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## Form **990-EZ**

Department of the Treasury Internal Revenue Service

**Short Form** 

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)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file
Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

OMB No 1545-1150

2010

B Once of applicable   Cardenes charge   Name of Cardenes Charge	Α	For t	ne 2010 ca	llendar year, or tax year beginning , 2010, and ending			,		
Number change whate return   Poundation, Inc.   Standard   Terminated change with a return   Poundation price   Poundation   Poundati	В	Check	ıf applıcable	C		D Em	ployer ide	entification numb	er
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General Method   Cash   X  Accrual Other (specify) *   He clear   X  if the organization is not received in the control of the	$\vdash$							emption	
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J Tax-exempt status (ckeely one) — [X] 901(eX)   901(eX)   4 annual content on the status of the company of the programs and in the gross receipts are normally not more than \$50,000. A Form 990 eX or Form 990 return is not required through Form 990. N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complicit return.  L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts are \$200,000 or more, or if total assets (*art II, line 25, column (8) below) are \$500,000 or more, line Form 990 instead of Form 990.EZ   141,550. Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances. (See the instructions for Part I.)  Check if the organization used Schedule O to respond to any question in this Part I   141,141.   2   2   2   10   2   2   2   2   2   2   2   2   2	Gi.								
Check   If the organization is not a section 509(a)3 supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return	1				l agá a	ea to a 90.F7	or 990	scneaule B (F )-PF)	orm
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6b and subtract line 6c)  7a Gross sales of inventory, less returns and allowances.  b Less cost of goods sold  c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  8 Other revenue (describe in Schedule O)  9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  10 Grants and similar amounts paid (list in Schedule O)  11 Benefits paid to or for members  12 Salaries, other compensation, and employee benefits  13 Professional fees and other payments to independent contractors  14 Occupancy, rent, utilities, and maintenance  15 Printing, publications, postage, and shipping  16 Other expenses (describe in Schedule O)  17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  19 Net assets or fund balances at end of year Combine lines 18 through 20  10 Total expenses. Add lines 10 through 16 Total expenses (describe in Schedule O)  10 See Schedule O  11 180,078.  12 18 -38,528.		۱ ۸	Not incom	as or (loss) from gaming and fundamental ovents (add lines 62 and			`.		
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18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule O)  21 Net assets or fund balances at end of year Combine lines 18 through 20  22 108,033.	<b>ວ</b> ັ	16	•		lule 0	- <del>-</del>			
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Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  19	9	18	Excess or	r (deficit) for the year (Subtract line 17 from line 9)		L	18	-38	<u>,528.</u>
figure reported on prior year's return)  Other changes in net assets or fund balances (explain in Schedule O)  Net assets or fund balances at end of year Combine lines 18 through 20  108,033.	A	19	Net asset	s or fund halances at heginning of year (from line 27, column (AN) (must across	with and of	vear			
To Other changes in net assets or fund balances (explain in Schedule O)  20  Net assets or fund balances at end of year Combine lines 18 through 20  21  108, 033.	N S	'5	figure rep	orted on prior year's return)	mui ellu-ol	year [	19	146	,561.
21 Net assets or fund balances at end of year Combine lines 18 through 20  21 108, 033.	T E	20	Other cha	inges in net assets or fund balances (explain in Schedule O)			20		
	Ś					F		108	, 033 -
	BA								

