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

OMB No 1545-1150

**2012**

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.

Department of the Treasury  
Internal Revenue Service

**Open to Public  
Inspection**

**A For the 2012 calendar year, or tax year beginning** , 2012, and ending

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C**  
 AMICALOLA EMC TRUST, INC.  
 544 Highway 515 South  
 Jasper, GA 30143

**D** Employer identification number  
 58-6383300

**E** Telephone number  
 (706) 692-6471

**F** Group Exemption Number

**G** Accounting Method.  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

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

**I** Website: ▶ N/A

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

**K** Check  if the organization is not a section 509(a)(3) supporting organization or a section 527 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.

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **171,040.**

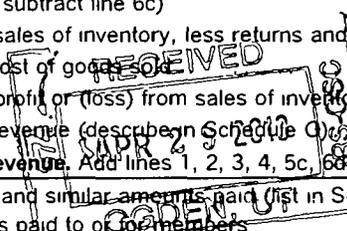
**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)  
 Check if the organization used Schedule O to respond to any question in this Part I

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	170,828.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	212.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
6b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
6c	Less direct expenses from gaming and fundraising events	6c		
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8		
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	171,040.	
EXPENSES	10	Grants and similar amounts paid (list in Schedule O)	10	122,750.
	11	Benefits paid to or for members	11	
	12	Salaries, officer compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	
	17	<b>Total expenses.</b> Add lines 10 through 16	17	122,750.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	48,290.	
ASSETS	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	49,438.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	97,728.

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2012)

SCANNED MAY 06 2013



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**Part II Balance Sheets.** (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	40,821.	89,306.
23 Land and buildings		
24 Other assets (describe in Schedule O) See Schedule O	8,617.	8,422.
25 Total assets	49,438.	97,728.
26 Total liabilities (describe in Schedule O)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	49,438.	97,728.

**Part III Statement of Program Service Accomplishments** (see the instrs for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? See Schedule O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

28	The purpose of the Trust is to accumulate and disburse funds for charitable purposes in the service area of Amicalola EMC.		
	(Grants \$ 122,750.) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a	122,750.
29			
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a	
30			
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a	
31	Other program services (describe in Schedule O)		
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a	
32	Total program service expenses (add lines 28a through 31a)	32	122,750.

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

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and Title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W 2/1099 MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Jo Ann Vick Director	2	0.	0.	0.
Doug Caldwell Vice Chairman	2	0.	0.	0.
Edgar Land Treasurer	2	0.	0.	0.
Tommy Allison Director	2	0.	0.	0.
E.C. Kelley, Jr. Director	2	0.	0.	0.
Don Quinton Chairman	2	0.	0.	0.
Lee Lowman Director	2	0.	0.	0.
Lanier Swafford Secretary	2	0.	0.	0.
Steve Garrison, Jr. Director	2	0.	0.	0.

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in See Schedule O the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O		X
<b>34</b> Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
<b>35 a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
<b>b</b> If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O		
<b>35 b</b>		
<b>c</b> Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III		X
<b>35 c</b>		
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		X
<b>36</b>		
<b>37 a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <b>37 a</b>   0.		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?		X
<b>37 b</b>		
<b>38 a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
<b>38 a</b>		
<b>b</b> If 'Yes,' complete Schedule L, Part II and enter the total amount involved	<b>38 b</b>	N/A
<b>39</b> Section 501(c)(7) organizations. Enter		
<b>a</b> Initiation fees and capital contributions included on line 9	<b>39 a</b>	N/A
<b>b</b> Gross receipts, included on line 9, for public use of club facilities	<b>39 b</b>	N/A
<b>40 a</b> Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under. section 4911 ▶ 0., section 4912 ▶ 0., section 4955 ▶ 0.		
<b>b</b> Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	<b>40 b</b>	X
<b>c</b> Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	<b>40 e</b>	X
<b>41</b> List the states with which a copy of this return is filed ▶ GA		

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

	Yes	No
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country. ▶ _____	<b>42 b</b>	X
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country. ▶ _____	<b>42 c</b>	X

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**

**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 **43** | \_\_\_\_\_

	Yes	No
<b>44 a</b> Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	<b>44 a</b>	X
<b>b</b> Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	<b>44 b</b>	X
<b>c</b> Did the organization receive any payments for indoor tanning services during the year?	<b>44 c</b>	X
<b>d</b> If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	<b>44 d</b>	
<b>45 a</b> Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	<b>45 a</b>	X
<b>b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	<b>45 b</b>	X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

	Yes	No
46		X

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II

	Yes	No
47		X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

48		X
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49 a Did the organization make any transfers to an exempt non-charitable related organization?

49 a		X
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b If 'Yes,' was the related organization a section 527 organization?

