the part of t	d other independent conti	ractors listed in Sci	hedule A,			v
		viduals and explains the relationship(s)				75b		X
C	listed in	officers, directors, trustees, or key employees listed in Form is Schedule A, Part I, or highest compensated professional and or II-B, receive compensation from any other organizations,	id other independent conti whether tax exempt or tax	ractors listed in Sci	hedule A,			
	J	ation? See the instructions for the definition of "related organ				75c		X
4	•	" attach a statement that includes the information described	in the instructions.			75d		x
Pa	rt V-R	e organization have a written conflict of interest policy?  Former Officers, Directors, Trustees, and Ke	v Employees That F	Received Com	pensation (		her	
		Benefits (If any former officer, director, trustee, or key er the year, list that person below and enter the amount of co	nployee received compens	sation or other ben	efits (describe	d belo	ow) dur	
		(A) Name and address NONE	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)		to (I	E) Expe ccount er allow	nse and
<del></del>						+		
						+-		
<u></u>								
	<b>-</b>							
Pa	rt VI	Other Information (See the instructions.)		<u> </u>			Yes	No
76	Did the	organization make a change in its activities or methods of co	enducting activities? If "Yes	s," attach a detaile	d	76		х
77	Were ar	ny changes made in the organizing or governing documents l	out not reported to the IRS	3?		77		X
78 a	Did the	organization have unrelated business gross income of \$1,00 has it filed a tax return on Form 990-T for this year?	0 or more during the year	covered by this ret	urn? N/A	78a 78b		X
79 79		ere a liquidation, dissolution, termination, or substantial contr	action during the vear? If '	'Yes." attach a sta		79		Х
	Is the o	rganization related (other than by association with a statewid	e or nationwide organizati	on) through comm	ı	80a		x
b		enter the name of the organization N/A	and check whether it is	exempt or	nonexempt			
81 a	Enter di	rect and indirect political expenditures. (See line 81 instruction	•	81a	0.			
b		organization file Form 1120-POL for this year?	· 			81b		X
						Form	<b>990</b> (	2007)

# NORTH GEORGIA ELECTRIC MEMBERSHIP FOUNDATION, INC.

Form	990 (2007) FOUNDATION, INC. 20-577	0279	Р	age 7					
	rt VI Other Information (continued)		Yes						
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	<u>.</u>	_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 <i>quid pro quo</i> contributions? N/A	83b							
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? N/A	84b		<u> </u>					
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members? N/A	85a		<u> </u>					
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b		<u> </u>					
	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	_							
е	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? N/A	85g		<u> </u>					
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? N/A	85h		<u> </u>					
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on								
	line 12 86a N/A	4							
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 N/A	-{							
b	Gross income from other sources (Do not net amounts due or paid to other sources								
	against amounts due or received from them.)  87b N/A								
88 a	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?			3.7					
	If "Yes," complete Part IX	88a	-	X					
D	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of			v					
00 -	section 512(b)(13)? If "Yes," complete Part XI	► 88b		<u>X</u>					
ву а	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under								
L	section 4911 ▶ 0 · ; section 4912 ▶ 0 · ; section 4955 ▶ 0 ·			l					
D	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?			l					
	If "Yes," attach a statement explaining each transaction	89b		X					
_		690							
G	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958								
d	Enter Amount of tax on line 89c, above, reimbursed by the organization								
u a	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		X					
f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X					
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization,	331	-						
v	or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		X					
90 a	List the states with which a copy of this return is filed ▶NONE	<u> </u>							
b	Number of employees employed in the pay period that includes March 12, 2007  90b			0					
91 a	The books are in care of $\triangleright$ RONALD O. HUTCHINS  Telephone no. $\triangleright$ 706-2	59-9	441						
Located at ► 1850 CLEVELAND HIGHWAY, DALTON, GA  ZIP+4 ► 30722									
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No					
_	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 Accounts								
		Form	990 (	2007)					

