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Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-1150

## 2013

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public  
Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

**A** For the 2013 calendar year, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

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

**C** Name of organization: **AMICALOLA EMC TRUST, INC.**

**D** Employer identification number: **58-6383300**

Number and street (or P O box if mail is not delivered to street address): **544 HIGHWAY 515 SOUTH** Room/suite: \_\_\_\_\_

**E** Telephone number: **706-692-6471**

City or town state or province country and ZIP or foreign postal code: **JASPER GA 30143**

**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

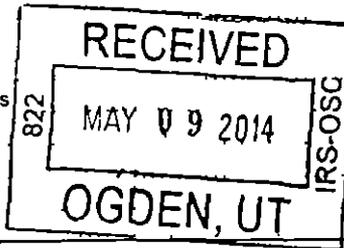
**K** Form of organization:  Corporation  Trust  Association  Other \_\_\_\_\_

**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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$ 113,804**

### 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

<b>1</b>	Contributions, gifts, grants, and similar amounts received	<b>1</b>	<b>99,444</b>
<b>2</b>	Program service revenue including government fees and contracts	<b>2</b>	
<b>3</b>	Membership dues and assessments	<b>3</b>	
<b>4</b>	Investment income	<b>4</b>	<b>200</b>
<b>5a</b>	Gross amount from sale of assets other than inventory	<b>5a</b>	
<b>b</b>	Less cost or other basis and sales expenses	<b>5b</b>	
<b>c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	
<b>6</b>	Gaming and fundraising events		
<b>a</b>	Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>	
<b>b</b>	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)	<b>6b</b>	
<b>c</b>	Less direct expenses from gaming and fundraising events	<b>6c</b>	
<b>d</b>	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>	
<b>7a</b>	Gross sales of inventory, less returns and allowances	<b>7a</b>	
<b>b</b>	Less cost of goods sold	<b>7b</b>	
<b>c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>	
<b>8</b>	Other revenue (describe in Schedule O)	<b>8</b>	<b>14,160</b>
<b>9</b>	<b>Total revenue</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>	<b>113,804</b>
<b>10</b>	Grants and similar amounts paid (list in Schedule O)	<b>10</b>	<b>121,845</b>
<b>11</b>	Benefits paid to or for members	<b>11</b>	
<b>12</b>	Salaries, other compensation, and employee benefits	<b>12</b>	
<b>13</b>	Professional fees and other payments to independent contractors	<b>13</b>	
<b>14</b>	Occupancy, rent, utilities, and maintenance	<b>14</b>	
<b>15</b>	Printing, publications, postage, and shipping	<b>15</b>	
<b>16</b>	Other expenses (describe in Schedule O)	<b>16</b>	
<b>17</b>	<b>Total expenses</b> Add lines 10 through 16	<b>17</b>	<b>121,845</b>
<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	<b>-8,041</b>
<b>19</b>	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)	<b>19</b>	<b>97,728</b>
<b>20</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>	
<b>21</b>	Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	<b>89,687</b>



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For Paperwork Reduction Act Notice, see the separate instructions

Form 990-EZ (2013)

99-10

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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

X

Table with 3 columns: Description, (A) Beginning of year, (B) End of year. Rows include Cash, savings, and investments; Land and buildings; Other assets; Total assets; Total liabilities; Net assets or fund balances.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

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

X

What is the organization's primary exempt purpose?

CHARITABLE DISBURSEMENTS

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 \$ 121,845) If this amount includes foreign grants check here 28a 121,845

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) 32 121,845

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

Table with 5 columns: (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. Rows list individuals like JO ANN VICK, DOUG CALDWELL, EDGAR LAND, etc.

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

		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		<input checked="" type="checkbox"/>
34	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)		<input checked="" type="checkbox"/>
35a	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)?		<input checked="" type="checkbox"/>
35b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
35c	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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions		
37b	Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		<input checked="" type="checkbox"/>
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	Section 501(c)(7) organizations Enter		
39a	Initiation fees and capital contributions included on line 9		
39b	Gross receipts, included on line 9, for public use of club facilities		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
40b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or 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		<input checked="" type="checkbox"/>
40c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
40d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		
40e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		<input checked="" type="checkbox"/>
41	List the states with which a copy of this return is filed		
42a	The organization's books are in care of		
	Located at		
42b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country	Yes	No
42c	At any time during the calendar year, did the organization maintain an office outside the U S? If "Yes," enter the name of the foreign country		<input checked="" type="checkbox"/>
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		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>
44b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>
44c	Did the organization receive any payments for indoor tanning services during the year?		<input checked="" type="checkbox"/>
44d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<input checked="" type="checkbox"/>
45b	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)		<input checked="" type="checkbox"/>

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

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

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

b If "Yes," was the related organization a section 527 organization?

