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#### Form **990-EZ**

OMB No 1545-1150

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. 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.

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Accounting Method:	<b>∽</b> ⊨	_				ption				
Website: N/A   required to attach Schedule 8   required to attach Schedule 8   required to attach Schedule 8   required to attach Schedule 9   required (see instructions). But 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-N2 (s-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to the a complete return.  L. Add lines \$5, 6c, and 70, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, inc. 25, column (8) below) are \$500,000 or more, the Form 990-Hz and or Form 990-Hz and 10   remaining the part II   representation seed of Section 10 any question in this Part II   representation seed of Section 10 any question in this Part II   representation seed of Section 10 any question in this Part II   representation seed of Section 10 any question in this Part II   representation seed of Section 10 any question in this Part II   representation seed of Section 10 any question in this Part II   representation seed of Section 10 any question in this Part II   representation seed of Section 10 any question in this Part II   representation seed of Section 10 any question in this Part II   representation seed of Section 10 any question in this Part II   representation seed of Section 10 any question in this Part II   representation seed of Section 10 any question in this Part II   representation seed of Section 10 any question in this Part II   representation seed of Section seed of						V (1)				
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9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  10 Grants and similar amounts paid (list in Schedule 0)  11 Benefits paid to or for members.  12 Salaries, other compensation-rand employee benefits.  13 Professional fees and other payments to independent contractors  14 Occupancy, rent, utilities, and hyaintenance.  15 Printing, publications, postage, and shipping  16 Other expenses (describe-in-Schedule 0)  17 Total expenses Add lines 10 models 10.  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  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, 126.  20 Other changes in net assets or fund balances (explain in Schedule 0)  Net assets or fund balances at end of year Combine lines 18 through 20  21 Net assets or fund balances at end of year Combine lines 18 through 20	တ္ထ		•	·		<del></del>				
10   Grants and similar amounts paid (list in Schedule 0)   SEE SCHEDULE O   10   17,500.	40			·		10 217				
11 Benefits paid to or for-members 12  Salaries, other compensation-and employee-benefits 12  13 Professional fees and other payments to independent contractors 13  14 Occupancy, rent, utilities, and hipping 15  Printing, publications, postage, and shipping 15  Other expenses (describe in Schedule 0) 16  17 Total expenses Add lines 10 through 18 17, 7500.  18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 1, 717.  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 9, 126.  20 Other changes in net assets or fund balances (explain in Schedule 0) 20 0.  Net assets or fund balances at end of year 'Combine lines 18 through 20				· · · · · · · · · · · · · · · · · · ·		19,21/.				
Professional fees and other payments to independent contractors  14 Occupancy, rent, utilities, and hipping 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule 0) 17 Total expenses Add lines 10 through 10.  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 0) 21 Net assets or fund balances at end of year Combine lines 18 through 20  21 10,843.						17,300.				
Professional fees and other payments to independent contractors  14 Occupancy, rent, utilities, and hipping 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule 0) 17 Total expenses Add lines 10 through 10.  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 0) 21 Net assets or fund balances at end of year Combine lines 18 through 20  21 10,843.			Colores p	oald to or to the modern EECEIVED						
16 Other expenses (describe in Schedule 0) 17 Total expenses Add lines 10 through 10.  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 0) 21 Net assets or fund balances at end of year Combine lines 18 through 20  19 16 17 17,500. 18 1,717. 19 9,126. 20 0.	ses	1	Orafassa	other compensation-arroemphayee-benefits :	<del> </del> -	· · · · · · · · · · · · · · · · · · ·				
16 Other expenses (describe in Schedule 0) 17 Total expenses Add lines 10 through 10.  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 0) 21 Net assets or fund balances at end of year Combine lines 18 through 20  19 16 17 17,500. 18 1,717. 19 9,126. 20 0.	en		Occupant	ou read less and other payments to independent to the contractors						
16 Other expenses (describe in Schedule 0) 17 Total expenses Add lines 10 through 10.  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 0) 21 Net assets or fund balances at end of year Combine lines 18 through 20  19 16 17 17,500. 18 1,717. 19 9,126. 20 0.	X		Occupant	191 101		<del></del>				
17 Total expenses Add line 3 Deprotor 16: 17, 500.  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 0)  21 Net assets or fund balances at end of year Combine lines 18 through 20  17, 500.  18 17, 500.  19 9,126.  20 0.			Other ave	publications, pustage, and snipping						
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 0)  21 Net assets or fund balances at end of year Combine lines 18 through 20  18 1,717.  19 9,126.  20 0.			Total	person Add lines 10 th march 30.		17 500				
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 9,126.  20 Other changes in net assets or fund balances (explain in Schedule 0)  21 Net assets or fund balances at end of year Combine lines 18 through 20  21 10,843.	_	1								
21 Net assets or fund balances at end of year Combine lines 18 through 20 21 10,843.	şts	l l			10	1,/1/•				
21 Net assets or fund balances at end of year Combine lines 18 through 20 21 10,843.	SS	19			10	0 126				
21 Net assets or fund balances at end of year Combine lines 18 through 20 21 10,843.	et A	20			I					
	ž									
	——————————————————————————————————————				-   41					