Forn	n <u>9</u> 90 (2	007) <b>FOUN</b>	DATION,	INC.			20-	<u>-5770279</u>	Pa	ge <b>8</b>
Pa	rt VI	Other Information (d	continued)		<u> </u>				/es	No
C	At any	time during the calendar ye	ear, did the orga	nızatıon maır	ntain an office outside o	f the U	nited States?	91c		<u>X</u>
	If "Yes	s," enter the name of the for	reign country 🕨		N/A	_				_
92	Section	n 4947(a)(1) nonexempt cha	antable trusts filir	ng Form 990	ın lieu of Form 1041- C	heck h	nere		▶ □	_
	and e	nter the amount of tax-exem	pt interest recei	ved or accru	ed during the tax year		▶ 92	N/2	<u> </u>	
Pa	rt VII	Analysis of Income	-Producing A							
No	te: Ente	r gross amounts unless othe	erwise		ted business income		ded by section 512, 513, or 514	(E)		
ınd	icated			(A) Business	(B) Amount	(C) Exclu-	(D) Amount	Related or e	xempt	
93	Progra	m service revenue:		code	Amount	sion code	Amount	function in	come	
a						ļ				
b					_	<u> </u>				
C					_	<u> </u>				
d								<u> </u>		
е					_					
f	Medica	re/Medicaid payments								
g	Fees a	nd contracts from governme	ent agencies					1		
94	Membe	ership dues and assessment	ts							
95	Interest	on savings and temporary cash	пиvestments							
96		ds and interest from securit								
97	Net ren	tal income or (loss) from rea	al estate <sup>.</sup>							
а	debt-fir	anced property								
		ot-financed property								
98	Net ren	tal income or (loss) from per	rsonal property							
99	Other II	nvestment income								
100	Gain or	(loss) from sales of assets						İ		
		nan inventory								
101		ome or (loss) from special ev	vents							
		orofit or (loss) from sales of i								
		evenue.	,							
а										
b			_							
c					"					
ď										
e		•								
104	Subtota	al (add columns (B), (D), and	(E))		0.	1	0.			0.
		add line 104, columns (B), (D		·			•			0.
		05 plus line 1e, Part I, should		unt on line 1	2, Part I.		·			
Pa	rt VIII	Relationship of Acti	ivities to the	Accompl	ishment of Exemp	t Pui	poses (See the instruct	ions )		
Line	e No.	Explain how each activity for wh	iich income is repo	rted in columi	n (E) of Part VII contributed	Impor	tantly to the accomplishment	of the organization	า'ร	
		exempt purposes (other than by	•		• •	•	•	•		
Pa	rt IX	Information Regard	ing Taxable	Subsidiar	ies and Disregard	ed Er	ntities (See the instruction	ons.)		
		(A)	(B)		(C)		(D)	(E)		
Na	ame, add partners	ress, and EIN of corporation, ship, or disregarded entity	Percentage of ownership interes	st	Nature of activities		Total income	End-of-y assets	ear	
				%						
		N/A		%	· · · · · ·	.				
				%				-		
-				%						—
Pa	rt X	Information Regardi			ted with Personal	Bene	efit Contracts (See the	e instructions.)		
		organization, during the year, re	<del></del>				<del></del>	Yes	X	No.
		organization, during the year, p						Yes		
		es" to (b), file Form 8870 and						163	لخف	
140		os to ton no ronn our oan			- <i>,</i>		· · · · ·	Form 9	90 (20	0071
									- 1-	. ,

