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Form **990-EZ**

**Short Form  
Return of Organization Exempt From Income Tax**

OMB No 1545-1150

**2009**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A For the 2009 calendar year, or tax year beginning** \_\_\_\_\_, **2009, and ending** \_\_\_\_\_,

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> AMICALOLA EMC TRUST, INC. 544 Highway 515 South Jasper, GA 30143	<b>D</b> Employer identification number 58-6383300
			<b>E</b> Telephone number (706) 692-6471
			<b>F</b> Group Exemption Number

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

**G** Accounting method:  Cash  Accrual  
Other (specify) ▶

**I Website:** ▶ N/A

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**J Tax-exempt status** (check only one) —  501(c) ( 3 ) (insert no)  4947(a)(1) or  527

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **113,352.**

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

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	113,110.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	242.
5a	5a	Gross amount from sale of assets other than inventory		
	5b	Less: cost or other basis and sales expenses		
5c	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here. <input type="checkbox"/>		
6a	6a	a Gross revenue (not including \$ _____ of contributions reported on line 1)		
	6b	b Less: direct expenses other than fundraising expenses		
6c	6c	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		
	7a	7a	7a Gross sales of inventory, less returns and allowances	
7b		7b	b Less: cost of goods sold	
	7c	7c	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	
8		8 Other revenue (describe ▶ _____)	8	
	9	9 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	113,352.
EXPENSES	10	10 Grants and similar amounts paid (attach schedule) See Statement 1	10	114,248.
	11	11 Benefits paid to or for members	11	
	12	12 Salaries, other compensation, and employee benefits	12	
	13	13 Professional fees and other payments to independent contractors	13	
	14	14 Occupancy, rent, utilities, and maintenance	14	
	15	15 Printing, publications, postage, and shipping	15	
	16	16 Other expenses (describe ▶ _____)	16	
	17	17 <b>Total expenses.</b> Add lines 10 through 16	17	114,248.
	18	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-896.
ASSETS	19	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	31,390.
	20	20 Other changes in net assets or fund balances (attach explanation)	20	
	21	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	30,494.

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

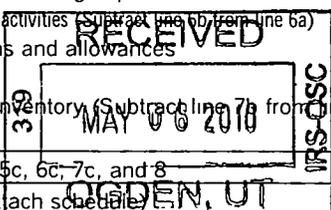
(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	21,842.	22 21,292.
23 Land and buildings		23
24 Other assets (describe ▶ See Statement 2)	9,548.	24 9,202.
25 <b>Total assets</b>	31,390.	25 30,494.
26 <b>Total liabilities</b> (describe ▶ _____)	0.	26 0.
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	31,390.	27 30,494.

**BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.**

Form 990-EZ (2009)

SCANNED JUN 01 2010



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Part III Statement of Program Service Accomplishments (See the instructions.)		Expenses (Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? <u>Charitable Disbursements</u>			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title			
28	<u>The purpose of the Trust is to accumulate and disburse funds for charitable purposes in the service area of Amicalola EMC.</u>  (Grants \$ <u>49,838.</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a	114,248.
29	  (Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a	
30	  (Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a	
31	Other program services (attach schedule) (Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a	
32	<b>Total program service expenses</b> (add lines 28a through 31a) <input type="checkbox"/>	32	114,248.

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instrs.)