NORTH GEORGIA ELECTRIC MEMBERSHIP

For	n 990-EZ (2012) FOUNDATION, INC.			20-	57702	79	Page 2
Pi	art II Balance Sheets (see the instructions for Part II)						
	Check if the organization used Schedule O to re	spond to any que	estion in this Part II				
			(A) Beginning of year		(B) E	nd of year	 ar
22	Cash, savings, and investments		9,126	. 22		10,	843.
23	Land and buildings			23			
24	Other assets (describe in Schedule 0)			24	_		
25	Total assets		9,126		_	10.	843.
26	Total liabilities (describe in Schedule 0)		0		<del>                                     </del>		0.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)		9,126	. 27		10.	843.
Pa	art III Statement of Program Service Accomplishme	nts (see the insti	uctions for Part III)		E	kpenses	
	Check if the organization used Schedule O to re	spond to any que	estion in this Part III	$\mathbf{x}$	(Required		
Wha	at is the organization's primary exempt purpose?SEE SCHEDULE (	)			501(c)(3) organization		
Desc	cribe the organization's program service accomplishments for each of its three largest program	services, as measured by ex	spenses in a clear and concise		4947(a)(1	) trusts;	
	ner, describe the services provided, the number of persons benefited, and other relevant information				for others.	.)	
28	PROVIDE FUNDING TO CHARITABLE AND (	COMMUNITY S	ERVICE				
	ORGANIZATIONS WITHIN THE NORTH GEOR	RGIA ELECTR	IC				
	COOPERATIVE SERVICE AREA						
	(Grants \$ ) If this amount includes foreign	grants, check here			28a		
29		_					
					!		
	(Grants \$ ) If this amount includes foreign	grants, check here			29a		
30							
	(Grants \$ ) If this amount includes foreign	grants, check here			30a		
31	Other program services (describe in Schedule O)						
	(Grants \$ ) If this amount includes foreign	grants, check here			31a		
32	Total program service expenses (add lines 28a through 31a)			<u> </u>	32		0.
Pa	art IV List of Officers, Directors, Trustees, and Key I				instructions for	or Part IV)	
	Check if the organization used Schedule O to re	spond to any que	estion in this Part IV				
		(b) Average hours	1	(d) He	ealth benefits,	, , ,	timated
	(a) Name and title	per week devoted	W-2/1099-MISC)	emplo	oyee benefit and deferred	í	t of other
		position	(if not paid, enter -0-)		pensation	Compe	ensation
	NNIS SISSON	_					
	USTEE	0.00	0.		0.	<u> </u>	0.
	AN JARRETT						
	USTEE	0.00	0.		0.		0.
	RY MARGARET WHITTINGTON	_					
	CRETARY/TREASURER	0.00	0.		0.		0.
	T WEST						
	USTEE	0.00	0.		0.		0.
	LL SCOTT		_				
	AIRMAN	0.00	0.		0.		<u>0.</u>
	NDY PARROTT						
	USTEE	0.00	0.		<u> </u>		<u> </u>
	MOTHY JONES	_					
_	CE CHAIRMAN	0.00	0.		0.		0.
_	THRYN D. WEST						
<u>CE</u>		0.00	0.		0.		0.
	NRY THARPE						
	TORNEY	0.00	0.		0.		0.
	URA SPARKS						
DI	RECTOR OF MARKETING	0.00	0.		0.		0.
	•	_					
		ļ <u>-</u>					
		-					
		1	r I				