# NORTH GEORGIA ELECTRIC MEMBERSHIP FOUNDATION, INC.

	990 (2007) FOUNDATION, INC.			20-5770279		age <b>9</b>	
Par			ies. Complete only	if the organization is	а		
	controlling organization as defined in section 512(b)(13).	N/A		<u> </u>	1		
					Yes	No	
	Did the reporting organization make any transfers to a controlled entity a	as defined in section	512(b)(13) of the Co	de? If "Yes,"	ŀ		
	complete the schedule below for each controlled entity.						
	(A)	_ (B)	(C)		(D)		
	Name, address, of each	Employer Identification	Description	n of Am	ount o	of	
	controlled entity	Number	transfer	tr	ansfer		
a							
-							
b  -							
1							
c							
-							
	Totals						
					Yes	No	
107	Did the reporting organization receive any transfers from a controlled en	itity as defined in se	ction 512(b)(13) of th	e Code? If "Yes,"			
	complete the schedule below for each controlled entity			,			
	(A)	(B)	(C)		(D)		
	Name, address, of each	Employer Identification	Description	n of Am	Amount of		
	controlled entity	Number	transfer	tr	ansfer		
a							
_   _							
ь  -	·						
-   -							
	****						
_  -							
- c							
		<u>-</u> -					
	Totals						
					Yes	No	
108	Did the organization have a binding written contract in effect on August 1	7, 2006, covering th	ne interest, rents, roy	alties, and			
	annuities described in question 107 above?	_	_				
	Under penalties of perjury, I declare that I have examined this return, including accompanyi	ng schedules and stateme	nts, and to the best of my k	nowledge and belief, it is	rue, corre	ect,	
	and complete Declaration of preparer (other than officer) is based on all information of which	n preparer nas any knowle	age				
Please	· Landel O. Lutetung		1 /- 9	5-10			
Sign	Signature of officer		Date	<u> </u>			
Here	Ronald O. Hutchins						
	Type or print name and title						
	Preparer's C	Date, ,	Check if	Preparer's SSN or PTIN (S	See Gen	Inst X)	
Paid	signature of smith CPA	01/05/10	self- employed ▶	Puo 104	25	9	
Prepar	- Josephanaro / J			· <del></del> ·	-06		
Use On	ly yours if RENDERSON HOICHERSON & MC	COTITOOGH P.	TIN EIN E		-		
	address and		D	► //02\7FC	77	71	
	ZIP+4 CHATTANOOGA, TN 37402		Phone no.	► (423)756			
				Form	990 (2	2007)	

#### **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

2007

OMB No 1545-0047

NORTH GEORGIA ELECTRIC MEMBERSHIP Employer identification number Name of the organization FOUNDATION, INC. 20 5770279 Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 1 of the instructions. List each one. If there are none, enter "None.") (b) Title and average hours per week devoted to d) Contributions to employee benefit plans & deferred (e) Expense account and other (a) Name and address of each employee paid (c) Compensation more than \$50,000 position allowances compensation NONE Total number of other employees paid over \$50,000 Compensation of the Five Highest Paid Independent Contractors for Professional Services Part II-A (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.") (c) Compensation (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service NONE Total number of others receiving over \$50,000 for professional services Compensation of the Five Highest Paid Independent Contractors for Other Services Part II-B (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.) (c) Compensation (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service NONE Total number of other contractors receiving over 0 \$50,000 for other services

Schedule A (Form 990 or 990-EZ) 2007 FOUNDATION, INC. 20-5770279 Page 2 Part III Statements About Activities (See page 2 of the instructions.) Yes No During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the (Must equal amounts on line 38, Part VI-A, or lobbying activities > \$ line i of Part VI-B.) X Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities. During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) a Sale, exchange, or leasing of property? 2a b Lending of money or other extension of credit? 2b c Furnishing of goods, services, or facilities? 2c d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? 2đ e Transfer of any part of its income or assets? 2e 3 a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) 3a b Did the organization have a section 403(b) annuity plan for its employees? 3b c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement 3с X d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? 3d 4 a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4a X N/A 4b b Did the organization make any taxable distributions under section 4966? c Did the organization make a distribution to a donor, donor advisor, or related person? N/A 4c 8649 d Enter the total number of donor advised funds owned at the end of the tax year N/A e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year

Schedule A (Form 990 or 990-EZ) 2007

Schedule A (Form 990 or 990-EZ) 2007 FOUNDATION, INC. 20-5770279 Page 3 Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.) I certify that the organization is not a private foundation because it is: (Please check only ONE applicable box.) A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i). 5 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.) 6 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii). A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v). 8 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, 9 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). 10 (Also complete the Support Schedule in Part IV-A.)  $\mathbf{X}$ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. 11a Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 12 receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.) An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 13 509(a)(3). Check the box that describes the type of supporting organization: Type III-Other Type III-Functionally Integrated Provide the following information about the supported organizations. (See page 8 of the instructions.) (a) (e) (b) Employer Name(s) of supported organization(s) Type of organization is the supported Amount of identification (described in lines organization listed in support number (EIN) 5 through 12 above the supporting or IRC section) organization's governing documents? Yes No

An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Schedule A (Form 990 or 990-EZ) 2007