(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	(e) Expense account and other allowances
<u>Gene Cornelison</u> <u>544 Highway 515 South</u> <u>Jasper, GA 30143</u>	Chairman 2.00	0.	0.	0.
<u>Doug Caldwell</u> <u>544 Highway 515 South</u> <u>Jasper, GA 30143</u>	Director 2.00	0.	0.	0.
<u>Edgar Land</u> <u>544 Highway 515 South</u> <u>Jasper, GA 30143</u>	Treasurer 2.00	0.	0.	0.
<u>Lloyd Sumner</u> <u>544 Highway 515 South</u> <u>Jasper, GA 30143</u>	Director 2.00	0.	0.	0.
<u>E.C. Kelley, Jr.</u> <u>544 Highway 515 South</u> <u>Jasper, GA 30143</u>	Director 2.00	0.	0.	0.
<u>Don Quinton</u> <u>544 Highway 515 South</u> <u>Jasper, GA 30143</u>	Vice Chairman 2.00	0.	0.	0.
<u>Lee Lowman</u> <u>544 Highway 515 South</u> <u>Jasper, GA 30143</u>	Director 2.00	0.	0.	0.
<u>Lanier Swafford</u> <u>544 Highway 515 South</u> <u>Jasper, GA 30143</u>	Secretary 2.00	0.	0.	0.
<u>Steve Garrison, Jr.</u> <u>544 Highway 515 South</u> <u>Jasper, GA 30143</u>	Director 2.00	0.	0.	0.
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**Part V Other Information** (Note the statement requirements in the instrs for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
35a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
35b	If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <u>37a</u> 0.		
37b	Did the organization file <b>Form 1120-POL</b> for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
38b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved		
39a	501(c)(7) organizations Enter initiation fees and capital contributions included on line 9		
39b	Gross receipts, included on line 9, for public use of club facilities		
40a	501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ <u>0.</u> , section 4912 ▶ <u>0.</u> , section 4955 ▶ <u>0.</u>		
40b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I		X
40c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ <u>0.</u>		
40d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ <u>0.</u>		
40e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T		X
41	List the states with which a copy of this return is filed ▶ <u>GA</u>		

42a The organization's books are in care of ▶ Amicalola EMC Telephone no ▶ \_\_\_\_\_  
 Located at ▶ 544 Highway 515 South Jasper GA ZIP + 4 ▶ 30143

		Yes	No
42b	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)? If 'Yes,' enter the name of the foreign country ▶ _____		X
42c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country. ▶ _____		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43  N/A  N/A

		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51. See Statement 3

	Yes	No
<b>46</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		X
<b>47</b> Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?		X
<b>49b</b> If 'Yes,' was the related organization a section 527 organization?		

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(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
None		0.	0.	0.

**f** Total number of other employees paid over \$100,000 ▶ 0

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		0.

**d** Total number of other independent contractors each receiving over \$100,000 ▶ 0

**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.

*Don Quinton*  4-30-10  
 Signature of officer Date

Vice Chairman  
 Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature: *[Signature]* Date: **MAR 24 2010**  
 Check it self-employed:  Preparer's Identifying Number (See instructions): **P00347246**

Firm's name (or yours if self-employed), address, and ZIP + 4: **McNair, McLemore, Middlebrooks**  
**Post Office Box One**  
**Macon, GA 31202-0001**

EIN: **58-1094351**  
 Phone no: **(478) 746-6277**

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)	120,861.	117,634.	116,657.	117,048.	113,110.	585,310.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
<b>3</b> The value of services or facilities 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.						0.
<b>4 Total.</b> Add lines 1-through 3	120,861.	117,634.	116,657.	117,048.	113,110.	585,310.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
<b>6 Public support.</b> Subtract line 5 from line 4						585,310.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4	120,861.	117,634.	116,657.	117,048.	113,110.	585,310.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	207.	638.	585.	343.	242.	2,015.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						0.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.) See Part IV	200.	900.	10.			1,110.
<b>11 Total support.</b> Add lines 7 through 10						588,435.

**12** Gross receipts from related activities, etc. (see instructions) 12 0.

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	99.5 %
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14	<b>15</b>	99.5 %

**16a 33-1/3 support test – 2009.** If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶

**b 33-1/3 support test – 2008.** If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶

**17a 10%-facts-and-circumstances test – 2009.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶

**b 10%-facts-and-circumstances test – 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶

**18 Private foundation.** If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose.						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>13 Total support.</b> (add lns 9, 10c, 11, and 12)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17	<b>18</b>	%

- 19a 33-1/3 support tests – 2009.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33-1/3 support tests – 2008.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions



Client 6615463

AMICALOLA EMC TRUST, INC.

58-6383300

2/19/10

11 19AM

Part II, Line 10 - Other Income

Nature and Source	2009	2008	2007	2006	2005
OTHER INCOME					
Total	\$ 0.	\$ 200.	\$ 900.	\$ 10.	\$ 0.