NORTH GEORGIA ELECTRIC MEMBERSHIP

Form	990-EZ (2012) <b>FOUNDATION, INC.</b> 20-5770	)27 <u>9</u>		Page 3
Pa	Int V Other Information (Note the Schedule A and personal benefit contract statement requirement	its in t	the	
	instructions for Part V) Check if the organization used Sch. O to respond to any question in th	is Pai	rt V	X
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
••	activity in Schedule O	33		х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended	""		<del></del> -
34	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		х
05-		34		<del>  ^</del> -
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported	05.		v
	on lines 2, 6a, and 7a, among others)?	35a	77 /	X
	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/	<u>A</u>
C	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	35c		X
36	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	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions	<u>.</u>		
b	Did the organization file Form 1120-POL for this year?	37b		X
38 a	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?	38a		Х
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:	1	ŀ	
	Initiation fees and capital contributions included on line 9			
h	Gross receipts, included on line 9, for public use of club facilities  39b N/A	1		
4∩ a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		
704	section 4911 ► 0 • ; section 4912 ► 0 • ; section 4955 ► 0 •			
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the		ļ	
U	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?		ĺ	
	If "Yes," complete Schedule L, Part I	40b		х
		400		
C	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	1		
	· · · · · · · · · · · · · · · · · · ·	1		
a	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the	1		
	organization •O.	ļ		
е	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	40e	L	X
41	List the states with which a copy of this return is filed  GA		4 4 4	
42 a	The organization's books are in care of ► KATHRYN D. WEST Telephone no. ► 706-25			
	Located at ► 1850 CLEVELAND HIGHWAY, DALTON, GA ZIP+4 ► 3	<u> 3072</u>	2	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			T
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	<del>!                                    </del>
	account)?	42b		X
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	If "Yes," enter the name of the foreign country:			
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		
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
٠	Form 990-EZ	44a		x
h	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead	1		<u></u>
U	of Form 990-EZ	11h		y
		44b	<del>  -</del> -	X
	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation	1		
	in Schedule O	44d		<del> </del>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<del>  -</del>	X
45 b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section			
	512(h)(13)? If "Yes." Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	İ	X