Total

14

INC

20-5770279

Schedule A (Form 990 or 990-EZ) 2007

Page 4

Schedule A (Form 990 or 990-EZ) 2007 FOUNDATION, Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting. Part IV-A Calendar year (or fiscal year (a) 2006 (b) 2005 (c) 2004 (d) 2003 (e) Total beginning in) Gifts, grants, and contributions 15 received. (Do not include unusual grants. See line 28.) 1.715. .715. \_16 Membership fees received Gross receipts from admissions, 17 merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 Net income from unrelated business activities not included in line 18 Tax revenues levied for the 20 organization's benefit and either paid to it or expended on its behalf The value of services or facilities 21 furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets 0. Total of lines 15 through 22 715 23 Line 23 minus line 17 715. 24 Enter 1% of line 23 17. 25 26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 26a Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. 26b Do not file this list with your return Enter the total of all these excess amounts Total support for section 509(a)(1) test: Enter line 24, column (e) 26c Add: Amounts from column (e) for lines: 26d 1,715. e Public support (line 26c minus line 26d total) ▶ 26e 26f 100.0000% Public support percentage (line 26e (numerator) divided by line 26c (denominator)) Organizations described on line 12; a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of N/A such amounts for each year: (2005)(2004)(2003)For any amount included in line 17 that was received from each person (other than "disgualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A(2003)(2006)Add: Amounts from column (e) for lines: N/A d Add: Line 27a total 27d Public support (line 27c total minus line 27d total) 27e N/A N/A f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) 27g 27h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your

NONE

return. Do not include these grants in line 15.

723131 12-27-07

Schedule A (Form 990 or 990-EZ) 2007 FOUNDATION, INC.

Part V Private School Questionnaire (See page 9 of the instructions.)

20-5770279 Page 5

N/A

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		Yes	No
23	instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues,			
••	and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of			
	solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known			
	to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	_		
32	Does the organization maintain the following:	-		
<b>a</b>	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	32d		
	Tryou answered the to any of the above, please explain. (If you need more space, attach a separate statement.)	_		
33	Does the organization discriminate by race in any way with respect to:	_		
а	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
C	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs? Other extracurricular activities?	33g 33h		
h	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	3311		
		_		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	   34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50,			
	1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	1	

