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

2009

Open to Public Inspection

For the 2009 calendar year, or tax year beginning 6/01 **, 2009, and ending** 5/31 , 2010

B Check if applicable
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Termination
- [ ] Amended return
- [ ] Application pending

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

C Jackson EMC Foundation, Inc.
P.O. Box 38
Jefferson, GA 30549

D Employer Identification Number 20-3423847

E Telephone number 706-367-5281

G Gross receipts $ 1,047,635.

F Name and address of principal officer Shade Storey
Same As C Above

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

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

H(c) Group exemption number ►

I Tax-exempt status [X] 501(c) (3)◄ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ► www.jacksonemc.com

K Form of organization [X] Corporation [ ] Trust [ ] Association [ ] Other ►

L Year of Formation 2005 **M** State of legal domicile GA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities. The purpose of the Foundation is to accumulate and disburse funds for charitable purposes in the service area of Jackson EMC.

2 Check this box ► [ ] if the organization discontinued its operations or disposed of more than 25% of its assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	10
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
5 Total number of employees (Part V, line 2a)	5	0
6 Total number of volunteers (estimate if necessary)	6	0
7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)		
	9 Program service revenue (Part VIII, line 2g)	1,027,405.	1,040,602.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,030.	3,883.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,150.
	12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,033,435.	1,047,635.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,027,657.	1,084,239.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ►		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,027,657.	1,084,239.
	19 Revenue less expenses. Subtract line 18 from line 12	5,778.	-36,604.

		Beginning of Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	291,999.	255,395.
	21 Total liabilities (Part X, line 26)	0.	0.
	22 Net assets or fund balances. Subtract line 21 from line 20	291,999.	255,395.

RECEIVED
OCT 0 5 2010
OGDEN, UT
IRS-OSC

Part II Signature Block

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

Sign Here
► Shade Storey (signature) Signature of officer — Date 9/21/10
► Shade Story – President
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ► (signature) Date AUG 1 3 2010 Check if 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) [X] Yes [ ] No

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. TEEA0113L 12/29/09 Form **990** (2009)

SCANNED OCT 2 1 2010

P2

Part III | Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

The purpose of the Foundation is to accumulate and disburse funds for charitable purposes in the service area of Jackson EMC.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If 'Yes,' describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If 'Yes,' describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code [redacted]) (Expenses $ 1,084,239. including grants of $ 1,084,239.) (Revenue $ 1,040,602.)

The purpose of the Foundation is to accumulate and disburse funds for charitable purposes in the service area of Jackson EMC.

4b (Code [redacted]) (Expenses $ including grants of $) (Revenue $)

4c (Code [redacted]) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ► 1,084,239.

Part IV Checklist of Required Schedules

		Line	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If 'Yes,' complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	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*	3		X
4	**Section 501(c)(3) organizations** Did the organization engage in lobbying activities? *If 'Yes,' complete Schedule C, Part II*	4		X
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If 'Yes,' complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If 'Yes,' complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If 'Yes,' complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If 'Yes,' complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If 'Yes,' complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If 'Yes,' complete Schedule D, Part V*	10		X
11	Is the organization's answer to any of the following questions 'Yes'? *If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11		X
	• Did the organization report an amount for land, buildings and equipment in Part X, line 10? *If 'Yes,' complete Schedule D, Part VI*			
	• Did the organization report an amount for investments– other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If 'Yes,' complete Schedule D, Part VII*			
	• Did the organization report an amount for investments– program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If 'Yes,' complete Schedule D, Part VIII*			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If 'Yes,' complete Schedule D, Part IX*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If 'Yes,' complete Schedule D, Part X*			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organizaiton's liability for uncertain tax positions under FIN 48? If *'Yes,' complete Schedule D, Part X*			
12	Did the organization obtain separate, independent audited financial statement for the tax year? *If 'Yes,' complete Schedule D, Parts XI, XII, and XIII*	12	X	
12A	Was the organization included in consolidated, independent audited financial statement for the tax year? *If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional* — 12 A: Yes [ ] No [X]			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If 'Yes,' complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If 'Yes,' complete Schedule F, Part I*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If 'Yes,' complete Schedule F, Part II*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If 'Yes,' complete Schedule F, Part III*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If 'Yes,' complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If 'Yes,' complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If 'Yes,' complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If 'Yes,' complete Schedule H*	20		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If 'Yes,' complete Schedule I, Parts I and II*	**21**	X	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If 'Yes,' complete Schedule I, Parts I and III*	**22**	X	
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If 'Yes,' complete Schedule J*	**23**		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, and that was issued after December 31, 2002? *If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No,' go to line 25*	**24a**		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If 'Yes,' complete Schedule L, Part I*	**25a**		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If 'Yes,' complete Schedule L, Part I*	**25b**		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If 'Yes,' complete Schedule L, Part II*	**26**		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? *If 'Yes,' complete Schedule L, Part III*	**27**		X
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If 'Yes,' complete Schedule L, Part IV*	**28a**		X
b	A family member of a current or former officer, director, trustee, or key employee? *If 'Yes,' complete Schedule L, Part IV*	**28b**		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? *If 'Yes,' complete Schedule L, Part IV*	**28c**		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If 'Yes,' complete Schedule M*	**29**		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If 'Yes,' complete Schedule M*	**30**		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If 'Yes,' complete Schedule N, Part I*	**31**		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If 'Yes,' complete Schedule N, Part II*	**32**		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If 'Yes,' complete Schedule R, Part I*	**33**		X
34	Was the organization related to any tax-exempt or taxable entity? *If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1*	**34**		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If 'Yes,' complete Schedule R, Part V, line 2*	**35**		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If 'Yes,' complete Schedule R, Part V, line 2*	**36**		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If 'Yes,' complete Schedule R, Part VI*	**37**		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable	1a 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 0			
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a		X
b	If 'Yes' has it filed a Form 990-T for this year? *If 'No,' provide an explanation in Schedule O*		3b		
4a	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)?		4a		X
b	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				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		6a		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		X
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If 'Yes,' indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make any distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from other members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b			

