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Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter Social Security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

2013 Open to Public Inspection

<u>A</u>	For the	e 2013 c	alendar year, or tax year beginning U6/01/13, and ending U5/31/.	L 4							
B	Check if ag	pplicable	C Name of organization		D Employ	yer identification number					
Ш	Address c	hange	JACKSON EMC FOUNDATION, INC.		ŀ						
\Box	Name cha	inge	Doing Business As		20-	-3423847					
H			Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telepho	one number					
닏	Initial retui	m	P.O. BOX 38		706	5-367-5281					
\sqcup	Terminate	ed b	City or town, state or province, country, and ZIP or foreign postal code			· — · · · · · · · · · · · · · · · · · ·					
	Amended	return	JEFFERSON GA 30549		C Croce roo	espts \$ _1,061,731					
믬			F Name and address of principal officer	T	G Gross receipts \$ 1,061,73.						
Ш	Application	n pending		H(a) Is this a gri	oup return for su	ibordinates? Yes X No					
				1/b) A!! -:-!		ded? Yes No					
				H(b) Are all sub							
				- " " " " " " " " " " " " " " " " " " "	allacina iist (see instructions)					
	Tax-exen	npt status	X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527	_							
<u>1</u>	Website:	: ► W	WW.JACKSONEMC.COM	H(c) Group exe		<u> </u>					
ĸ	Form of o	organization	X Corporation Trust Association Other ► L Y	ear of formation 2	005	M State of legal domicile GA					
	art I	Su	ımmary								
	1	Briefly de	scribe the organization's mission or most significant activities								
	d\u2	THE	PURPOSE OF THE FOUNDATION IS TO ACCUMULATE AND DISBU	JRSE FUND	S FOR						
ĕ	4 2	CHAR	ITABLE PURPOSES IN THE SERVICE AREA OF JACKSON EMC.								
r E	Þ										
Governance	- - a /	OL 1. 46.		-6.4	_						
တိ		Check the		or its net asset	1 1	10					
ంర	3 1		of voting members of the governing body (Part VI, line 1a)		3	10					
Activities	計4 1	Number o	of independent voting members of the governing body (Part VI, line 1b)		4	10					
₹	岁 5	Total nun	nber of individuals employed in calendar year 2013 (Part V, line 2a)		5	0					
ç	Z 6	Total nun	nber of volunteers (estimate if necessary)		6	0					
~		Total unre	elated business revenue from Part VIII, column (C), line 12		7a	0					
			ated business taxable income from Form 990-T, line 34		7b	0					
	1			Prior Ye		Current Year					
_	8 (Contribut	ions and grants (Part VIII, line 1h)			0					
Ĕ	9 1		service revenue (Part VIII, line 2g)	1.03	9,204	1,061,456					
Revenue	40	_	•		314	275					
æ	10	mvesime	nt income (Part VIII, column (A), lines 3, 4, and 7d)		714	273					
	11 (Other rev	renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1 00	0 510	1 061 731					
_			enue – add lines 8 through 11 (must equal Part VIII, column (A) Line 12) IV LU		9,518	1,061,731					
	13 (Grants ar	nd similar amounts paid (Part IX, column (A), lines 1-3)	1,03	3,308	1,047,512					
	14 8	Benefits _I	paid to or for members (Part IX. column (A), line 4) 【祭】 CEP 9 🔏 2014 【O】			0					
ý	15 8	Salanes,	other compensation, employee benefits (Part IX, column(A), lines 5_10)			0					
Expenses	16a f		nal fundraising fees (Part IX, column (A), line 11e)			0					
per	. b		draising expenses (Part IX, column (D), line 25) ► OGDEN, LOT								
ŭ	17 (penses (Part IX, column (A), lines 11a–11d, 11f–24e)			0					
		-	enses Add lines 13–17 (must equal Part IX, column (A), line 25)	1 03	3,308	1,047,512					
		•	, , , , , , , , , , , , , , , , , , , ,	1,03	6,210	14,219					
_		Revenue	less expenses. Subtract line 18 from line 12	Beginning of Cu		End of Year					
ls o		T-4-1	ata (Dart V. Ivan 46)		4,005	298,224					
Net Assets or	2U		ets (Part X, line 16)		4,003	230,224					
¥,	21		ilities (Part X, line 26)			000 004					
_			ts or fund balances. Subtract line 21 from line 20		4,005	298,224					
	art II	Si	gnature Block								
ι	Inder per	nalties of _l	perjury, I declare that I have examined this return, including accompanying schedules and statement	nts, and to the be	st of my kno	wledge and belief, it is					
tı	ue, corre	ect, and co	omplete Declaration of preparer (other than officer) is based on all information of which preparer h	as any knowledge	e /	·					
			Hauti P. Balik	•	V	09-16-14					
Si	gn	V ş	ignature of officer		Date						
	ere		Reality P. Baldwin V Chair								
116	71 C	▶ ∨ ;	ype or print name and utle								
_		 		1		DTIN					
	:a	PRINTYPE	preparer's name Preparer's signature	EP 0 2 20	14 Check	f PTIN					
Pai		J. RAN	IDOLPH NICHOLS		self-em						
Pre	eparer	Firm's nai	MCNAIR, MCLEMORE, MIDDLEBROOKS & CO,	LLC	Firm's EIN	58-1094351					
Us	e Only		POST OFFICE BOX ONE								
		Firm's add	MACON CA 21202-0001	I,	Phone no	478-746-6277					
Ma	v the IP		s this return with the preparer shown above? (see instructions)			X Yes No					
_			iction Act Notice, see the separate instructions.	7		50m QQD (0040)					
DAA		ork Real	ionon not nouse, see the separate histochons.	X		Form 990 (2013)					