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

(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W 2/1099 MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None		0.	0.	0.
-----				
-----				
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-----				
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f Total number of other employees paid over \$100,000 ▶ 0

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

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

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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶  Yes  No

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**  
 Signature of officer: Don Quinton Date: 4-16-13  
 Type or print name and title: Chairman

**Paid Preparer Use Only**  
 Print/Type preparer's name: J RANDOLPH NICHOLS Preparer's signature: [Signature] Date: MAR 26 2013 Check  if self employed PTIN: P00347246  
 Firm's name ▶ McNair, McLemore, Middlebrooks  
 Firm's address ▶ Post Office Box One Firm's EIN ▶ 58-1094351  
Macon, GA 31202-0001 Phone no (478) 746-6277

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

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

**Public Charity Status and Public Support**

OMB No 1545 0047

**2012**

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization <b>AMICALOLA EMC TRUST, INC.</b>	Employer identification number <b>58-6383300</b>
--	---

**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 a 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 – Non-functionally integrated
- 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?		
(ii) A family member of a person described in (i) above?		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		

(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 column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the US?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

**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**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')	117,048.	113,110.	111,052.	131,081.	170,828.	643,119.
2 Tax revenues levied for the organization's benefit and either paid to 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 <b>Total.</b> Add lines 1 through 3	117,048.	113,110.	111,052.	131,081.	170,828.	643,119.
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 <b>Public support.</b> Subtract line 5 from line 4						643,119.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	117,048.	113,110.	111,052.	131,081.	170,828.	643,119.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	343.	242.	211.	226.	212.	1,234.
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	200.		900.	516.		1,616.
11 <b>Total support.</b> Add lines 7 through 10						645,969.
12 Gross receipts from related activities, etc (see instructions)					12	0.
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶ <input type="checkbox"/>						

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

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	99.56 %
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	99.30 %
16a <b>33-1/3% support test – 2012.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b <b>33-1/3% support test – 2011.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test – 2012.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test – 2011.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

**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.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.)						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (Add lns 9, 10c, 11, and 12)						

**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**

<b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2011 Schedule A, Part III, line 17	<b>18</b>	%

- 19a 33-1/3% support tests – 2012.** 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 – 2011.** If the organization did not check a box on line 14 or line 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



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545 0047

**2012**

**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

AMICALOLA EMC TRUST, INC.

Employer identification number

58-6383300

**Form 990-EZ, Part III - Organization's Primary Exempt Purpose**

Charitable Disbursements

**Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts**

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

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

Client 6615463

AMICALOLA EMC TRUST, INC.

58-6383300

3/22/13

02 43PM

Part II, Line 10 - Other Income

Nature and Source	2012	2011	2010	2009	2008
OTHER INCOME		\$ 516.	\$ 900.		\$ 200.
Total	\$ 0.	\$ 516.	\$ 900.	\$ 0.	\$ 200.

Client 6615463

AMICALOLA EMC TRUST, INC.

58-6383300

3/22/13

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**Form 990-EZ, Part I, Line 10**  
**Grants and Similar Amounts Paid In Excess of \$5,000**

Donee's Name: See Attached  
Cash Amount Given: \$ 122,750.

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

	<u>Beginning</u>	<u>Ending</u>
Accounts Receivable	\$ 8,617.	\$ 8,422.
Total	<u>\$ 8,617.</u>	<u>\$ 8,422.</u>

Client 6615463

AMICALOLA EMC TRUST, INC.

58-6383300

3/22/13

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

Community Assistance	\$	43,150.
Family and Individual Assistance		79,600.
Total	\$	<u>122,750.</u>

**AMICALOLA EMC TRUST  
SCHEDULE OF COMMUNITY ASSISTANCE  
FOR THE YEAR ENDED DECEMBER 31, 2012**

9th Masonic District Scholarship Fund	\$ 3,000
Appalachian Cattleman's Association	1,500
Appalachian Chapter of IAAP	1,000
Appalachian Lifeline Center/The Bridge	500
Boy Scouts of America, North East Georgia Council	500
Boys and Girls Clubs of North Georgia, Inc.	500
CARES, Inc.	2,000
Cherokee County Sheriff's Foundation	500
Cherokee County Sheriff's Reserve Unit	1,000
Churches United in Service	1,500
Cyberswat Robotics	500
Dahlonega Woman's Club, Inc.	200
Dawson County Arts Council	750
Ferst Foundation for Childhood Literacy	1,000
Georgia Lions Camp for the Blind, Inc.	550
Georgia Lions Lighthouse Foundation	1,000
Gilmer County 4-H	500
Gilmer County YAP Program	450
Gilmer Learning Center, Inc.	1,000
Good Samaritan	2,000
Good Shepherd Clinic of Dawson County	2,000
Goshen Valley Boys Ranch	500
Grace to Glory, Inc.	500
Hill City Elementary School	200
Hope House of North Georgia	1,000
Jasper Optimist Club	1,000
Marble Factory	500
Mountain Wisdom, Inc.	500
Mountaintown Baptist Association	500
NOA's Ark, Inc.	1,000
North Georgia Mountain Crisis Network, Inc.	500
Optimist Club of Pickens County	1,000
Pickens Arts & Cultural Alliance	500
Pickens County 4-H	500
Pickens County Board of Education	2,000
Pickens Ferst Foundation for Childhood Literacy	1,000
Pickens Pregnancy Center	500
R.E.A.D.	1,000
Rainbow Children's Home, Inc.	1,000
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Balance-Carried Forward	\$ 35,650