Part VI **Governance, Management and Disclosure** *For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

Section A. Governing Body and Management

			Yes	No
1a Enter the number of voting members of the governing body	1a	10		
b Enter the number of voting members that are independent	1b	10		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?		2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		5		X
6 Does the organization have members or stockholders?		6		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a The governing body?		8a	X	
b Each committee with authority to act on behalf of the governing body?		8b		X
9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If 'Yes,' provide the names and addresses in Schedule O*		9		X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

		Yes	No
10a Does the organization have local chapters, branches, or affiliates?	10a		X
b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule O			
12a Does the organization have a written conflict of interest policy? *If 'No,' go to line 13*	12a	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? *If 'Yes,' describe in Schedule O how this is done* See Schedule O	12c	X	
13 Does the organization have a written whistleblower policy?	13		X
14 Does the organization have a written document retention and destruction policy?	14	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a The organization's CEO, Executive Director, or top management official	15a		X
b Other officers of key employees of the organization	15b		X
If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions.)			
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosures

17 List the states with which a copy of this Form 990 is required to be filed ► GA

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply

☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Schedule O

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

► Roy Stowe - Jackson EMC P.O. Box 38 Jefferson GA 30549 706-367-5281

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organizations's tax year Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees See instructions for definition of 'key employees '
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

[X] Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Beauty Baldwin Director	2	X						0.	0.	0.
Johnny Fowler Director	2	X						0.	0.	0.
Joyce Britt Director	2	X						0.	0.	0.
Andy Byers Director	2	X						0.	0.	0.
Anna Gines Director	2	X						0.	0.	0.
Gwen Hill Director	2	X						0.	0.	0.
Robert Hooper Sec - Treas	2	X		X				0.	0.	0.
George Evans Director	2	X						0.	0.	0.
Sherry Rogers President	2	X		X				0.	0.	0.
Shade Storey Vice President	2	X		X				0.	0.	0.

Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(cont.)*

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099 MISC)	(F) Estimated amount of other compensation from the organization and related organizations
1 b Total							►	0.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ► 0

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If 'Yes,' complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If 'Yes' complete Schedule J for such individual*	4		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If 'Yes,' complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of Services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ► 0

Part VIII Statement of Revenue

Section	Line		Business Code / Amount	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contribns included in lns 1a-1f	$					
	h Total. Add lines 1a-1f		►				
PROGRAM SERVICE REVENUE			Business Code				
	2a Contributions		624200	1,040,602.	1,040,602.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		►	1,040,602.			
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		►	3,883.			3,883.
	4 Income from investment of tax-exempt bond proceeds		►				
	5 Royalties		►				
		(i) Real	(ii) Personal				
	6a Gross Rents						
	b Less rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)		►				
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory						
	b Less cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)		►				
	8a Gross income from fundraising events (not including $ of contributions reported on line 1c) See Part IV, line 18	a					
	b Less direct expenses	b					
	c Net income or (loss) from fundraising events		►				
	9a Gross income from gaming activities See Part IV, line 19	a					
	b Less direct expenses	b					
	c Net income or (loss) from gaming activities		►				
	10a Gross sales of inventory, less returns and allowances	a					
	b Less cost of goods sold	b					
	c Net income or (loss) from sales of inventory		►				
	Miscellaneous Revenue		Business Code				
	11a Other		624200	3,150.	3,150.		
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d		►	3,150.			
	12 Total revenue. See instructions		►	1,047,635.	1,043,752.	0.	3,883.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	1,003,889.	1,003,889.		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	80,350.	80,350.		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Prof fundraising svcs See Part IV, ln 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a				
b				
c				
d				
e				
f All other expenses				
25 **Total functional expenses** Add lines 1 through 24f	1,084,239.	1,084,239.	0.	0.
26 **Joint costs.** Check here ► ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
ASSETS	1	Cash — non-interest-bearing		1	
	2	Savings and temporary cash investments	206,459.	2	169,790.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	85,540.	4	85,605.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a			
	b	Less accumulated depreciation — 10b		10c	
	11	Investments — publicly-traded securities		11	
	12	Investments — other securities See Part IV, line 11		12	
	13	Investments — program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	**Total assets** Add lines 1 through 15 (must equal line 34)	291,999.	16	255,395.
LIABILITIES	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	0.	26	0.
NET ASSETS OR FUND BALANCES		**Organizations that follow SFAS 117, check here ► [X] and complete lines 27 through 29 and lines 33 and 34.**			
	27	Unrestricted net assets	291,999.	27	255,395.
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ► [ ] and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, and equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	291,999.	33	255,395.
	34	Total liabilities and net assets/fund balances.	291,999.	34	255,395.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
d	If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization	Employer identification number
Jackson EMC Foundation, Inc.	20-3423847

Part I **Reason for Public Charity Status** (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)** Enter the hospital's name, city, and state ____________

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt 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).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III – Functionally integrated **d** ☐ Type III– Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	**11 g (i)**		
(ii) a family member of a person described in (i) above?	**11 g (ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above?	**11 g (iii)**		

h Provide the following information about the supported organizations

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section **(see instructions)**)	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) Amount of Support
			Yes	No	Yes	No	Yes	No	
Total									

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
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')	656,437.	1,013,266.	1,037,056.	1,027,405.	1,040,602.	4,774,766.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3 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.
4 **Total.** Add lines 1-through 3	656,437.	1,013,266.	1,037,056.	1,027,405.	1,040,602.	4,774,766.
5 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.
6 **Public support.** Subtract line 5 from line 4						4,774,766.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	656,437.	1,013,266.	1,037,056.	1,027,405.	1,040,602.	4,774,766.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources.	1,638.	8,160.	9,538.	6,030.	3,883.	29,249.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) See Part IV					3,150.	3,150.
11 **Total support.** Add lines 7 through 10						4,807,165.