OIIII 330 (2013)	CHORDON ELLO TOURDINETON	
Part IV	Checklist of Required Schedules	

	The state of the s	$\overline{}$	¥	NI-
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
-	complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	l		
	Part III	5		\mathbf{x}_{-}
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If		1	
	"Yes," complete Schedule D, Part I	6		X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		_X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments—other secunties in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X_
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			,,
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<u>11e</u>		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			•
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		₩.	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	405		
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	 	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	146	1	x
4 =	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	 	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	15		x
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	_13_	 	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	16		x
47	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on		 	
17		17		x
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	<u>''</u>	 	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	18		x
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	1.0	 	 -
19		19		x
20-	If "Yes," complete Schedule G, Part III	20a	 	X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	 	
<u> </u>	II TES TO IIITE 204, UIU TITE OTGATIZATION ATTACH A COPY OF Its AUDITED III IATICAL STATEMENTS TO THIS TECTIFIS	200	Ь	<u> </u>

19? Note. All Form 990 filers are required to complete Schedule O

Pa	art IV Checklist of Required Schedules (continued)		<u>·</u>	<u> </u>
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 19 if "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		İ	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		├──
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	اء		
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		├──
25a	() () ()	25a		x
L	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior		ŀ	
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	230		
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If so, complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			I
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete		1	}
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u> </u>	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			l
	conservation contributions? If "Yes," complete Schedule M	30	}	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31	├	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32	-	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		x
•	sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	24		x
250	or IV, and Part V, line 1	34 35a	├	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	334	 	+==
b	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable	555	1	t
-	related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 		† <u></u>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			

Pa	art V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			لسام
	1.1	F	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
þ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			ĺ
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a			ĺ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b_		<u> </u>
•	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			x
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	30		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4a		x
L	account)?	40	-	-
b	If "Yes," enter the name of the foreign country. ► See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			I
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	•	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	 	 -
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		-	┢
va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	7		
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			!
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			I
_	and services provided to the payor?	7a		I
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	_	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			I
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			ŧ
	organization, have excess business holdings at any time during the year?	8	ļ	<u> </u>
9	Sponsoring organizations maintaining donor advised funds.			ŧ
а	Did the organization make any taxable distributions under section 4966?	9a	<u> </u>	ـــــ
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	ļ	↓
10	Section 501(c)(7) organizations. Enter			1
а	Initiation fees and capital contributions included on Part VIII, line 12			I
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	 		I
11	Section 501(c)(12) organizations. Enter:			I
а	Gross income from members or shareholders 11a			1
b	Gross income from other sources (Do not net amounts due or paid to other sources			I
	against amounts due or received from them)	—- ₄₀₋		ŧ
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	┼	╁
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			ĺ
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	425	 	┿┈
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	 	╁
	Note. See the instructions for additional information the organization must report on Schedule O			1
b	Enter the amount of reserves the organization is required to maintain by the states in which			1
_	the organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13b			I
C 140		14a	1	x
14a	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	†	†**
	ir 169, has it like a 1 tilli 720 to report tilese payments: ir 180, provide an explanation in editedate e		1	