	m <b>990-EZ</b> (2010) Sawnee Electric			65-	116	6584 Page
Pe	Balance Sheets. (see the ins Check if the organization used Sch		estion in this Part II			X
-	Section 1.	cause o to respond to any qu		) Beginning of yea	r	(B) End of year
22	Cash, savings, and investments			137,378.		97,118
23	Land and buildings				23	
24	Other assets (describe in Schedule O)	See Schedule O	)	9,183.	24	10,915
25	Total assets			146,561.	25	108,033
26	Total liabilities (describe in Schedule O	)	)	0.	26	0
27	Net assets or fund balances (line 27 of	column (B) must agree with	line 21)	146, 561.	27	108,033
Pe	成 Statement of Program Ser	vice Accomplishments	(see the instrs for Part	III.)		Expenses
	Check if the organization used So			$\mathbf{X}$	(Req	uired for section
What	is the organization's primary exempt purpose? See	e Schedule O			501(	c)(3) and 501(c)(4)
Des	is the organization's primary exempt purpose? Secribe what was achieved in carrying out the cribe the services provided, the number of	e organization's exempt purp	oses. In a clear and co	ncise manner,	organ 1947	nizations and section (a)(1) trusts, optional
pro	gram title	persons benefited, and othe	r relevant information t	or each f		thers)
28		IS TO ACCUMULATE A	ND DISBURSE FU	NDS FOR		
	CHARITABLE PURPOSES IN TH	E SERVICE AREA OF	SAWNEE EMC.			
	(Grants \$ 138,027.) If the	is amount includes foreign gi	rants, check here		28 a	180,078
29						
	(Grants \$ ) If th	is amount includes foreign gi	rants, check here		29 a	
30			•	11		
	(Grants \$ ) If th	is amount includes foreign gi	rants, check here		30 a	
31	Other program services (describe in Sch		·			
	(Grants \$ ) If th	is amount includes foreign gi	rants, check here	▶ □	31 a	
32	Total program service expenses (add II			<b>•</b>	32	180,078
Pa	成队 List of Officers, Directors,	Trustees, and Key Emp	oloyees. List each one ev	en if not compensated i	(see t	he instructions for Part IV.)
Pa	List of Officers, Directors, Check if the organization used S				(see t	
Pa	Check if the organization used S	chedule O to respond to any <b>(b)</b> Title and average hours	question in this Part IV (c) Compensation (If	(d) Contributions t	0	(e) Expense account
Pa		(b) Title and average hours per week devoted	question in this Part IV	(d) Contributions t	o and	(e) Expense account
	Check if the organization used S  (a) Name and address	chedule O to respond to any  (b) Title and average hours per week devoted to position	question in this Part IV (c) Compensation (If not paid, enter -0)	(d) Contributions t	o and on	(e) Expense account and other allowances
La	Check if the organization used S  (a) Name and address  celle W. Doss	chedule O to respond to any  (b) Title and average hours per week devoted to position  Director	question in this Part IV (c) Compensation (If not paid, enter -0)	(d) Contributions t	o and	(e) Expense account
La 54	Check if the organization used S  (a) Name and address  celle W. Doss  3 Altanta Road	chedule O to respond to any  (b) Title and average hours per week devoted to position	question in this Part IV (c) Compensation (If not paid, enter -0)	(d) Contributions t	o and on	(e) Expense account and other allowances
La 54 Cu	Check if the organization used S  (a) Name and address  celle W. Doss 3 Altanta Road mming, GA 30040	chedule O to respond to any  (b) Title and average hours per week devoted to position  Director  0.20	question in this Part IV (c) Compensation (If not paid, enter -0)	(d) Contributions t	o and on O.	(e) Expense account and other allowances
La 54 Cu Jo	Check if the organization used S  (a) Name and address  celle W. Doss 3 Altanta Road mming, GA 30040 yce Hawkins	chedule O to respond to any  (b) Title and average hours per week devoted to position  Director  0.20	question in this Part IV (c) Compensation (If not paid, enter -0)  0.	(d) Contributions t	o and on	(e) Expense account and other allowances
La 54 Cu Jo	Check if the organization used S  (a) Name and address  Celle W. Doss 3 Altanta Road mming, GA 30040 yce Hawkins 3 Atlanta Road	chedule O to respond to any  (b) Title and average hours per week devoted to position  Director  0.20	question in this Part IV (c) Compensation (If not paid, enter -0)  0.	(d) Contributions t	o and on O.	(e) Expense account and other allowances
La 54 Cu Jo 54 Cu	Check if the organization used S  (a) Name and address  Celle W. Doss 3 Altanta Road mming, GA 30040 yce Hawkins 3 Atlanta Road mming, GA 30040	chedule O to respond to any  (b) Title and average hours per week devoted to position  Director  0.20  Director  0.20	question in this Part IV (c) Compensation (If not paid, enter -0)  0.	(d) Contributions t	o and on O.	(e) Expense account and other allowances
La 54 Cu Jo 54 Cu Ed	Check if the organization used S  (a) Name and address  Celle W. Doss 3 Altanta Road mming, GA 30040 yce Hawkins 3 Atlanta Road mming, GA 30040 J. Ledbetter	chedule O to respond to any  (b) Title and average hours per week devoted to position  Director 0.20  Director 0.20  Director	question in this Part IV (c) Compensation (If not paid, enter -0)  0.	(d) Contributions t	o and on O.	(e) Expense account and other allowances