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

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f) | 14 | 99.3 %

15 Public support percentage from 2008 Schedule A, Part II, line 14 | 15 | 100.0 %

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
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')						
2 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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 **Public support** (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
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (add lns 9, 10c, 11, and 12)						

14 **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

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

Section D. Computation of Investment Income Percentage

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

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 ► ☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
► Attach to Form 990. ► See separate instructions

OMB No 1545 0047

2009

Open to Public Inspection

Name of the organization: Jackson EMC Foundation, Inc.

Employer identification number: 20-3423847

Part I **Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts** Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or for any other purpose conferring impermissible private benefit?? ☐ Yes ☐ No

Part II **Conservation Easements** Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► ____________

4 Number of states where property subject to conservation easement is located ► ____________

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easement it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► ____________

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► $ ____________

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III **Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenues included in Form 990, Part VIII, line 1 ►$ ____________

(ii) Assets included in Form 990, Part X ►$ ____________

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ►$ ____________

b Assets included in Form 990, Part X ►$ ____________

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV

Part V Endowment Funds Complete if organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net Investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ► _______ %
b Permanent endowment ► _______ %
c Term endowment ► _______ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ►				0.

Part VII Investments–Other Securities See Form 990, Part X, line 12. N/A

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. *(Column (b) must equal Form 990 Part X, col. (B) line 12.)* ►		

Part VIII Investments–Program Related (See Form 990, Part X, line 13) N/A

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total *(Column (b) must equal Form 990, Part X, Col. (B) line 13.)* ►		

Part IX Other Assets (See Form 990, Part X, line 15) N/A

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col (B), line 15)* ►	

Part X Other Liabilities (See Form 990, Part X, line 25)

(a) Description of Liability	(b) Amount
Federal Income Taxes	
Total *(Column (b) must equal Form 990, Part X, col. (B) line 25)* ►	

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1,047,635.
2	Total expenses (Form 990, Part IX, column (A), line 25)	1,084,239.
3	Excess or (deficit) for the year Subtract line 2 from line 1	-36,604.
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net) Add lines 4 through 8	
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	-36,604.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	1,047,635.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	1,047,635.
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	1,047,635.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	1,084,239.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	1,084,239.
4	Amounts included on Form 990, Part IX, line 25, but not on line **1**:				
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c** (This must equal Form 990, Part I, line 18)			5	1,084,239.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Part XIV **Supplemental Information** *(continued)*

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22.
► Attach to Form 990.

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization: Jackson EMC Foundation, Inc.
Employer identification number: 20-3423847

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States See Part IV

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ► [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Advantage Behavioral Health Syst P.O. Box 316 Commerce, GA 30601	58-2112427		11,090.	0.			Donated ambulance conversion
American Legion Post 215 P.O. Box 94 Homer, GA 30547	58-6068071	501(c)(3)	10,000.	0.			Building improvements
Ark of Jackson County 146 Longview Drive Jefferson, GA 30549	58-2438061	501(c)(3)	10,000.	0.			Housing & medicine assistance
Ark United Ministry Outreach Ctr 640 A. Barber Street Athens, GA 30601	58-1906647	501(c)(3)	7,000.	0.			Financial Assistance Program
Athens Comm. Council on Aging 135 Hoyt Street Athens, GA 30601	58-0977680	501(c)(3)	7,500.	0.			Healthy Grandparents Program
Athens Justice Project P.O. Box 447 Athens, GA 30603	58-2444257	501(c)(3)	10,000.	0.			Workforce Re-entry Program
Athens Regional Foundation 1199 Prince Avenue Athens, GA 30606	58-1978389	501(c)(3)	7,500.	0.			Upgrade mobile mammography unit
Athens Urban Ministries 717 Oconee Street Athens, GA 30605	58-2070427	501(c)(3)	6,055.	0.			Case Management sessions

2 Enter total number of section 501(c)(3) and government organizations ► 76

3 Enter total number of other organizations ► 0

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Charitable Assistance - See Attached	31	80,350.		NA	NA

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Part I, Line 2 - Grantmaker's Description of How Grants are Used

Each organization is required to complete a Grantee Report which keeps the Foundation informed as to the use of the grant funds.

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: Jackson EMC Foundation, Inc.

Employer identification number: 20-3423847

Part I **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Atlanta Union Mission P.O. Box 1807 Atlanta, GA 30301	58-0572430	501(c)(3)	6,000.				Food, shelter, counseling
Banks County Literacy Council 127 Hudson Bridge Road Homer, GA 30547	26-3283008	501(c)(3)	15,000.				Family Literacy Nights Prog.
Barnabas Ministries P.O. Box 1234 Dacula, GA 30019	86-1074548	501(c)(3)	10,000.				Food, bedding, rent assistance
Boys & Girls Club - Jackson Co. 412 Gordon Street Jefferson, GA 30549	26-1889825	501(c)(3)	12,000.				Power Hour, Member Tracking Prog
Boys & Girls Club - Winder P.O. Box 418 Winder, GA 30680	58-0830085	501(c)(3)	15,000.				Program assistance, transp.
Camp Koinonia P.O. Box 416 Cornelia, GA 30531	26-2695116	501(c)(3)	10,400.				Camp sponsorships
CASA - Hall/Dawson Program P.O. Box 907471 Gainesville, GA 30501	58-2034915	501(c)(3)	5,500.				Visitation center, computers
CASA - Piedmont, Inc. 5000 Jackson Parkway Suite 210 Jefferson, GA 30549	58-2537970	501(c)(3)	10,022.				Volunteer Training Program
Children's Center-Hope & Healing P.O. Box 907401 Gainesville, GA 30501	58-1718580	501(c)(3)	12,000.				Comprehensive victim services
Computers for Youth - Atlanta 1660 Chattahoochee Avenue Ste E Atlanta, GA 30318	13-3935309	501(c)(3)	10,000.				Refurbish donated computers

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

► **Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Jackson EMC Foundation, Inc.