	Yes	No
47		X
48		X
49a		X
49b		

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	(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				

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

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 business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

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

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: 4-29-14  
 Type or print name and title: Don Quinton

Paid Preparer Use Only

Print/Type preparer's name <b>J RANDOLPH NICHOLS</b>	Preparer's signature 	Date <b>MAR 31 2014</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>200347246</b>
Firm's name ▶ <b>MCNAIR, MCLEMORE, MIDDLEBROOKS &amp; CO, LLC</b>		Firm's EIN ▶		
Firm's address ▶ <b>POST OFFICE BOX ONE MACON, GA 31202-0001</b>		Phone no <b>478-746-6277</b>		

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

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

Name of the organization

AMICALOLA EMC TRUST, INC.

Employer identification number

58-6383300

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 X 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...
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 to 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 it 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?
(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?
h Provide the following information about the supported organization(s)

Table with 3 rows and 2 columns: 11g(i), 11g(ii), 11g(iii) with Yes/No headers.

Table with 7 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization in col (i) listed in your governing document?, (v) Did you notify the organization in col (i) of your support?, (vi) Is the organization in col (i) organized in the U.S., (vii) Amount of monetary support. Rows (A) through (E) and Total.

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

Schedule A (Form 990 or 990-EZ) 2013

**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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	113,110	111,052	131,081	170,828	99,444	625,515
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total</b> Add lines 1 through 3	113,110	111,052	131,081	170,828	99,444	625,515
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public support</b> Subtract line 5 from line 4						625,515

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>7</b> Amounts from line 4	113,110	111,052	131,081	170,828	99,444	625,515
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	242	211	226	212	200	1,091
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)		900	516			1,416
<b>11 Total support</b> Add lines 7 through 10						628,022
<b>12</b> Gross receipts from related activities, etc (see instructions)					12	14,160

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

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

<b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	99.60%
<b>15</b> Public support percentage from 2012 Schedule A, Part II, line 14	<b>15</b>	99.56%

- 16a 33 1/3% support test—2013** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.
- b 33 1/3% support test—2012** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.
- 17a 10%-facts-and-circumstances test—2013** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.
- b 10%-facts-and-circumstances test—2012** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.
- 18 Private foundation** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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

(Complete only if you checked the box on line 9 of Part I 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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</b> Total 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</b> Public support (Subtract line 7c from line 6 )						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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</b> Total support (Add lines 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 2013 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2012 Schedule A, Part III, line 17	<b>18</b>	%

**19a** **33 1/3% support tests—2013** 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—2012** 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

**Part IV**, **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12. Also complete this part for any additional information. (See instructions)

**PART II, LINE 10 - OTHER INCOME DETAIL**

<b>OTHER INCOME</b>	<b>\$</b>	<b>1,416</b>
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**AMICALOLA EMC TRUST  
 SCHEDULE OF COMMUNITY ASSISTANCE  
 FOR THE YEAR ENDED DECEMBER 31, 2013**

\$ 2,000  
 500  
 3,700  
 500  
 3,000  
 3,000  
 2,000  
 1,000  
 500  
 1,000  
 800  
 1,000  
 2,000  
 1,000  
 1,000  
 1,000  
 2,000  
 1,000  
 500  
 500  
 1,000  
 896  
 1,000  
 1,000  
 1,500  
 500  
 500  
 2,000  
 1,250  
 750  
 700  
 2,000  
 1,000  
 1,000  
 500  
 1,000  
 1,500  
 1,500  
 1,000

Balance-Carried Forward

\$ 48,596

**AMICALOLA EMC TRUST  
SCHEDULE OF COMMUNITY ASSISTANCE  
FOR THE YEAR ENDED DECEMBER 31, 2013**

Balance-Brought Forward	\$ 48,596
	500
	1,000
	500
	<u>500</u>
	<u>\$ 51,096</u>

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

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

OMB No 1545-0047

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

**2013**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or 990-EZ

Open to Public  
Inspection

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

Name of the organization

Employer identification number

**AMICALOLA EMC TRUST, INC.**

**58-6383300**

**FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE**

DESCRIPTION	AMOUNT
OTHER REVENUE	\$ 14,160
<b>TOTAL</b>	<b>\$ 14,160</b>

**FORM 990-EZ, PART I, LINE 10 - GRANTS/SIMILAR AMTS PAID TO INDIVIDUALS**

RELATIONSHIP TO ORG	CLASS OF ACTIVITY	DATE OF GIFT	DESC. OF PROPERTY
CASH CONTRIB.	NONCASH CONTRIB.	BOOK VALUE	BV EXPL. FMV EXPL.
\$ 70,749	\$ 0	\$ 70,749	

**FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS**

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS RECEIVABLE	\$ 8,422	\$ 7,897
<b>TOTAL</b>	<b>\$ 8,422</b>	<b>\$ 7,897</b>

**FORM 990-EZ, PART III - ADDITIONAL INFORMATION**

**CHARITABLE DISBURSEMENTS**

**FORM 990-EZ, PART V - ADDITIONAL INFORMATION**

(A) THE ORGANIZATION DID NOT RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY,  
TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

(B) THE ORGAINIZATION DID NOT PAY PREMIUMS, DIRECTLY OR INDIRECTLY,  
ON A PERSONAL BENEFIT CONTRACT.

6615463 AMICALOLA EMC TRUST, INC  
58-6383300  
FYE: 12/31/2013

## Federal Statements

### Schedule A, Part II, Line 1(e)

Description	Amount
TOTAL	\$ 99,444
	\$ 99,444

### Schedule A, Part II, Line 12

Description	Amount
OTHER REVENUE	\$ 14,160
TOTAL	\$ 14,160

**AMICALOLA EMC TRUST  
SCHEDULE OF FAMILY AND INDIVIDUAL ASSISTANCE  
FOR THE YEAR ENDED DECEMBER 31, 2013**

Amber Shields	\$ 250
Andrea Blanchard-Vera	686
Angela Dotson	1,000
Angela Helms	800
Angelia Collis	532
Annie L. Flathers	300
Avory Nathan Hooper	1,000
Betty Joyce Jones	500
Billy Dotson	2,500
Braunize Brown	420
Brooke Kelley	1,000
Charlotte Withrow	2,000
Crystall Vanreeth	570
Danny Burgess	871
David Lee	250
David Weaver	700
Deborah Jones	1,000
Deborah Painter	1,000
Diana Lewis	700
Diane Dehne	500
Donald Mack Whitfield	658
Donna Kiest	600
Doug and Carolyn Harmon	1,000
Edith Pzemieniecki	200
Elizabeth Jane Burgess	99
Felicia Sullivan Boyd	800
Gary Wayne Vernon	2,000
Gina Renee Thomason	650
J. W. Edward Young	1,000
Jack E. Brooks	2,000
Jackie Champlin	1,000
James A. Thomas	100
James Haynes	1,320
James Randy Alexander	1,000
James Ronald Mooney	1,160
James W. Spencer	1,000
Jamie Nesemeier	500
Jean Denise Cable	125
Jennifer Sanges	805
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Balance-Carried Forward	\$ 32,596

**AMICALOLA EMC TRUST  
SCHEDULE OF FAMILY AND INDIVIDUAL ASSISTANCE  
FOR THE YEAR ENDED DECEMBER 31, 2013**

Balance-Brought Forward	\$ 32,596
Jessie Ingram	245
Joan Brown	820
Joan E Rampley	500
John Wade III	200
Johnny Crook	1,000
Juanita Sue Bradburn	1,000
Karen Grigg	2,500
Kathy Lacy	340
Kermit Quinton	2,500
Larry Teague	500
Levi T. Thomas	500
Linda Standridge	350
Lindsay Cline	500
Lynda Bramlett	1,325
Makayla Ann Angel	1,000
Mary Carolyn Davis	500
Mary Lee Burch	525
Melissa Marie Reed	700
Melody Jean Gilbert	500
Michael Reece	800
Norma Gail Holbert	620
Pamela Patterson	855
Patricia Ann Rypkema	356
Patricia Suzanne Merrell	1,000
Paul Sochor	700
Penny Fowler Thomas	817
Rebecca Hyatt	250
Ricky Roper	2,500
Robin Dawn Jones	800
Roger L. King	1,270
Sara Reinhardt	1,000
Sherry Burgess	30
Sherry Moles	1,630
Sherry Reed	500
Tammie Crook	750
Taylor Boggus	250
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Balance-Carried Forward	\$ 62,229

**AMICALOLA EMC TRUST  
SCHEDULE OF FAMILY AND INDIVIDUAL ASSISTANCE  
FOR THE YEAR ENDED DECEMBER 31, 2013**

Balance-Brought Forward	\$ 62,229
Tonya Buchanan	500
Tracey Bonds	625
Trudy Selena Totherow	1,000
Virginia Shealy	2,500
Vivian I. Hunt	1,000
Wanda Ann Hardin	405
Wanda Dishroon	450
Willie B. Childers	1,040
Zachery Kenneth Murphy	1,000
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	\$ 70,749
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