La 54 Cu Jo 54 Cu Ed 54	Check if the organization used S  (a) Name and address  Celle W. Doss 3 Altanta Road mming, GA 30040 yce Hawkins 3 Atlanta Road mming, GA 30040 J. Ledbetter 3 Atlanta Road	chedule O to respond to any  (b) Title and average hours per week devoted to position  Director  0.20  Director  0.20	question in this Part IV (c) Compensation (If not paid, enter -0)  0.	(d) Contributions t	o and on O.	(e) Expense account and other allowances
La 54 Cu Jo 54 Cu Ed 54 Cu	Check if the organization used S  (a) Name and address  Celle W. Doss 3 Altanta Road mming, GA 30040 yce Hawkins 3 Atlanta Road mming, GA 30040 J. Ledbetter 3 Atlanta Road mming, GA 30040 mming, GA 30040	chedule O to respond to any  (b) Title and average hours per week devoted to position  Director 0.20  Director 0.20  Director 0.20	question in this Part IV (c) Compensation (If not paid, enter -0)  0.	(d) Contributions t	o and on 0.	(e) Expense account and other allowances
La 54 Cu Jo 54 Cu Ed 54 Cu De	Check if the organization used S  (a) Name and address  Celle W. Doss 3 Altanta Road mming, GA 30040 yce Hawkins 3 Atlanta Road mming, GA 30040 J. Ledbetter 3 Atlanta Road mming, GA 30040 borah Pelfrey	chedule O to respond to any  (b) Title and average hours per week devoted to position  Director 0.20  Director 0.20  Director 0.20  Director	question in this Part IV (c) Compensation (If not paid, enter -0)  0.	(d) Contributions t	o and on O.	(e) Expense account and other allowances
La 54 Cu Jo 54 Cu Ed 54 Cu De 54	Check if the organization used S  (a) Name and address  Celle W. Doss 3 Altanta Road mming, GA 30040 yce Hawkins 3 Atlanta Road mming, GA 30040 J. Ledbetter 3 Atlanta Road mming, GA 30040 borah Pelfrey 3 Atlanta Road	chedule O to respond to any  (b) Title and average hours per week devoted to position  Director 0.20  Director 0.20  Director 0.20	question in this Part IV (c) Compensation (If not paid, enter -0)  0.	(d) Contributions t	o and on 0.	(e) Expense account and other allowances
La 54 CU Jo 54 CU Ed 51 CU De 54 CU	Check if the organization used S  (a) Name and address  celle W. Doss 3 Altanta Road mming, GA 30040 yce Hawkins 3 Atlanta Road mming, GA 30040 J. Ledbetter 3 Atlanta Road mming, GA 30040 borah Pelfrey 3 Atlanta Road mming, GA 30040 mming, GA 30040	Chedule O to respond to any  (b) Title and average hours per week devoted to position  Director 0.20  Director 0.20  Director 0.20  Director 0.20	question in this Part IV (c) Compensation (If not paid, enter -0)  0.  0.	(d) Contributions t	0 and on 0.	(e) Expense account and other allowances  0  0
La, 54, Cu Jo 54, Cu De, 54, Cu Ro	Check if the organization used S  (a) Name and address  celle W. Doss 3 Altanta Road mming, GA 30040 yce Hawkins 3 Atlanta Road mming, GA 30040 J. Ledbetter 3 Atlanta Road mming, GA 30040 borah Pelfrey 3 Atlanta Road mming, GA 30040 horah Road mming, GA 30040 horah Road mming, GA 30040 horah Road mming, GA 30040 hald Watson	Chedule O to respond to any  (b) Title and average hours per week devoted to position  Director 0.20  Director 0.20  Director 0.20  Director 0.20  Director	question in this Part IV (c) Compensation (If not paid, enter -0)  0.  0.	(d) Contributions t	o and on 0.	(e) Expense account and other allowances
La 54 Cu Jo 54 Cu De 54 Cu Ro 54 Cu Ro 54	Check if the organization used S  (a) Name and address  celle W. Doss 3 Altanta Road mming, GA 30040 yce Hawkins 3 Atlanta Road mming, GA 30040 J. Ledbetter 3 Atlanta Road mming, GA 30040 borah Pelfrey 3 Atlanta Road mming, GA 30040 horah Pelfrey 3 Atlanta Road mming, GA 30040 horah Road mming, GA 30040 hald Watson 3 Atlanta Road	Chedule O to respond to any  (b) Title and average hours per week devoted to position  Director 0.20  Director 0.20  Director 0.20  Director 0.20	question in this Part IV (c) Compensation (If not paid, enter -0)  0.  0.	(d) Contributions t	0 and on 0.	(e) Expense account and other allowances  0  0
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La 54 Cu Jo 54 Cu Ro4 Cu Ro4 Cu Ro4 Cu De 54 Cu De 55 Cu	Check if the organization used S  (a) Name and address  Celle W. Doss 3 Altanta Road mming, GA 30040 yce Hawkins 3 Atlanta Road mming, GA 30040 J. Ledbetter 3 Atlanta Road mming, GA 30040 borah Pelfrey 3 Atlanta Road mming, GA 30040 nald Watson 3 Atlanta Road mming, GA 30040 nry A. Zuckerman 3 Atlanta Road mming, GA 30040 nry A. Zuckerman 3 Atlanta Road mming, GA 30040 nnis Anderson	Director 0.20	question in this Part IV (c) Compensation (If not paid, enter -0)  0.  0.  0.	(d) Contributions t	0 : and on 0 : 0 : 0 : 0 : 0 : 0 : 0 : 0 : 0 : 0	(e) Expense account and other allowances  0  0  0
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0.