**AMICALOLA EMC TRUST  
SCHEDULE OF COMMUNITY ASSISTANCE  
FOR THE YEAR ENDED DECEMBER 31, 2012**

Balance-Brought Forward	\$ 35,650
Sequoyah Regional Library System	3,000
St. Vincent de Paul Society	3,500
Technology Student Association	500
Timothy House	<u>500</u>
	<u>\$ 43,150</u>

**AMICALOLA EMC TRUST  
SCHEDULE OF FAMILY AND INDIVIDUAL ASSISTANCE  
FOR THE YEAR ENDED DECEMBER 31, 2012**

Adam Roper	\$ 360
Angelia Jones	750
Avery Holden	1,000
Becky Estes	1,000
Beth Vanover	734
Brenda McDaniel	750
Brenda Patterson	1,200
Cari Childers	500
Carl Gaertner	839
Catherine Wade	958
Cathy Carpenter	718
Chad Cofield	1,000
Charlotte Ashmall	750
Christina Ballew	1,400
Christine Bartholomew	340
Christy Allen	2,500
Collin Aaronson	1,000
Cynthia Lowman	1,500
Cynthia Taylor	400
D. L. Nalley	1,000
Daniel Bryant	1,000
David Collins	1,000
Deborah Jones	443
Diane Dehne	500
Donna Holcomb	300
Donna Rowland	1,000
Emma Wheelock	1,000
Eva Childers	1,000
Evelyn Sochor	750
Genita Gravley	144
Georgia Millwood	1,000
James Askea	1,500
James Driskell	650
James Mooney	1,200
James Newton	1,000
James VanMeter	750
Jennifer Grajales	265
Jennifer Sanges	1,000
Jerel Smith	1,000
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Balance-Carried Forward	\$ 34,201

**AMICALOLA EMC TRUST  
SCHEDULE OF FAMILY AND INDIVIDUAL ASSISTANCE  
FOR THE YEAR ENDED DECEMBER 31, 2012**

Balance-Brought Forward	\$ 34,201
Jessica Payne Green	1,000
Jessie Ingram	613
John Wade, III	2,499
John Whitlow	1,000
John Worsham, Jr.	1,000
Johnny Crook	2,000
Joshua Tippins	1,000
Juanita Criddle	1,545
Katherine Johnson	750
Kenneth Beck	1,000
Kevin Mulkey	750
Kimberly Silvers	750
Kip Foster	1,000
Larkin Murphy	650
Larry Sigers	1,000
Linda Rampley	365
Margaret Newton	955
Mary Bunch	575
Mary Pirkle	1,000
Maxines Frady	750
Megan Sanborn-Joannides	765
Melody Gilbert	748
Michael Jarrad	1,000
Michelle Bennett	750
Mindy Banks	1,000
Morgan Corlett	1,000
Norma Holbert	610
Norvell Smith	1,000
Pamela Smith	1,000
Patricia Chastain	1,000
Penny Thomas	799
Rachel Stinson	1,000
Renea Walker	300
Robin Jones	2,200
Roxanne Perez	1,100
Sabrina Holden	940
Shawn Godfrey	750
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Balance-Carried Forward	<u>\$ 70,365</u>

**AMICALOLA EMC TRUST  
SCHEDULE OF FAMILY AND INDIVIDUAL ASSISTANCE  
FOR THE YEAR ENDED DECEMBER 31, 2012**

Balance-Brought Forward	\$ 70,365
Shelly Ricketts	1,000
Shirley Martin	370
Shirley Westbrook	370
Sonya White	705
Stacey Fields	1,000
Susan Modisett	73
Suzanne Phillips	1,000
Sylvia Messer	1,000
Tammy DeCerbo	710
Thelma Land	385
Tim Boothe	1,000
Wanda Disharoon	752
Willie Childers	370
Yolanda Pantoja	500
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	<u>\$ 79,600</u>