Employer identification number
20-3423847

Part I **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Cooperative Ministry-L'ville P.O. Box 1328 Lawrenceville, GA 30046	58-2193039	501(c)(3)	15,000.				Food Assistance Program
Cooperative Ministry-Norcross P.O. Box 1489 Norcross, GA 30091	58-1792414	501(c)(3)	10,000.				Rent assistance
Creative Community Services 4487 Park Drive Suite A Norcross, GA 30093	58-1581610	501(c)(3)	10,000.				STEP Program materials
Dream House-Med Fragile Children P.O. Box 1562 Snellville, GA 30078	58-2654766	501(c)(3)	15,000.				Respite care
Eagle Ranch, Inc. P.O. Box 7200 Chestnut Mountain, GA 30502	58-1497408	501(c)(3)	7,500.				Purchase tables & chairs
Extra Special People, Inc. P.O. Box 615 Watkinsville, GA 30677	58-1710803	501(c)(3)	10,000.				Summer camp assistance
Family Connection-Barrow County P.O. Box 278 Winder, GA 30680	20-1393550	501(c)(3)	12,000.				Youth Connection Program
Family Connection-Jackson County P.O. Box 883 Jefferson, GA 30549	56-2421202	501(c)(3)	14,000.				Salaries, benefits, materials
For Her Glory Fund 2908 Club Place Gainesville, GA 30506	26-4134012	501(c)(3)	7,500.				Items for cancer patients
Four Corners Primary Care 5030 Georgia Belle Court Norcross, GA 30093	20-5870972		15,000.				Salaries & wages

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: Jackson EMC Foundation, Inc.

Employer identification number: 20-3423847

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Fragile Kids Foundation 3350 Riverwood Parkway Ste1400 Atlanta, GA 30339	58-1915583	501(c)(3)	15,000.				Medical equipment & supplies
Friends of Gwinnett Co. Sr. Svcs P.O. Box 390025 Snellville, GA 30039	58-2479011	501(c)(3)	10,000.				Meals, repairs, temp. shelter
GA Lions Lighthouse Foundation 1775 Clairmont Road Decatur, GA 30033	58-0548732	501(c)(3)	15,000.				Surgery, hearing aids
Gainesville Alliance for Literac 4 1/2 Stallworth Street Gainesville, GA 30501	58-2203290	501(c)(3)	10,000.				Materials & administrativ e costs
Gainesville Care Center P.O. Box 52 Gainesville, GA 30503	58-1721806	501(c)(3)	10,435.				My Baby Counts Prog. materials
Gainesville Jaycees Rehab Center P.O. Box 907413 Gainesville, GA 30501	58-1031697		10,000.				League of Our Own Program
Gainesville St. College Found. P.O. Box 1358 Gainesville, GA 30503	58-6073474	501(c)(3)	15,000.				Summer Scholars sponsorships
Gateway House P.O. Box 2962 Gainesville, GA 30503	58-1447674	501(c)(3)	8,200.				Domestic violence materials
Good News Clinic P.O. Box 2683 Gainesville, GA 30503	58-2058853	501(c)(3)	7,500.				Lab test assistance
Good Samaritan Health Center 3700 Club Drive Lawrenceville, GA 30044	27-0080400	501(c)(3)	13,577.				Personnel costs & supplies

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Jackson EMC Foundation, Inc.

Employer identification number
20-3423847

Part I **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Gwinnett Sexual Assault Center P.O. Box 1329 Duluth, GA 30096	58-1762829	501(c)(3)	15,000.				Follow Up Forensic Med Care Prog
Habitat for Humanity-Hall Co. 2380 Murphy Boulevard Gainesville, GA 30504	58-1849321	501(c)(3)	15,000.				Construction needs
Healing Place of Athens P.O. Box 7818 Athens, GA 30604	58-2266896	501(c)(3)	10,000.				Drug, alcohol recovery assistance
Health Access Initiative P.O. Box 907446 Gainesville, GA 30501	54-2093019	501(c)(3)	15,000.				Salary expenses
Hebron Community Health Center 195 Chestnut Street Lawrenceville, GA 30045	59-3772158	501(c)(3)	10,000.				Dental procedure assistance
Hi-Hope Service Center 882 Hi-Hope Road Lawrenceville, GA 30043	58-1354523	501(c)(3)	15,000.				Salary expenses
Interlocking Communities, Inc. 1122 Hopedale Lane Lawrenceville, GA 30043	11-3655131	501(c)(3)	10,000.				Update technology software
Junior Achievement of GA P.O. Box 378 Gainesville, GA 30503	84-1267604	501(c)(3)	7,500.				Program management & materials
L.A.M.P. Ministries P.O. Box 5637 Gainesville, GA 30504	58-2330849	501(c)(3)	7,500.				Community Outreach Prog expenses
Madison Co. Senior Center P.O. Box 777 Danielsville, GA 30633	58-6000859		15,000.				Provide meals for clients

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: Jackson EMC Foundation, Inc.

Employer identification number: 20-3423847

Part I — Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MedLink Georgia, Inc. P.O. Box 457 Colbert, GA 30628	58-1394645	501(c)(3)	5,200.				Emergency medical supplies
Meet the Need Ministry, Inc. 1037 Beaver Dam Road Hoschton, GA 30548	75-3156647	501(c)(3)	15,000.				Rent assistance
Mended Hearts 1702 Highway 59 Commerce, GA 30530	04-6073589	501(c)(3)	13,550.				Purchase defibrillators for schools
Multiple Choices Center 850 Gaines School Road Athens, GA 30605	58-2581589	501(c)(3)	5,725.				Micro Enterprise Prog expenses
Next Stop Foundation 3640 Burnette Road Suwanee, GA 30024	86-1171903	501(c)(3)	8,100.				Salary expenses
Northeast GA Medical Center 743 Spring Street Gainesville, GA 30501	58-1694098	501(c)(3)	15,000.				Provide services to new parents
NSPIRE Outreach, Inc. 1305 Lakes Parkway Suite 121 Lawrenceville, GA 30043	58-2468623	501(c)(3)	14,000.				Homeless Outreach Education
Our Neighbor, Inc. P.O. Box 908483 Gainesville, GA 30501	20-3144814	501(c)(3)	10,000.				Resident Assistance Program
Peace Place P.O. Box 948 Winder, GA 30680	58-2424746	501(c)(3)	8,910.				Install heating & air units
Piedmont Rape Crisis Center P.O. Box 391 Winder, GA 30680	58-1564825	501(c)(3)	13,050.				Crisis Hotline expenses

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Jackson EMC Foundation, Inc.