each 34 Were a ch 35 If the explain of the explain	Check if the organization used Schedule O to respond to any question in this Part V  If the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of ch activity in Schedule O  If the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of ch activity in Schedule O  If yes,' attach a conformed copy of the amended documents if they reflect hange to the organizations have unrelated business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, lain in Schedule O why the organization did not report the income on Form 990-T.  If the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 1(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?  If yes,' has it filed a tax return on Form 990-T for this year (see instructions)?  If the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the ar? If 'Yes,' complete applicable parts of Schedule N  If the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were y such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  Yes,' complete Schedule L, Part II and enter the total nount involved  Indiction 501(c)(7) organizations Enter  It along the organization during the year under cition 4911 \( \bigcit{\text{Q}}\) 0., section 4912 \( \bigcit{\text{P}}\) 0., section 4955 \( \bigcit{\text{P}}\) 0.  In the organization and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction in a prior year that has not been reported		Yes	X No X X X X X
each 34 Were a ch 35 If the explain a Did 501 b If 'Y and a Sech a Initi b Gro 40 a Sech b Sech transon c Sech a C Sech a House a Hous	ch activity in Schedule O  re any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect hange to the organization's name. Otherwise, explain the change on Schedule O (see instructions)  he organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, lain in Schedule O why the organization did not report the income on Form 990-T.  If the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 1(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?  Yes, 'has it filed a tax return on Form 990-T for this year (see instructions)?  If the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the ar? If "Yes," complete applicable parts of Schedule N  If the organization business direct or indirect, as described in the instructions  If the organization file Form 1120-POL for this year?  If the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were y such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  Yes,' complete Schedule L, Part II and enter the total nount involved  Interior folic(c)(7) organizations Enter  Itation fees and capital contributions included on line 9  Joss receipts, included on line 9, for public use of club facilities.  Interior folic(c)(3) organizations Enter amount of tax imposed on the organization during the year under clude 10 organizations Enter amount of tax imposed on the organization during the year under clude 10 organizations Did the organization engage in any section 4958 excess benefit	35 a 35 b 36 37 b 38 a	Yes	x x x
34 Were a ch a ch 35 If the explication of the expl	re any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect hange to the organization's name. Otherwise, explain the change on Schedule 0 (see instructions)  the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, italian in Schedule 0 why the organization did not report the income on Form 990-T.  did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 1(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?  Yes,' has it filed a tax return on Form 990-T for this year (see instructions)?  If the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the ar? If 'Yes,' complete applicable parts of Schedule N  If the organization between the applicable parts of Schedule N  If the organization file Form 1120-POL for this year?  If the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were y such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  Yes,' complete Schedule L, Part II and enter the total nount involved  Intercondition of the sum of the total outstanding at the end of the tax year covered by this return?  Yes,' complete Schedule L, Part II and enter the total outstanding at the end of the tax year covered by this return?  If the organization between the total outstanding at the end of the tax year covered by this return?  If the organization the promition of the total outstanding at the end of the tax year covered by this return?  If the organization the promition of the total outstanding at the end of the tax year covered by this return?  If the organization the promition of the promition of the tax in the promition of the promition of the promition of the promition of the	35 a 35 b 36 37 b 38 a		X X X
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b If '\' 36 Did yea  37 a Ent b Did  38 a Did any  b If '\' am' 39 Sec a Initi b Gro  40 a Sec sec  c Sec ran  d Sec by ( e All she  41 List	Yes,' has it filed a tax return on Form 990-T for this year (see instructions)?  If the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the ar? If 'Yes,' complete applicable parts of Schedule N  Iter amount of political expenditures, direct or indirect, as described in the instructions of the organization file Form 1120-POL for this year?  If the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were year such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  Yes,' complete Schedule L, Part II and enter the total nount involved action 501(c)(7) organizations Enter  Itiation fees and capital contributions included on line 9  Oss receipts, included on line 9, for public use of club facilities.  In the organization during the year under of the organization during the year under of the organization facilities.  Ossection 4911 of the organization engage in any section 4958 excess benefit	35 b 36 37 b 38 a		x
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trar on c c Sec mar d Sec by t e All she	ection 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit	ł		l
d Sec by t e All she 41 List	any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 ь		Х
by f e All she 41 List	ection 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization anagers or disqualified persons during the year under sections 4912, 4955, and 4958.			
41 List	ction 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed the organization			
	organizations. At any time during the tax year, was the organization a party to a prohibited tax elter transaction? If 'Yes,' complete Form 8886-T the states with which a copy of this return is filed.	40 e		X
book	e organization's oks are in care of > Ginny Ellis - Sawnee EMC Telephone no. > (770) cated at > 543 Atlanta Road Cumming GA	887	-236	 i <u>3</u> _
Loca	alcold 1949 Metalica Road Cumming GA			
<b>b</b> At a	any time during the calendar year, did the organization have an interest in or a signature or other authority over a		Yes	No
fina	ancial account in a foreign country (such as a bank account, securities account, or other financial account)?	42 b		X
If 'Y	Yes,' enter the name of the foreign country.			
			ļ	
Çan				
	the instructions for executions and filling requirements for Form TD F 00.22.1. Beneat of a Foreign Book and Financial Associate	42 c		X
	e the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts.	-42 C		
	any time during the calendar year, did the organization maintain an office outside of the U.S.?			