Page 3

	NORTH GEORGIA ELECTRIC MI	EMBERSHIP				_	
Form 990-EZ (2	FOUNDATION, INC.			<u>20-57702</u>			Page 4
40 D141 .	to the control of the	habalf of as in annualis				Yes	No
	rganization engage, directly or indirectly, in political campaign activit	ies on benait of or in opposition	on to candidates for p	ublic office?	46		Х
	somplete Schedule C, Part I Section 501(c)(3) organizations only				40		
	All section 501(c)(3) organizations must answer questions 4	7-49b and 52, and complet	te the tables for line	es 50 and 51			
	Check if the organization used Schedule O to respond to an						
-						Yes	No
47 Did the o	rganization engage in lobbying activities or have a section 501(h) ele	ction in effect during the tax y	ear? If "Yes," complet	e Sch C, Part II 🛭	47		X
	ganization a school as described in section 170(b)(1)(A)(ii)? If "Yes,"				48		X
49a Did the o	rganization make any transfers to an exempt non-charitable related c	rganization?			49a		_X_
<b>b</b> If "Yes," v	vas the related organization a section 527 organization?				49b		
	e this table for the organization's five highest compensated employee	-	rs, trustees and key er	nployees) who ea	ch rec	eived i	nore
than \$10	0,000 of compensation from the organization. If there is none, enter		T- ::-		<del></del>		
	(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to	(C) Reportable compensation (Forms	(d) Health benefits contributions to		) Estim ount of	
		position	W-2/1099-MISC)	employee benefit plans, and deferred		mpens	
	NONE	<u>'</u>	<del> </del>	compensation	+		
_		-					
<del></del>			<del> </del>		+		
		-					
					†		
					1		
		7					
			<u> </u>				
f Total nur	mber of other employees paid over \$100,000	<b>&gt;</b>					
51 Complete	e this table for the organization's five highest compensated independ	ent contractors who each rece	eived more than \$100,	,000 of compensa	tion fr	om the	;
organizat	tion. If there is none, enter "None " NONE					_	
(a) Name an	d address of each independent contractor paid more than \$100,000	<b>(b)</b> Type	of service	(c) (	ompe	nsatio	1
			<u> </u>				
			<del></del>				
		-					
<b>d</b> Total nur	mber of other independent contractors each receiving over \$100,000		<b>&gt;</b>				
52 Did the o	organization complete Schedule A? Note: All section 501(c)(3) organi	zations and 4947(a)(1) nonex	empt				
charitabl	e trusts must attach a completed Schedule A				✓ Ye		□ No
Under penalties of Declaration of pre	of perjury, I declare that I have examined this return, including accompanying sch eparer (other than officer) is based on all information of which preparer has any kn	edules and statements, and to the lowledge	best of my knowledge and	d belief, it is true, corr	ect, an	d comp	ete
Sign	Larry Durent			1-4-1	3		
Here	Signature of officer			Date			
	MATHIUM D WEST VI	estdent 162	D				
	Type of print name and title	<u> </u>		<u> </u>	<u></u> -		
D=:-!	Print/Type preparer's name Preparer's signature	Date	Check	if PTIN			
Paid		But CPA 2010	self- emplo	·		0 = <i>1</i>	
Preparer	JERRY SMITH, CPA	10/0		P001			
Use Only		& MCCULLOUGH		V ► 62-111			71
	Firm's address ► 1200 MARKET STREET	<b>1</b>	Phone no	. (423)	156	-77	/ T
	CHATTANOGA, TN 3740	۷	•		ΧΥe		
may the IRS d	iscuss this return with the preparer shown above? See instructions						No
				г	omii 9	JU-EZ	(2012)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Employer identification number