Employer identification number
20-3423847

Part I **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Piedmont Regional Library System 189 Bellview Street Winder, GA 30680	58-6004234	501(c)(3)	10,000.				Purchase childrens books
Project ADAM Community Assistanc P.O. Box 2 Winder, GA 30680	58-1466371	501(c)(3)	15,000.				Treatment facility equipment
Rainbow Village, Inc. 3160 Main Street Suite 100 Duluth, GA 30096	58-2181183	501(c)(3)	10,000.				After school & evening program costs
Rape Response, Inc. P.O. Box 2883 Gainesville, GA 30501	58-1788134	501(c)(3)	8,000.				Victim aftercare & supplies
Recording for Blind & Dyslexic 120 Florida Avenue Athens, GA 30605	13-1659345	501(c)(3)	8,740.				Salaries, travel, equipment
Salvation Army of Athens P.O. Box 367 Athens, GA 30603	58-0660607	501(c)(3)	10,000.				Rent/mortgage assistance & food
Salvation Army of Gainesville 681 Dorsey Street Gainesville, GA 30501	58-0660607	501(c)(3)	10,000.				Rent/mortgage assistance
Salvation Army of Lawrenceville 3455 Sugarloaf Parkway Lawrenceville, GA 30044	58-0660607	501(c)(3)	10,000.				Rent/mortgage assistance & food
Samaritan Stand Corporation P.O. Box 1887 Flowery Branch, GA 30542	02-0552798	501(c)(3)	7,000.				Sandlot Sports Camp sponsorships
Special Olympics-Barrow County 272 North 5th Avenue Winder, GA 30680	23-7201676		11,000.				Uniforms, meals, materials

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: Jackson EMC Foundation, Inc.

Employer identification number: 20-3423847

Part I **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Spectrum Autism Support Group P.O. Box 3132 Suwanee, GA 30024	58-2458533	501(c)(3)	10,000.				Camp assistance
Step by Step Recovery, Inc. 191 Plainview Drive Lawrenceville, GA 30044	20-2822343	501(c)(3)	15,000.				Rent assistance
Teen Pregnancy Prevention, Inc. P.O. Box 157 Gainesville, GA 30503	58-1833152	501(c)(3)	15,000.				Salary, supplies, travel
Tree House, Inc. P.O. Box 949 Winder, GA 30680	58-1950554	501(c)(3)	15,000.				Salary expenses
Veterans & Community Outreach Fo P.O. Box 3115 Gainesville, GA 30507	58-2013130	501(c)(3)	6,000.				Afterschool & summer camp
Winder-Barrow Coalition 89 East Athens Street Winder, GA 30666	58-2064406		14,710.				GED preparation class
YMCA - Winder-Barrow 50 Brad Akins Drive Winder, GA 30680	20-1759275	501(c)(3)	15,000.				After school assistance
YMCA of Athens 915 Hawthorne Avenue Athens, GA 30606	58-0593443	501(c)(3)	7,500.				Summer Day Camp sponsorships

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
► Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization	Employer identification number
Jackson EMC Foundation, Inc.	20-3423847

Form 990, Part VI, Line 11 - Form 990 Review Process

FORM 990 IS REVIEWED BY THE BOARD WITH ALL SUPPORTING DOCUMENTATION MADE AVAILABLE TO THEM.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

DIRECTORS AND CONSULTANTS OF THE JACKSON EMC FOUNDATION ARE TO ADHERE TO THE HIGHEST LEGAL, MORAL AND ETHICAL STANDARDS OF SOCIETY IN ALL AREAS OF BUSINESS CONDUCT. CONFLICTS OF INTEREST ARE TO BE AVOIDED. UPON APPOINTMENT, NEW DIRECTORS WILL READ AND SIGN THE CONFLICT OF INTEREST CERTIFICATION AND DISCLOSURE FORM. EXISTING DIRECTORS WILL READ AND SIGN THE CONFLICT OF INTEREST CERTIFICATION AND DISCLOSURE FORM ANNUALLY. THE FORM WILL BE SIGNED AT THE FIRST REGULAR BOARD MEETING OF EACH YEAR. THE FORMS WILL BE MAINTAINED IN A CONFIDENTIAL MANNER BY THE MARKETING/MEMBER RELATIONS DEPARTMENT OF JACKSON EMC.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

THE FOUNDATION MAKES ITS BYLAWS AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC AS PART OF ITS FORM 990. THE FORM 990 IS AVAILABLE UPON REQUEST AS REFLECTED IN PART VI SECTION C LINE 18.

Part II, Line 10 - Other Income

Nature and Source		2009	2008	2007	2006	2005
Other		3,150.				
	Total	$ 3,150.	$ 0.	$ 0.	$ 0.	$ 0.

JACKSON EMC FOUNDATION, INC.
SCHEDULE OF FAMILY AND INDIVIDUAL ASSISTANCE
FOR THE YEAR ENDED MAY 31, 2010

Anne Anderson	$	945
Barbara McCain		700
Beverly Ballenger		3,500
Christopher Stephens		3,500
David Killingsworth		2,507
David Southern		2,308
Dianna Crowe		3,200
Doris Bruce		2,800
Francene Graham		3,500
Genevieve Adamson		1,439
James Whitmire		3,500
Jeffrey Manley		3,495
June Armour		2,750
Justin Pressley		2,959
Katherine Boddie		2,280
Kathleen Strickland		2,920
Kathy Parson		1,854
Margo Fowler		584
Marjorie Bloomquist		2,640
Martha Hopkins		3,500
Mattie Walker		405
Pamela Glasper		3,499
Pamela Jenkins		1,627
Phillip Ash		1,503
Ramona Cathey		3,250
Reba Childs		3,500
Shannon Huffman		2,418
Tracey Kelly		3,400
Vester Lewis		3,500
William Cummings		3,052
Zelma Turpin		3,315
	$	80,350

BYLAWS

Jackson EMC Foundation, Inc.