43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year	•		N/A
44 :	Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instea	ad .	Yes	No
	of Form 990-EZ	44a		Х
t	DIDID DID DID DID DID DID DID DID DID D	44 b	-	Х
c	Did the organization receive any payments for indoor tanning services during the year?	44 c		Х
C	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation if Schedule O	n 44 d		
AA	TEEA0812L 02/18/11	Form <b>990</b> -	EZ (	2010

orm <b>990-E</b>	Z (2010) Sawnee Electric Men	mbership			65-116658	4	P	age 4
							Yes	No
	related organization a controlled entity	•	_			45		X
of sec	ne organization receive any payment fror ction 512(b)(13)? If 'Yes,' Form 990 and	Schedule R may need to	be completed in	stead of Form 9	990-EZ (see inst )	45 a		X
46 Did th	ne organization engage, directly or indire dates for public office? If 'Yes,' complete	ctly, in political campaig	in activities on be	half of or in opp	osition to	46		
Part VI	Section 501(c)(3) organizations		a)(1) nonexem	pt charitable	e trusts only. A		tion	<u> </u>
	501(c)(3) organizations and sec	tion 4947(a)(1) nor	exempt charita	able trusts m	ust answer que	estion	IS	
	47-49b and 52, and complete the							
	Check if the organization used Schedu	le O to respond to any o	juestion in this Pa	irt VI			Vaa	
<b>47</b> Did th	ne organization engage in lobbying activi	ties? If 'Yes ' complete '	Schedule C Part	11		47	Yes	No X
	organization a school as described in se	•	· · ·			48		X
	ne organization make any transfers to an					49a		X
<b>b</b> If 'Ye	s,' was the related organization a section	n 527 organization?				49 ь		
50 Comp emplo	plete this table for the organization's five byees) who each received more than \$10	00,000 of compensation	from the organiza	ition If there is	none, enter 'None			
(a)	Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	benefit	ons to employee plans and compensation	(e) Expanded account other allo	nt and	5
None_								
<del>-</del> -							-	
	number of other employees paid over \$ slete this table for the organization's five ensation from the organization. If there (a) Name and address of each independent cont	highest compensated in s none, enter 'None'	ndependent contra	actors who each (b) Type of s		an \$10 (c) Comp		
None								
								<del></del>
<b>d</b> Total	number of other independent contractor	s each receiving over \$1		<b>•</b>				
	ne organization complete Schedule A? N	•		nd 4947(a)(1) no	onexempt .			
charit	able trusts must attach a completed Sch	edule A			<u> </u>	X Yes		No
Jnder penaltie rue, correct, a	es of perjury, I declare that I have examined this return and complete Declaration of preparer (other than off	including accompanying sched is based on all information o	lules and statements, ar f which preparer has an	nd to the best of my lay knowledge	knowledge and belief, it	iS		
	Jekal Ho	MA	*****		05/10/11			
Sign	Signature of officer			Date				
lere	Type or print name and title			_				
	Print/Type preparer's name	Preparer's signature	Date	C	neck of PTIN			
aid	J RANDOLPH NICHOLS	15-4 ==	<del></del>   MA'	Y 0 9 2011	ff-employed P003	4724	6	
reparer	Firm's name McNair, McLemor	e, Middlebrooks				_		
Ise Only	Firm's address Post Office Box			Fi		1094		
	Macon, GA 31202			Pt		746-		
lay the IR	S discuss this return with the preparer sl	nown above? See instru	ctions			Yes		No (2010)
					FU	336	(	رد ۱۱۷)

#### SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

2010

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

Open to Public

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Sawnee Electric Membership

Inspection

Employer identification number

			lation, Inc.							<u> 166584</u>			
Part		Reason for Pub	lic Charity Status	(All organizations	must d	comple	te this	part.)	See II	nstruct	ions.		
he c	rgar	nization is not a priv	ate foundation becaus	se it is (For lines 1 thro	ugh 11,	check o	nly one	box)	-				
1		A church, conventio	n of churches or asso	ciation of churches desc	cribed in	section	170(b)	(1)(A)(i).					
2		A school described	ın <b>section 170(b)(1)(A</b>	)(ii). (Attach Schedule 8	E)								
3		A hospital or a coop	perative hospital servi	ce organization describe	ed in <b>sec</b>	tion 170	)(b)(1)(A	<b>)(</b> iii).					
4		A medical research	organization operated	I in conjunction with a h	ospital o	describe	d in sec	tion 17	0(b)(1)(A	<b>A)(iii)</b> Er	nter the hos	spital's	5
	name, city, and state												
5		170(b)(1)(A)(iv). (Co	omplete Part II)	of a college or university		·	-		nmenta	I unit de:	scribed in s	sectio	n
6 7	$\mathbf{x}$	An organization that		overnmental unit descri substantial part of its su irt II )					t or from	n the ger	neral public	desc	rıbed
8	$\neg$			<b>70(b)(1)(A)(vi).</b> (Comple	te Part I	1.5							
9	$\overline{}$	_		) more than 33-1/3% of		-	n contrib	nutions	membe	rshin fei	es and are	ss red	reints
		from activities related investment income	ed to its exempt funct	ions – subject to certair is taxable income (less	n except	ions, an	d (2) no	more t	han 33∙	1/3% of	its support	from	gross
10		An organization org	anized and operated	exclusively to test for pu	ublic safe	ety See	section	509(a)	(4).				
11	_	more publicly suppo	orted organizations de	exclusively for the benef scribed in section 509(a tion and complete lines	ı)(1) or s	section 5	i09(a)(2)	ctions o	of, or ca section s	rry out th 5 <b>09(a)(3)</b>	ne purpose . Check th	s of o e box	ne or that
		a Type I	<b>b</b> Type II	c 🗌 Type III	l — Fund	ctionally	ıntegrat	ed		d 🗌	Type III -	- Othe	r
е	_	By checking this boother than foundation section 509(a)(2)	x, I certify that the orgon managers and other	panization is not controll or than one or more pub	led direc	ctly or in ported o	directly organiza	by one tions de	or more escribed	disqual in section	ified persor on 509(a)(1	ns I) or	
f		If the organization recheck this box	eceived a written dete	ermination from the IRS	that is a	a Type I	Type II	or Typ	e III sup	porting	organizatio	n,	
g		Since August 17, 20	006, has the organizat	ion accepted any gift o	r contrib	oution fro	om any	of the fo	ollowing	persons	,?	r	
												Yes	No
		(i) A person who	directly or indirectly overning body of the su	ontrols, either alone or pported organization?	togethei	r with pe	rsons d	escribe	d in (ii)	and (III)	11g (i)		
		· -	ber of a person descri	•							11g (ii)	-	
		• • •	•	described in (i) or (ii) a	hove?						11 g (iii)	-	
h		• •	• •	ne supported organization							7.9()	i	L
		(i) Name of supported	(ii) EIN	(iii) Type of organization	T ` _	s the	(v) Did y	ou notify	(vi) I	s the	(viı) Amour	nt of sur	nort
		organization	(,,, _,,,	(described on lines 1-9 above or IRC section (see instructions))	organiz column ( your go	zation in i) listed in overning ment?	the organ columi your su	ization in	organiz	ation in nn (i) ed in the S ?	(VII) Turiodi	K 0. 301	port
					Yes	No	Yes	No	Yes	No			
				ļ.									
<u>A)</u>													
			1										
<b>B</b> )		<del> </del>					,						
•													
C)		<u> </u>											
В\													
D)		·	-		<u> </u>								
E)													
-/													
<b>Total</b>													