Name of t	the organizati	on NORTH G	EORGIA ELECT	RIC M	EMBER	SHIP		E	mployer	ıdentificati	on nu	mber
		FOUNDAT	ION, INC.						2	0-5770	<u> 279</u>	
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this part	) See inst	tructions.				
The organ	ization is not a	private foundation	because it is (For lines	1 through	11, check	only one b	ox)					
1 🔲	A church, co	nvention of churche	s, or association of chur	ches desc	rıbed ın <b>se</b>	ction 170	(b)(1)(A)(i)	).				
2	A school des	cribed in section 17	'0(b)(1)(A)(iı). (Attach Sc	hedule E)								
з 🔲			tal service organization			170(b)(1)	(A)(iii).					
4			operated in conjunction					(b)(1)(A)(ii	i). Enter	the hospital	's nam	ie,
	city, and stat		•		•					•		
5 🔲			benefit of a college or ui	niversity ov	wned or or	perated by	a governi	nental uni	t describ	ed in		
	_	(b)(1)(A)(iv). (Comple		•		•	-					
6 🔲	A federal, sta	te, or local governm	ent or governmental uni	t described	d in sectio	n 170(b)(1	I)(A)(v).					
7 X		_	eives a substantial part					r from the	general	public desci	ribed i	n
	_	<b>b)(1)(A)(vi).</b> (Comple		• • •		•			Ū	•		
в 🔲			ection 170(b)(1)(A)(vi).	(Complete	Part II)							
9 🔲	-		eives: (1) more than 33	•	•	rom contri	butions, n	nembershi	p fees, a	nd gross rec	eipts	from
	•	•	nctions - subject to certa						•	_		
		<u>.</u>	axable income (less sect							_		
		<b>509(a)(2).</b> (Complete			•		·	,				
10			perated exclusively to te	st for publ	c safety S	See sectio	n 509(a)(4	1).				
11	-	-	perated exclusively for the						y out the	purposes o	f one	or
	more publicly	supported organiza	ations described in secti	on 509(a)(	1) or section	on 509(a)(2	) See sec	ction 509(	a)(3). Ch	eck the box	that	
	describes the	type of supporting	organization and compl	ete lines 1	1e through	11h						
	a Type	ь <u>— т</u>	ype II c 🔲 T	ype III - Fu	nctionally	integrated	c	<b>і</b> 🔲 Тур	e III - No	n-functionall	y integ	grated
е 🗀	By checking	this box, I certify tha	at the organization is not	controlled	d directly o	r indirectly	by one o	r more disc	qualified	persons oth	er tha	n
	foundation m	anagers and other t	han one or more publicly	y supporte	ed organiza	tions des	cribed in s	ection 509	9(a)(1) or	section 509	(a)(2)	
f	If the organiz	ation received a writ	ten determination from	the IRS tha	at it is a Ty	ре I, Туре	II, or Type	e III				
	supporting o	rganization, check th	nis box									
g	Since Augus	t 17, 2006, has the o	organization accepted ar	ny gift or c	ontribution	from any	of the follo	owing pers	sons?	i		
	(i) A perso	n who directly or ind	lirectly controls, either al	lone or tog	ether with	persons o	lescribed	ın (ıı) and (	ııı) below	,	Yes	No
	the gov	erning body of the s	upported organization?							11g(ı)		
	(ii) A family	member of a person	n described in (i) above?	)						11g(ii)		
	(iii) A 35% (	controlled entity of a	person described in (i)	or (II) above	e?					11g(iii)		
h	Provide the f	ollowing information	about the supported or	ganızatıon	(s)							
(i) Name	of supported	(ii) EIN	(iii) Type of organization		organization			(vi) Is organization	the	(vii) Amount	of moi	netary
	anization		(described on lines 1-9	in col. (i) li	sted in your	organizat	non in cor. I/il ora		ed in the	supp		
			above or IRC section (see instructions))	governing	document?	(I) OI YOU	Support	U.S	.7			
			(000 mondonomo))	Yes	No	Yes	No	Yes	No			
					<u> </u>			<u> </u>	<u> </u>			
				}								
				<del>                                     </del>	<u> </u>				ļ			
				1	<del> </del>			<u> </u>	<u> </u>			
									1			

#### NORTH GEORGIA ELECTRIC MEMBERSHIP

(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

Schedule A (Form 990 or 990-EZ) 2012 FOUNDATION, INC.