TABLE OF CONTENTS

JACKSON EMC FOUNDATION, INC.

BY LAWS OF

JACKSON EMC FOUNDATION, INC.

ARTICLE 1. NAME AND OFFICES

SECTION 1. Name. The name of this Corporation shall be JACKSON EMC FOUNDATION, INC., (the "FOUNDATION")

SECTION 2. Registered Office and Agent. The FOUNDATION shall maintain a registered office in the State of Georgia, and shall have a registered office whose address is identical with the address of such registered agent, in accordance with the requirements of the Georgia Nonprofit Corporation Code.

ARTICLE 2. PURPOSE OF ORGANIZATION

The purpose of the FOUNDATION shall be the accumulation and disbursement of funds for charitable purposes in the 10 counties served by Jackson Electric Membership Corporation ("Jackson EMC"). Upon dissolution of the FOUNDATION, any remaining funds shall be distributed only for charitable purposes.

ARTICLE 3. FUNDING

The FOUNDATION shall be funded by such rules and regulations as may be promulgated by the Board of Directors of Jackson EMC. Sources of funding may include, but are not limited to, member contributions through Operation Round Up, Jackson EMC employee donations and the assignment of unclaimed capital credits.

ARTICLE 4. BOARD OF DIRECTORS

The FOUNDATION shall be administered by not less than (9) nor more than (11) Board of directors (Board). The initial Board shall be designated by the Board of Directors of Jackson EMC. The FOUNDATION shall have at least one (1) Director from each county or group of counties that a Jackson EMC Director represents.

At the initial organizational meeting of the Board of Directors of the FOUNDATION the board shall by lot draw for terms of office of one (1), two (2), and three (3) years. There shall be three (3) Directors chosen to initially serve one (1) year terms; four (4) Directors chosen to initially serve two (2) year terms; and four (4) Directors chosen to initially serve three (3) year terms. Thereafter, the terms of office for each Director shall be for a period of three (3) years.

ARTICLE 5. QUALIFICATIONS OF BOARD MEMBERSHIP

A Director of the FOUNDATION shall be at least eighteen (18) years of age, with his primary residence in the county from which he is chosen and be of good moral character. It shall not be necessary for Directors of the FOUNDATION to be members of Jackson EMC. No person seeking or holding a seat on the Board of Directors of Jackson EMC, nor any Jackson EMC employee, shall be a member of the FOUNDATION Board.

ARTICLE 6. SELECTION OF BOARD OF DIRECTORS

The initial Foundation Board shall be appointed by the Board of Directors of Jackson EMC. Thereafter, when vacancies are to be filled or when terms expire, persons shall be appointed to the respective vacancies on the said Board by a vote of the Board of Directors of Jackson EMC. The existing FOUNDATION Board may make recommendations to the Board of Directors of Jackson EMC for nominees for the FOUNDATION Board.

ARTICLE 7. COMPENSATION OF DIRECTORS

No Director shall receive compensation from the FOUNDATION for serving on the FOUNDATION Board.

ARTICLE 8. MEETINGS OF THE BOARD OF DIRECTORS

SECTION 1. Regular Meetings. Regular meetings of the Board of Directors of the FOUNDATION shall be held not less than quarterly at a placed designated by the Board, and when meeting, and shall be governed by Robert Rules of Order. The Board of Directors may meet at such other times as they may deem, at their discretion, to be necessary.

SECTION 2. Special Meetings. Special meetings of the Board of Directors may be called by the Chairman or any three (3) Directors, and it shall thereupon be the duty of the Secretary to cause a Notice of such meeting to be given as hereafter provided. The person or persons authorized to call special meetings of the Board of Directors may fix the place and time for holding any special meeting called by them.

SECTION 3. Notice of Directors Meeting. The Secretary shall give notice of any regular meeting at least five *(5)* days prior to the meeting by e-mail, personal delivery, facsimile or mail. The five-day written notice is not applicable in the event directors receive notice via e-mail, personal delivery, facsimile or mail prior to such special meeting in emergency situations or when time is of the essence.

SECTION 4. Participation in Meeting Through Any Means of Communication. Directors may participate in meetings of the Board of Directors, through the use of any means of communications by which all directors participating may simultaneously hear each other during the meeting and participation by such means shall constitute presence in person at such a meeting.

SECTION 5. Committees. The Board of Directors may, by resolution passed by a majority of the entire Board, designate one or more committees to consist of three or more of the directors of the FOUNDATION, which, to the extent provided in the resolution, shall perform their duties and report to the Board of Directors. Such committee or committees shall have such names as may be determined from time to time by resolution adopted by the Board.

ARTICLE 9. QUORUM

A majority of the Board of Directors shall, unless otherwise designated, constitute a quorum. In the event that less than a majority of the Board of Directors present may adjourn the meeting and designate a place and time for the next meeting, under which circumstances the Secretary shall notify the absent members of the place and time of the next meeting. An act of the majority of the Board present at any meeting at which a quorum is present, and unless otherwise provided in these Bylaws, shall be the act of the FOUNDATION Board.

ARTICLE 10. REMOVAL OF MEMBER OF BOARD

Any FOUNDATION Director shall automatically cease to be a Board Member if and in the event such Director misses three (3) successive "regular" meetings or attends less than 50% (fifty percent) of the regular meetings beginning September 1st and ending August 31st each year or should a Director leave the county in which he/she resides or represents.

Any FOUNDATION Director may otherwise be removed by the Jackson EMC Board upon recommendation of the FOUNDATION Board.

ARTICLE 11. OFFICERS OF THE CORPORATION

The officers of the FOUNDATION shall be a Chairman, a Vice Chairman, a Secretary and a Treasurer, and such other officers as may be determined by the Board from time to time.

ARTICLE 12. ELECTION OF OFFICERS AND TERMS OF OFFICE

Officers shall be elected by the Board annually, by secret ballot.