Client 6615463

AMICALOLA EMC TRUST, INC.

58-6383300

2/19/10

11:19AM

**Statement 1**  
**Form 990-EZ, Part I, Line 10**  
**Grants and Similar Amounts Paid**

Donee's Name: See Attached  
 Cash Amount Given: \$ 114,248.

**Statement 2**  
**Form 990-EZ, Part II, Line 24**  
**Other Assets**

	<u>Beginning</u>	<u>Ending</u>
Accounts Receivable	\$ 9,548.	\$ 9,202.
Total	<u>\$ 9,548.</u>	<u>\$ 9,202.</u>

**Statement 3**  
**Form 990-EZ, Part VI**  
**Regarding Transfers Associated with Personal Benefit Contracts**

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

Client 6615463

AMICALOLA EMC TRUST, INC.

58-6383300

2/19/10

11 19AM

Grants and Allocations (990-PF)  
Cash amount given  
See Attached

Community Assistance  
Family and Individual Assistance

	\$	49,838.
		<u>64,410.</u>
Total	\$	<u>114,248.</u>

**AMICALOLA EMC TRUST  
SCHEDULE OF COMMUNITY ASSISTANCE  
FOR THE YEAR ENDED DECEMBER 31, 2009**

Amicalola Electric Membership Corporation Scholarship Program	\$ 2,500
Angels of Horseback, Inc.	1,000
Appalachian Cattlemen's Association	1,000
Appalachian Chapter IAAP	1,000
Appalachian Children's Center	1,000
Bent Tree Fire Department	100
Bethany Salem Fire Department	100
Big Canoe POA Auxiliary Fire Department	100
Big Creek Fire Station	100
Boardtown Fire Station	100
Boys & Girls Club of North Georgia	1,000
Cares, Inc.	2,500
Caring Hands Ministries, Inc.	1,000
Cartercay Fire Station	100
Cherokee County Sheriff's Foundation, Inc.	1,500
Cherry Log Fire Station	100
Churches United in Service	1,500
Clayton Fire Department	100
Community Helping Place, Inc.	2,000
Dawson County Fire Department - 2142 Hubbard Road	100
Dawson County Fire Department - Station #4	100
Dawson County Senior Center	1,500
Dawson County Treatment Court	200
Dawsonville Lions Charities, Inc.	500
FERST Foundation for Childhood Literacy	1,000
Flat Creek Fire Station	100
GenCare of Georgia, Inc.	500
Georgia Lions Lighthouse Foundation, Inc.	500
Gilmer County 8609 Tails Creek Fire Station	100
Gilmer County Highway 282 Fire Station	100
Gilmer High School	2,000
Gilmer High School Band Boosters	1,000
Gilmer Learning Center	1,000
Gilmer Women's Alliance	1,000
Good Samaritan - Pickens County	2,500
Goshen Valley Boys Ranch	1,000
Grandview Fire Department	100
Habitat for Humanity	1,000
Harmony Elementary School	500
Hill City Elementary School	200
	<hr/>
Balance-Carried Forward	\$ 31,800

**AMICALOLA EMC TRUST  
SCHEDULE OF COMMUNITY ASSISTANCE  
FOR THE YEAR ENDED DECEMBER 31, 2009**

Balance-Brought Forward	\$ 31,800
Jasper Optimist Club	1,000
Joy House, Inc.	1,000
Kids FERST in Gilmer County	500
Lake Arrowhead Volunteer Fire Department	100
LAMP	750
Lumpkin County Highway 52W Fire Station #6	100
Lumpkin County Literacy Coalition	500
Lumpkin County Mill Creek Fire Station #5	100
Lumpkin County Nimberwill Fire Station #3	100
Masonic Bodies of Pickens County	1,500
Mica Fire Department	100
Mountain Town Fire Station #8	100
NOA's Ark, Inc.	1,500
North Georgia Christian Academy	500
North Georgia Moutain Crisis Network, Inc.	500
Northeast Georgia Council - Boy Scouts of America Troop #402	500
Oakland Elementary First Grade	757
Pickens County Board of Education - Student Service Department	1,000
Pickens County FERST Foundation	1,000
Reinhardt College	1,000
Salacoa Valley Volunteer Fire Department	100
St. Vincent de Paul Society	2,250
Sutallee Fire Department	100
Tails Creek Fire Station	100
Talon Press	500
Tate Fire Department	100
Tech Tales/Heartstrong Academy	581
Tiny Stitches, Inc.	250
Yellow Creek Fire Department	100
Young at Heart Alzheimers	750
Young Life - Dawson County	500
Yukon Fire Department	100
	<hr/>
	<b>\$ 49,838</b>