20-5770279 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

	fails to qualify under the tests	s listed below, plea	se complete Part I	11)			
Sec	ction A. Public Support		· · <u>-</u>				
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	12,207.	12,986.	12,755.	12,611.	19,217.	69,776.
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	12,207.	12,986.	12,755.	12,611.	19,217.	<u>69,776.</u>
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)						
	Public support. Subtract line 5 from line 4						69,776.
Se	ction B. Total Support	···				<del></del>	
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 4	12,207.	12,986.	12,755.	12,611.	<u>19,217.</u>	<u>69,776.</u>
8	Gross income from interest,		ļ	j			
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources			<del></del>			
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)						60 556
11	Total support. Add lines 7 through 10						69,776.
12	•	•	•			12	
13	First five years. If the Form 990 is for		first, second, third	d, fourth, or fifth tax	x year as a section	1 501(c)(3)	
Sec	organization, check this box and stor ction C. Computation of Publ		centage				
	Public support percentage for 2012 (			olumn (fl)		14	100.00 %
	Public support percentage for 2012 (		=	olumin (i))		-	100.00 %
	33 1/3% support test - 2012. If the			line 13 and line 1	ا 1 یو 33 1/3% or m		
106	stop here. The organization qualifies	·		i lilie 13, and lilie i	4 15 33 1/370 01 11	iore, check this bo	× and ► X
	33 1/3% support test - 2011. If the		-	ne 13 or 16a and I	line 15 is 33 1/3%	or more, check th	
•	and stop here. The organization qual	•				or more, erreen in	<b>▶</b> □
17:	,	•	•		13 16a or 16b a	and line 14 is 10%	or more
	17a 10% -facts-and-circumstances test - 2012. 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"			-	•		▶ 🗀
h	10% -facts-and-circumstances tes		-			7a, and line 15 is	10% or
	more, and if the organization meets the	-					
	organization meets the "facts-and-cire				•		▶□
18	Private foundation. If the organization			•			s ▶□

#### 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 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 ")						
<ol><li>Gross receipts from admissions,</li></ol>						
merchandise sold or services per- formed, 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 bus-						İ
iness under section 513						
4 Tax revenues levied for the organ-						
ızatıon's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities			1			
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
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		-				<del> </del>
c Add lines 7a and 7b					<del>                                     </del>	
8 Public support (Subtract line 7c from line 6)	<u> </u>	<u> </u>	<u> </u>			
Section B. Total Support	T			1	T	T
Calendar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6		ļ	<del></del>			
10a Gross income from interest, dividends, payments received on		Ì				
securities loans, rents, royalties						
and income from similar sources					<del>                                     </del>	
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses		1				
acquired after June 30, 1975				•	1	
· ·						
c Add lines 10a and 10b  11 Net income from unrelated business				-	<del></del>	
activities not included in line 10b,						
whether or not the business is						
regularly carried on  12 Other income Do not include gain	-					<del> </del>
or loss from the sale of capital					İ	
assets (Explain in Part IV)	<del></del>	<del>                                     </del>				
<ul><li>13 Total support (Add lines 9, 10c, 11, and 12)</li><li>14 First five years. If the Form 990 is for</li></ul>		s first second thu	d fourth or fifth to	1	501(a)(2) argan	
check this box and stop here	ir the organization :	s inst, second, this	a, louren, or mar te	ax year as a section	on 50 r(c)(5) organi	zation,
Section C. Computation of Pub	lic Support Pe	rcentage			-	
15 Public support percentage for 2012			column (f))		15	%
16 Public support percentage from 201	, , ,	•	<b>(</b> "		16	%
Section D. Computation of Inve					<u> </u>	
17 Investment income percentage for 2	012 (line 10c, colui	mn (f) divided by lii	ne 13, column (f))		17	%
18 Investment income percentage from	2011 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2012. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line	17 is not
more than 33 1/3%, check this box a	and <b>stop here.</b> The	e organization qual	ifies as a publicly :	supported organiz	ation	
b 33 1/3% support tests - 2011. If the	e organization did r	not check a box or	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%,	and
line 18 is not more than 33 1/3%, ch	eck this box and <b>s</b>	t <b>op here.</b> The orga	anization qualifies	as a publicly supp	orted organization	<b>▶</b> □
20 Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check th	nis box and see in:	structions	ightharpoons

### **SCHEDULE O**

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2012

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.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

NORTH GEORGIA ELECTRIC MEMBERSHIP FOUNDATION, INC.