The terms of office shall be for one (1) one year, however, nothing shall prevent an officer from being re-elected to a maximum of three consecutive terms.

ARTICLE 13. EX OFFICIO MEMBERS OF BOARD OF DIRECTORS

The President/CEO of Jackson EMC or his designee shall be an ex officio member of the Board of Directors of the FOUNDATION. The FOUNDATION may from time to time have other such ex officio members as the Board may in its discretion determine as necessary or prudent.

The President/CEO of Jackson EMC in his/her capacity as ex officio member of the Board of Directors of the FOUNDATION shall upon request provide assistance to the Secretary and Treasurer of the Board with their official duties hereinafter shown in Article XIII.

ARTICLE 14. POLICIES, RULES, AND REGULATIONS

The Board of Directors of Jackson EMC shall have the power to make and adopt such rules and regulations, not inconsistent with law, the Articles of Incorporation or these Bylaws, as it may deem advisable for the management, administration and regulation of the business and affairs of the FOUNDATION.

ARTICLE 15. DUTIES OF OFFICERS

A. **CHAIRMAN:** The Chairman shall be the principal executive officer of the FOUNDATION and, unless otherwise determined by the Board, shall preside at all meetings of the Board and in general perform all duties incidental to the office of Chairman and such other duties as may be prescribed by the Board from time to time.

B. **VICE CHAIRMAN:** In the absence of the Chairman, or in the event of his/her inability or refusal to act, the Vice Chairman shall perform the duties of the Chairman, and when so acting, shall have all the powers of and be subject to all the restrictions upon the Chairman. The Vice Chairman shall also perform such other duties as from time to time may be assigned to him/her by the Board.

C. **SECRETARY:** The Secretary shall be responsible for the keeping of the minutes of the meetings of the Board in one or more books provided for that purpose; be responsible for seeing that all notices are duly given in accordance with these Bylaws or as required by law; be custodian of the corporate records and of the seal of the FOUNDATION and affix the seal of the FOUNDATION to all necessary documents, the execution of which on behalf of the FOUNDATION under its seal is duly authorized in accordance with the provisions of these Bylaws; have general charge of the books of the FOUNDATION; be responsible for the keeping on file at all times a complete copy of the Articles of Incorporation and Bylaws of the FOUNDATION containing all amendments thereto; and, in general, perform all duties incidental to the office of the Secretary and such other duties as from time to time may be assigned to him/her by the Board.

D. **TREASURER:** The Treasurer shall have charge and custody of and be responsible for all funds and securities of the FOUNDATION; be responsible for the receipt of and the issuance of receipt for monies due and payable to the FOUNDATION from any source whatsoever, and for the deposit of all such monies in the name of the FOUNDATION in such bank or banks as shall be selected in accordance with the provisions of these Bylaws; and, in general, perform all the duties incidental to the office of Treasurer and such other duties as from time to time may be assigned to him/her by the Board.

ARTICLE 16. CHECK SIGNING

Any and all checks issued by the FOUNDATION, and any and all withdrawals by the FOUNDATION, for any purpose, shall be authorized by the Board and shall be signed by two (2) officers or one (1) officer and such other person(s) as may be designated by the Board as having check-signing authority, however, under no circumstances shall checks be signed only by one (1) person.

ARTICLE 17. DISBURSEMENT OF FUNDS

Except as otherwise provided by these Bylaws, the Board of Directors of the FOUNDATION shall have the full and sole responsibility for the disbursement of all monies of the FOUNDATION in accordance with the Bylaws and the policies adopted by the Board of Directors of Jackson EMC.

Prior to consideration by the FOUNDATION Board of any disbursement, FOUNDATION Directors shall disclose and explain any personal and/or business interest, connection, kinship or other association he or she has with the person, family, group, corporation or other entity under consideration for funding by the FOUNDATION. Such interested Director shall excuse himself or herself from the meeting, and shall not participate in the discussion of or voting on the disbursement.

Members of the Board of Directors of the FOUNDATION, immediate family members of the members of the Board of Directors of the FOUNDATION, members of the Board of Directors of Jackson Electric Membership Corporation, immediate family members of the members of the Board of Directors of Jackson Electric Membership Corporation, employees of Jackson Electric Membership Corporation and immediate family members of employees of Jackson Electric Membership Corporation shall not be eligible to receive any disbursement of monies from the FOUNDATION. For the purposes of this Article XVII, immediate family members means spouse, parent, son, daughter, brother, sister, niece, nephew, half-sibling, step-sibling, grandparent, grandchild, in-laws and step-parents.

No disbursements of monies from the FOUNDATION shall be used for the direct payment of electric or gas bills; however, the FOUNDATION may make donations to agencies such as Project Share of the Salvation Army whose purpose is to assist with utility bill payments.

ARTICLE 18. TRANSFER OF FUNDS

Jackson EMC shall transfer funds collected by it for the benefit of the FOUNDATION on a regular basis, but in no event less than quarterly. The FOUNDATION may also solicit and accept contributions from other sources as deemed appropriate by its Board of Directors.

ARTICLE 19. INVESTMENT OF FUNDS

The FOUNDATION Board shall be responsible for the funds entrusted to it and shall make such investment of said funds in a manner which is reasonable and prudent and in keeping with these Bylaws and the policies of the FOUNDATION.

ARTICLE 20. ACCOUNTING SYSTEM AND REPORTS

The FOUNDATION Board shall cause to be established and maintained a complete accounting system that is in keeping with sound financial management, and furthermore the FOUNDATION Board shall make reports to the Board of Directors of Jackson EMC on the operation and expenditures of the FOUNDATION as may be necessary and prudent, but in no case less than annually.

ARTICLE 21. POLITICAL CONTRIBUTIONS

No funds of the FOUNDATION shall be used in any fashion to support any candidate for political office or for any political purpose.

ARTICLE 22. BORROWING FUNDS

The FOUNDATION shall NOT have the authority to borrow monies nor incur debt from any bank, savings and loan or other institutions for such purpose.