**AMICALOLA EMC TRUST**  
**SCHEDULE OF FAMILY AND INDIVIDUAL ASSISTANCE**  
**FOR THE YEAR ENDED DECEMBER 31, 2009**

A.J. Padgett	\$ 400
Alice Ghorley	701
Angela Lock	750
Anita Frazier	500
Arey Holden	500
Barry Howell	1,000
Barry Neiderhiser	750
Billy Champion	321
Bobbie Kagley	600
Bobby Cooper	750
Bradley Duff	500
Brenda Darby	885
Camerino Pantga	765
Carolyn Anglin	400
Cathy Green	750
Cathy Marcussen	750
Charles Ledbetter	750
Charles Seignious	750
Colleen Plummer	1,000
Connie Reed	750
Daniel Burt	750
Dave Joseph	320
Dave Kimbral	600
David Goode	500
David Waychoff	865
Dewey Holden	500
Donna Ann Painter	450
Donna Holcomb	200
Dorothy Sellers	750
Edith Prezmieniecki	1,325
Edna Wright	1,376
Etta Cobb	750
Floyd Falany	750
Frank Corbin	500
Frank Pendley	2,500
Gale Blankenship	677
Gordon Howard	950
Gregory Engler	200
Gwendolyn Decker	475
Gwendolyn Young	200
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Balance-Carried Forward	\$ 28,210

**AMICALOLA EMC TRUST**  
**SCHEDULE OF FAMILY AND INDIVIDUAL ASSISTANCE**  
**FOR THE YEAR ENDED DECEMBER 31, 2009**

Balance-Brought Forward	\$ 28,210
Henry Flowers	400
Holly Mullins	2,500
Howard Henderson	750
James Hogan, Jr.	450
Janet Walker	450
Janet Wotring	100
Jaral Free	600
Jason Craft	750
Jenny Jones	480
Jessica Hunter	200
Jessie Ingram	249
Jody Goode	500
John Burnette	500
Joseph Massey	300
Josephine Davis	500
Karen Rice	1,300
Kasha Rose	200
Kelly Chastain	400
Kenneth Fricks	750
Kenneth Nicely	500
LaDonna Davis	750
Larry Byers	1,000
Larry Clayton	600
Laura Taylor	1,500
Linda Standridge	450
Lloyd Smith	750
Louise Lee	746
Lynda Bramlett	750
Lynette Pasek	344
Mary Stump	900
Michael Gallagher	750
Mitchell Jones	750
Mitchell Stanfield	425
Paul Cashion	750
Penny Millsaps	750
Renea Walker	387
Rhonda Wade	700
Robert Barrett	750
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Balance-Carried Forward	<u>\$ 53,141</u>

**AMICALOLA EMC TRUST  
SCHEDULE OF FAMILY AND INDIVIDUAL ASSISTANCE  
FOR THE YEAR ENDED DECEMBER 31, 2009**

Balance-Brought Forward	\$ 53,141
Robert Sewell	350
Robert Wright	659
Rodney Voyles	750
Ruth Allen	300
Samuel Formby	740
Samuel Hamby	500
Scotty Coots	700
Shana Adams	300
Shelba Pruett	670
Stefain Dash	400
Steven Ghorley	400
Tammy Turner	450
Teresa Blackwell	750
Thomas Martin	750
Tiffany Rice	800
Tonya Bell	750
Troy David	600
Vanessa Blackwell	250
Vickie Gottschalk	500
Walter Ingram	400
Willamae King	250
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	<b>\$ 64,410</b>