Schedule A (Form 990 or 990-EZ) 2007

Schedule A (Form 990 or 990-EZ) 2007 FOUNDATION, INC. 20-5770279 Page 6 Part VI-A | Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.) N/A (To be completed ONLY by an eligible organization that filed Form 5768) if you checked "a" and "limited control" provisions apply. if the organization belongs to an affiliated group. Check ► b Check ► a (a) **Limits on Lobbying Expenditures** Affiliated group To be completed for all totals electing organizations (The term "expenditures" means amounts paid or incurred.) N/A 36 Total lobbying expenditures to influence public opinion (grassroots lobbying) 36 37 Total lobbying expenditures to influence a legislative body (direct lobbying) Total lobbying expenditures (add lines 36 and 37) 38 38 39 Other exempt purpose expenditures 40 Total exempt purpose expenditures (add lines 38 and 39) 40 41 Lobbying nontaxable amount. Enter the amount from the following table -If the amount on line 40 is -The lobbying nontaxable amount is -Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 41 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 \$1,000,000 Over \$17,000,000 42 42 Grassroots nontaxable amount (enter 25% of line 41) Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 43 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 44 Caution: If there is an amount on either line 43 or line 44, you must file Form 4720 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.) Lobbying Expenditures During 4-Year Averaging Period N/A Calendar year (or (a) (b) (c) (d) (e) 2004 2007 2006 2005 Total fiscal year beginning in) 45 Lobbying nontaxable 0. amount 46 Lobbying ceiling amount 0. (150% of line 45(e)) 47 Total lobbying expenditures 48 Grassroots nontaxable amount 49 Grassroots ceiling amount (150% of line 48(e)) 50 Grassroots lobbying expenditures Part VI-B | Lobbying Activity by Nonelecting Public Charities (For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.) N/A During the year, did the organization attempt to influence national, state or local legislation, including any attempt to Yes No Amount influence public opinion on a legislative matter or referendum, through the use of: a Volunteers Paid staff or management (Include compensation in expenses reported on lines c through h) Media advertisements Mailings to members, legislators, or the public e Publications, or published or broadcast statements Grants to other organizations for lobbying purposes Direct contact with legislators, their staffs, government officials, or a legislative body Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means 0. Total lobbying expenditures (Add lines c through h.) If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Schedu	le A (Form 990 or 990-EZ) 2007_	FOUNDATION, INC	] •		770279	Page 7
Part	VII Information Rega	arding Transfers To and	d Transactions and	Relationships With Nonchari	table	
		ations (See page 14 of the insti				
				organization described in section		
	• •	ction 501(c)(3) organizations) or i		litical organizations?	[V	s No
	,	nization to a noncharitable exempt	organization of:		51a(i)	X
	(ii) Cash (iii) Other assets				a(ii)	X
	Other transactions:				5(,	_ <del></del>
		with a noncharitable exempt orga	nization		b(i)	x
	• •	oncharitable exempt organization			b(ii)	Х
(	iii) Rental of facilities, equipment	, or other assets			b(iii)	X
(	iv) Reimbursement arrangement	S			b(iv)	X
	(v) Loans or loan guarantees				b(v)	X
•	•	nembership or fundraising solicitat			b(vi)	X
		iailing lists, other assets, or paid e		the section that the section of the	C	X
		s "Yes," complete the following sci iven by the reporting organization.		Ilways show the fair market value of the		
		nt, show in column (d) the value o			N	/ <b>a</b>
(a)	(b)	(c)	Title goods, other assets, or	(d)	14/	<u> </u>
Line no		Name of noncharitable ex	empt organization	Description of transfers, transactions, and	sharing arrang	gements
		- <del></del>				
	<del>                                     </del>					
			<del></del>			
			<del></del>			
			<del></del> :			
				-		
			one or more tax-exempt orga	anizations described in section 501(c) of the		
	Code (other than section 501(c)(3)	• •		▶ ∟	Yes	X No
יי ם	f "Yes," complete the following sch	nedule: N/A	(b)	(a)		
	(a) Name of orgar	nization	(b) Type of organization	(c) Description of relations	hip	
		<del></del>				
				<u> </u>		
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		· · _ · _ ·				
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FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 1
PART III

#### EXPLANATION

PROVIDE FUNDING TO CHARITABLE AND COMMUNITY SERVICE ORGANIZATIONS WITHIN THE NORTH GEORGIA ELECTRIC COOPERATIVE SERVICE AREA

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, STATEMENT 2
TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE
CHARLES THACKER 1850 CLEVELAND HIGHWAY DALTON, GA 30722	VICE CHAIRMAN 0.00	0.	0.	0.
JOAN JARRETT 1850 CLEVELAND HIGHWAY DALTON, GA 30722	TRUSTEE 0.00	0.	0.	0.
MARY MARGARET WHITTINGTON 1850 CLEVELAND HIGHWAY DALTON, GA 30722	SECRETARY/TREAS	SURER 0.	0.	0.
DOT WEST 1850 CLEVELAND HIGHWAY DALTON, GA 30722	TRUSTEE 0.00	0.	0.	0.
BILL SCOTT 1850 CLEVELAND HIGHWAY DALTON, GA 30722	CHAIRMAN 0.00	0.	0.	0.
ANN ABNEY 1850 CLEVELAND HIGHWAY DALTON, GA 30722	TRUSTEE 0.00	0.	0.	0.
TIMOTHY JONES 1850 CLEVELAND HIGHWAY DALTON, GA 30722	TRUSTEE 0.00	0.	0.	0.
RON HUTCHINS 1850 CLEVELAND HIGHWAY DALTON, GA 30722	CEO 0.00	0.	0.	0.

NORTH GEORGIA ELECTRIC MEMBERS	EMBERSHIP FOUNDA		20-5770279	
HENRY THARPE 1850 CLEVELAND HIGHWAY DALTON, GA 30722	ATTORNEY FOR CO-OF	0.	0.	0.
AMY MAPLES 1850 CLEVELAND HIGHWAY DALTON, GA 30722	COMMUNICATIONS DIF	RECTOR 0.	0.	0.
TOTALS INCLUDED ON FORM 990, PAR	T V-A	0.	0.	0.