ARTICLE 23. RETENTION OF FUNDS

To assure that the FOUNDATION maintains a reasonable level of funds for its operation, the FOUNDATION shall accumulate and maintain a reserve fund of not less TEN THOUSAND AND NO/100THS ($10,000.00).

ARTICLE 24. PROXY VOTING

There shall not exist proxy voting at any meeting of the FOUNDATION Board.

ARTICLE 25. AUDIT

The FOUNDATION Board shall on an annual basis cause the books and records of the FOUNDATION to be audited by a certified public accountant and a report in keeping with sound accounting principles be issued to the FOUNDATION Board and the Board of Directors of Jackson EMC.

ARTICLE 26. FISCAL YEAR

The Fiscal Year of the FOUNDATION shall commence on the 1st day of June of each calendar year and end on the 31st day of May of each calendar year.

ARTICLE 27. INDEMNIFICATION

SECTION 1. Right of Indemnification. Subject to the provisions of Section 2 of this Article, the FOUNDATION, shall indemnify any person who was or is a party or is threatened to be made a party to any threatened, pending or completed action, suit or proceeding, whether civil, criminal, administrative, or investigative (other than an action by or in the right of the FOUNDATION in which such person was adjudged liable to the FOUNDATION or in any other proceeding in which such person was adjudged liable on the basis that personal benefit was improperly received by such person) by reason of the fact that he is or was a director, officer, employee or agent of the FOUNDATION against expenses (including attorney's fees), judgments, fines and amounts paid in settlement actually and reasonably incurred by him in connection with such action, suit or proceeding, if he acted in a manner he believed in good faith to be in or not opposed to the best interests of the FOUNDATION, and, with respect to any criminal action or proceeding, had no reasonable cause to believe his conduct was unlawful. The termination of any action, suit or proceeding by judgment, order, settlement, conviction, or upon a plea of nolo contendere or its equivalent, shall not, of itself, be determinative that the person did not act in a manner which he believed in good faith to be in or not opposed to the best interests of the FOUNDATION, and, with respect to any criminal action or proceeding, had no reasonable cause to believe that his conduct was unlawful.

SECTION 2. Determination and Authorization of Indemnification. Any indemnification under Section 1 of this Article (unless ordered by a court) shall be made by the FOUNDATION only as authorized in the specific case upon a determination that indemnification of the director, officer, employee or agent is proper in the circumstances because he had met the applicable standard of conduct set forth in said Section 1. Such determination shall be made (a) by the Board of Directors, by a majority vote of a quorum consisting of directors who were not parties to such action, suit or proceeding; (b) if such quorum is not obtainable, by a majority vote of a committee duly designated by the Board of Directors (in which designation directors who are parties may participate), consisting solely of two or more directors not at the time parties to the proceeding; (c) by special legal counsel selected by the Board of Directors or its committee in the manner prescribed in (a) or (b) above; or if a quorum cannot be obtained or under (a) above and a committee cannot be selected under (b), by majority vote of the full Board of Directors (in which selection directors who are parties may participate; or

(d) by the members who are not parties to the proceeding).

SECTION 3. Mandatory indemnification. If a director, officer, employee or agent of the FOUNDATION has been successful on the merits or otherwise as a party to any action, suit or proceeding, referred to in Section 1 of the Article, or with respect to any claim, issue or matter therein (to the extent that a portion of his expenses can be reasonably allocated thereto), he shall be indemnified against expenses (including attorney's fees) actually and reasonably incurred by him in connection therewith.

SECTION 4. Advance for Expenses. Reasonable expenses incurred in connection with a civil, criminal, administrative or investigative action, suit or proceeding, or threat thereof, may be paid by the FOUNDATION in advance of the final disposition of such action, suit or proceeding as authorized by the Board of Directors in the specific case upon receipt of a written affirmation of such person of his good faith belief that such person has acted in a manner which he believed good faith to be in or not opposed to the best interest of the FOUNDATION, and, with respect to any criminal action or proceeding had no reasonable cause to believe that his conduct was unlawful and an undertaking by or on behalf of the director, officer, employee or agent to repay such amount unless it shall ultimately be determined that he is entitled to be indemnified by the FOUNDATION as authorized in this Article.

SECTION 5. Insurance. By action of the Board of Directors, notwithstanding any interest of the directors in the action, to the full extent permitted by applicable law, the FOUNDATION may purchase and maintain insurance on behalf of any person who is or was a director, officer, employee or agent of the FOUNDATION, against any liability asserted against him and incurred by him in any such capacity, or arising out of his status as such, whether or not the FOUNDATION would have the power to indemnify him against such liability under the provisions of the Article or of Section 14-12-851 or Section 14-2-852 of the Official Code of Georgia Annotated.

SECTION 6. Non-exclusivity. The provisions for indemnification and advancement of expenses provided by this Article shall not be deemed exclusive of any other rights, in respect of indemnification or otherwise, to which those seeking indemnification may be entitled under any bylaw, agreement, either specifically or in general terms, resolution, or approved by the affirmative vote of the members entitled to vote thereon taken at a meeting, the notice of which specified that such bylaw, resolution or agreement would be placed before the members, both as to action by a director, officer, employee or agent in his official capacity and as to action in another capacity while holding such office or position, except that no such other rights, in respect to indemnification or otherwise, may be provided or granted with respect to the liability of any director, officer, employee or agent for (a) any appropriation, in violation of his duties, of any business opportunity of the FOUNDATION; (b) acts or omissions not in good faith or which involve intentional misconduct or a knowing violation of law; (c) liabilities of a director imposed by Section 14-2-832 of the Georgia Business Corporation Code; or (d) any transaction from which the director, officer, employee, or agent derived an improper personal benefit.

ARTICLE 28. AMENDMENTS

These Bylaws may be altered, amended or repealed and new Bylaws may be adopted by a two-thirds (2/3) majority vote of the entire Board of Directors of Jackson Electric Membership Corporation. The FOUNDATION Board may make advisory recommendations concerning the alteration, amendment or repeal of the Bylaws and the adoption of new Bylaws to the Board of Directors of Jackson EMC.

Amended August 4, 2006