Employer identification number 20-5770279

FOUNDATION, INC.	20-5770279
FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:	
ACTIVITY CLASSIFICATION:	
GRANTEE NAME: BOYS & GIRLS CLUB CHATTANOOGA	
GRANTEE ADDRESS: 11570 HIGHWAY 27 SUMMERVILLE, GA 30747	
DATE OF GIFT: 01/17/12	
AMOUNT GIVEN:	2,500.
ACTIVITY CLASSIFICATION:	
GRANTEE NAME: ATLANTA COMMUNITY FOOD BANK	
GRANTEE ADDRESS: 732 JOSEPH E. LOWERY BLVD, NW ATLANTA,	GA 30318
DATE OF GIFT: 01/17/12	
AMOUNT GIVEN:	1,700.
ACTIVITY CLASSIFICATION:	
GRANTEE NAME: CATOOSA CERT	
GRANTEE ADDRESS: 152 BROWNHILL LANE RINGGOLD, GA 30736	
DATE OF GIFT: 01/17/12	
AMOUNT GIVEN:	1,100.
ACTIVITY CLASSIFICATION:	
GRANTEE NAME: FAMILY CRISIS CENTER	
GRANTEE ADDRESS: P.O. BOX 565 ROCK SPRING , GA 30739	
DATE OF GIFT: 01/17/12	
AMOUNT GIVEN:	1,000.

#### **SCHEDULE 0**

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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.

Open to Public

Inspection

Name of the organization

NORTH GEORGIA ELECTRIC MEMBERSHIP FOUNDATION, INC.

Employer identification number 20-5770279

TOUNDATION, INC.	<del></del>
ACTIVITY CLASSIFICATION:	
GRANTEE NAME: FRIENDS OF SLOPPY FLOYD STATE PARK	
GRANTEE ADDRESS: 2800 SLOPPY FLOYD LAKE RD. SUMMERVILLE, GA 30747	
DATE OF GIFT: 01/17/13	
AMOUNT GIVEN:	2,650.
ACTIVITY CLASSIFICATION:	
GRANTEE NAME: GORDON CO. TORNADO RELIEF	<del></del>
GRANTEE ADDRESS: 201 NORTH WALL STREET CALHOUN, GA 30701	
DATE OF GIFT: 01/17/13	·
AMOUNT GIVEN:	500.
	<del></del>
ACTIVITY CLASSIFICATION:	
GRANTEE NAME: HELPING HANDS FOOD PANTRY	
GRANTEE ADDRESS: P.O. BOX 209 CHATSWORTH, GA 30705	
DATE OF GIFT: 01/17/13	
AMOUNT GIVEN:	1,700.
ACTIVITY CLASSIFICATION:	
GRANTEE NAME: JUNIOR ACHIEVEMENT OF GA	
GRANTEE ADDRESS: 411 MITCHELL STREET, P.O. BOX 864 DALTON, GA 30722	<del></del>
DATE OF GIFT: 01/17/13	
AMOUNT GIVEN:	2,650.
ACTIVITY CLASSIFICATION:	
CDANTER NAME. NIMBY FIIND	

## **SCHEDULE O**

(Form 990 or 990-EZ) Department of the Treasury

# Supplemental Information to Form 990 or 990-EZ

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.

OMB No 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization

NORTH GEORGIA ELECTRIC MEMBERSHIP

Employer identification number

FOUNDATION, INC.	20-5770279
GRANTEE ADDRESS: 767 TILTON ROAD SE DALTON , GA 30721	
DATE OF GIFT: 01/17/13	
AMOUNT GIVEN:	
ACTIVITY CLASSIFICATION:	•
GRANTEE NAME: PREVENT CHILD ABUSE GORDON CO.	
GRANTEE ADDRESS: P.O. BOX 1312-411 EDMOND STREET CALHOL	IN, GA 30701
DATE OF GIFT: 01/17/13	
AMOUNT GIVEN:	2,000.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10	17,500.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - PROVIDE CHARITABLE AND COMMUNITY SERVICE ORGANIZATIONS WITHIN TH	
ELECTRIC COOPERATIVE SERVICE AREA.	
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENE	EFIT CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY E	FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT COM	TTRACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREM	IUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.	