Schedule A (Form 990 or 990-EZ) 2010

### 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
begi	ndar year (or fiscal year nning in) ►	(a) 2006	<b>(b)</b> 2007	(c) 2008	<b>(d)</b> 2009	<b>(e)</b> 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include 'unusual grants').	195,432.	164,937.	159,262.	141,066.	141,141.	801,838.
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 by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	195,432.	164,937.	159,262.	141,066.	141,141.	801,838.
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.
	<b>Public support.</b> Subtract line 5 from line 4						801,838.
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	(a) 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	<b>(d)</b> 2009	<b>(e)</b> 2010	(f) Total
7	Amounts from line 4	195,432.	164,937.	159,262.	141,066.	141,141.	801,838.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	2,585.	3,956.	696.	1,648.	409.	9,294.
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)						0.
11	Total support. Add lines 7 through 10						811,132.
12	Gross receipts from related activ	ities, etc (see ins	tructions)			12	0.
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, o	or fifth tax year as	a section 501(c)(	(3)
	tion C. Computation of Pu						00.00
	Public support percentage for 20	• .	•	ie 11, column (f))		14	98.9 % 98.8 %
	Public support percentage from			,		15	
	a 33-1/3% support test — 2010. If and stop here. The organization	qualifies as a put	olicly supported or	rganization			► [X]
ŀ	33-1/3% support test – 2009. If and stop here. The organization	the organization d qualifies as a pub	lid not check a bo plicly supported or	x on line 13 or 16 ganization	5a, and line 15 is	33-1/3% or more,	check this box
17 a	n 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstances	s' test, check this	box and stop her	r <b>e.</b> Explain in Part	IV how
t	o 10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstances test The organiz	s' test, check this ation qualifies as	box and <b>stop her</b> a publicly suppor	re. Explain in Part ted organization	IV how the
18	Private foundation. If the organi	zation did not che	ck a box on line	13, 16a, 16b, 17a			
BAA					Sc	nedule A (Form 9	90 or 990-EZ) 2010

#### 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Soc	tion A. Public Support	sted below, pleas						
		(-) 000C	(L) 0007	(-) 2008	(d) 2000	(=) 2010	_	(f) Total
	dar year (or fiscal yr beginning in) Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants').	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	<b>(e)</b> 2010		(I) Total
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any 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							
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons							
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 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)							
Sec	tion B. Total Support		1	<del></del>		T		
Calen	dar year (or fiscal yr beginning in)►	(a) 2006	<b>(b)</b> 2007	(c) 2008	<b>(d)</b> 2009	<b>(e)</b> 2010		(f) Total
10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. 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 in line 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 Ins 9, 10c, 11, and 12)	<u></u>		<u> </u>	<u></u>			
14	First five years. If the Form 990 organization, check this box and	is for the organiz	ation's first, secoi	nd, third, fourth,	or fifth tax year as	a section 50	1(c)(3)	▶ □
Sec	tion C. Computation of Pul		Percentage		·		<del></del>	
	Public support percentage for 20			ne 13. column (f)	`		15	%
16	Public support percentage from 2	• .	•	10, column (1)	,	<b>⊢</b>	16	<u>»</u>
	tion D. Computation of Inv			2			· <del>-</del> 1	
17					ımn (f)).		17	%
18	Investment income percentage fi		• •	=	2 (1)		18	%
	33-1/3% support tests - 2010. If is not more than 33-1/3%, check				and line 15 is mor as a publicly supp	e than 33-1/3 orted organiz	%, and i	
	33-1/3% support tests – 2009. If line 18 is not more than 33-1/3%	the organization	did not check a b	ox on line 14 or	line 19a, and line	16 is more th	an 33-1/	3%, and
20	Private foundation. If the organiz	zation did not che	eck a box on line	14, 19a, or 19b, o	check this box and	l see instruct	ions	

Schedule A (Form 990 or 990-EZ) 2010 Sawnee Electric Membership	65-1166584	Page <b>4</b>
Part V Supplemental Information. Complete this part to provide the explanations repart II, line 17a or 17b; and Part III, line 12. Also complete this part for any (See instructions).	equired by Part II, line additional information	e 10; n.

# SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Name of the organization Sawnee Electric Membership Employer identification number							
Foundation, Inc.	65-1166584						
Form 990-EZ, Part III - Organization's Primary Exempt Purpose							
Charitable_Disbursements	Charitable Disbursements						
Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Co	entracts						
(a) Did the organization, during the year, receive any funds,	directly or						
indirectly, to pay premiums on a personal benefit contract?	No						
(b) Did the organization, during the year, pay premiums, direc	ctly or						
indirectly, on a personal benefit contract?	NoNo						
~~							

2010	Schedule O - Supplemental Information Sawnee Electric Membership Foundation, Inc.	Page 2
Client 6620429 3/09/11	Foundation, Inc.	65-1166584
	ne 10 ounts Paid In Excess of \$5,000	10 35AM
Donee's Name: Cash Amount Given:	See Attached	\$ 180,027.
Form 990-EZ, Part I, Lin Other Expenses	ne 16	
Other	Total \$	51. 51.
Form 990-EZ, Part II, Lir Other Assets	ne 24	
Accounts Receivable	Beginning  \$ 9,183.  Total \$ 9,183.	Ending \$ 10,915. \$ 10,915.

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## SAWNEE ELECTRIC MEMBERSHIP FOUNDATION, INC. SCHEDULE OF COMMUNITY ASSISTANCE FOR THE YEAR ENDED DECEMBER 31, 2010

Alexsander Academy	\$ 3,700
Alpharetta Elementary School	799
American Cancer Society	250
Blacks Mill Elementary School	2,960
Brian Bradshaw	500
Canine Assistants	3,000
CASA for Children	2,000
Cherokee Friends of Recovery	4,213
Child Development Association	2,375
Children's Center for Hope & Healing	3,450
Children's Healthcare of Atlanta	5,000
Christine Freas	500
Crossroads Second Chance North	1,500
CURE Childhood Cancer	5,000
Dawson County Wee Books Program, Inc.	1,000
Emma White	500
EnAble of Georgia	5,000
Forsyth County Certified Literate Community Program	2,375
Fulton Education Foundation	2,500
Georgia Lions Camp for the Blind	1,050
Habitat for Humanity- North Central Georgia	4,630
Hillside Elementary School	1,475
HOPE House	3,815
Jan Valencia	500
KARE for Kids, Inc.	5,000
Kilough Elementary School	1,500
Laura James	500
Little Mill Middle School	652
Matt Elementary School	1,355
Melanie Drury	500
Mentor Me - North Georgia	3,000
Michelle Norris	500
Muscular Dystrophy Association	3,200
MUST Cherokee	3,000
No One Alone	2,995
North Forsyth High School	1,500
North Fulton Community Charities	7,500
North Metro Miracle League	5,000
Otwell Middle School	2,957
Piney Grove Middle School	1,500
Prevent Blindness Georgia	4,875
Reading Education Association of Dawson	588

## SAWNEE ELECTRIC MEMBERSHIP FOUNDATION, INC. SCHEDULE OF COMMUNITY ASSISTANCE FOR THE YEAR ENDED DECEMBER 31, 2010

Alexsander Academy	\$	3,700
Rick Lowe		500
Riverview Elementary School		1,500
Sandra Hughes		500
SEEK Ministries		3,168
Shiloh Point Elementary School		1,500
Silver City Elementary School		1,490
Special Populations Tennis Program		1,000
St Vincent DePaul Society		6,400
Supporting Adoption & Foster Families Together		1,450
Sylvia Gross		500
The Leukemia and Lymphoma Society		5,000
The Place of Forsyth County		6,305
TurningPoint Women's Healthcare		4,500
	æ	129 027
	<u> </u>	138,027

## SAWNEE ELECTRIC MEMBERSHIP FOUNDATION, INC. SCHEDULE OF SCHOLARSHIPS FOR THE YEAR ENDED DECEMBER 31, 2010

Chris Rush	\$ 3,500
Cole Earnest	3,500
Ishwarya Venkatachalam	3,500
Jay Michal	3,500
Jessica Abe	3,500
Joey Youngo	3,500
Julia Odum	3,500
Kunal Puri	3,500
Margaret Hruschka	3,500
Taylor Godfrey	3,500
Vincent Bai	3,500
Zachary Schneiderman	 3,500
	\$ 42,000