Pa	990 (2013) JACKSON EMC FOUNDATION, INC. 20-3423847 rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and	for a "N		age
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See	instruc	tions.	
	Check if Schedule O contains a response or note to any line in this Part VI			_X
ec	tion A. Governing Body and Management			
		F	Yes	No
la	Enter the number of voting members of the governing body at the end of the tax year 1a 10	_		
	If there are material differences in voting rights among members of the governing body, or			ŧ
	if the governing body delegated broad authority to an executive committee or similar			I
L	committee, explain in Schedule O.			•
b	Enter the number of voting members included in line 1a, above, who are independent Did any effect director to the control of	-		Ī
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
3	any other officer, director, trustee, or key employee?	2		X
•	Did the organization delegate control over management duties customarily performed by or under the direct			
1	supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3		X
5		5		X
, S	Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders?	6		x
, 7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	- 6		<u> </u>
-	one or more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	'a		
-	stockholders, or persons other than the governing body?	7b		x
3	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	Ī
þ	Each committee with authority to act on behalf of the governing body?	8b		X
)	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue C	ode.)		
			Yes	No
0a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	_
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			Į
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	<u> </u>
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	
3	Did the organization have a written whistleblower policy?	13		X
1	Did the organization have a written document retention and destruction policy?	14	X	ļ
5	Did the process for determining compensation of the following persons include a review and approval by			I
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			٠,
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		1-
•-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			I
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	46.		x
h	with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	16a		1
U	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			I
	organization's exempt status with respect to such arrangements?	166		Ť
		16b		Ч—
	ion C. Disclosure			
	List the states with which a conv of this Form 990 is required to be filed GA			
ec	List the states with which a copy of this Form 990 is required to be filed ▶ GA			
,				

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and

P.O. BOX 38

GA 30549

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

financial statements available to the public during the tax year.

JACKSON EMC

706-367-5281 Form 990 (2013)

19

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organization.

JEFFERSON

Form 990 (201	3) JACKSON EMC FOUNDATION, INC.	20-3423847	Page
Part VII	Compensation of Officers, Directors, Trustees, Key	Employees, Highest Compensated	Employees, and
	Independent Contractors		
	Check if Schedule O contains a response or note to ar	ny line in this Part VII	
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Com	pensated Employees	

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year

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

K Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any	bo of	x, unle	ess pe	ition more rson i	than one s both a r/trustee	n	(D) Reportable compensation from the	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2 1099-MISC)	organization and related organizations
(1) BEAUTY BALDWIN										
	2.00								^	
VICE CHAIRMAN	0.00	X	-	X		\vdash		0	0	0
(2) JOHNNY FOWLER	2.00									
DDDG1050	1	x		x		1 1		o	o	0
PRESIDENT (3) JIM PUCKETT	0.00	╀┻	\vdash	^	 	 				-
(3) OIM POCKETI	2.00									
DIRECTOR	0.00	x	ŀ					l o	o	0
(4) ANDY BYERS	0.00	├	┢			+				
(4)111101 010110	2.00	1								
SEC./TREASURER	0.00	$ \mathbf{x} $		x				0	o	0
(5) LISA MALOOF	1	+==	-			1 1	_	<u> </u>	_	
(0) = = = = = = = = = = = = = = = = = = =	2.00	ı								
DIRECTOR	0.00	X						0	0	0
(6) CHRISTY MOORE						Ħ				
	2.00	1		i						
DIRECTOR	0.00	X		<u> </u>				0	0	0
(7) GEORGE EVANS										
	2.00				l					
DIRECTOR	0.00	X	<u> </u>	<u> </u>				0	0	0
(8) VERLIN REECE										
	2.00		ŀ					_		
DIRECTOR	0.00	X	<u> </u>	<u> </u>		\sqcup		0	0	0
(9) DICK PERPALL										
	2.00								_	
DIRECTOR	0.00	X	├	<u> </u>		├		0	0	0
(10) STEVE BLAIR										
	2.00	\ . _			1				_	
DIRECTOR	0.00	X		-	-	╂		0	0	0
(11)										
DAA	<u> </u>	Ц	<u></u>		L			L	<u> </u>	Form 990 (2013)

***************************************	1930 (2013) DECREON E						.,		20-342					age (
<u>Pa</u>			stees	s, Ke			yees	, ar	nd Highest Compensated					
	(A) Name and title	(B) Average hours per week (list any	bo	x, unic	Pos check ess pe	rson ı	than o s both	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	c	(F) Estimate amount other ompens from tile	of ation	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Former Highest compensated employee Key employee			organization (W-2/1099-MISC)	(W-2/1099-MISC)	organizati and relate organizatio			
(12)								-						
(13)											-			_
(14)				-	-									•
(15)														-
(16)														
(17)														
(18)				-										
(19)					·									
1b	Sub-total				_		<u> </u>	>				-		
C	Total from continuation shee	ets to Part VII, S	ectio	on A				>						
<u>d</u>	Total (add lines 1b and 1c) Total number of individuals (increportable compensation from			to th	ose	liste	d abo	ove)	who received more than \$1	00,000 in				
3	Did the organization list any for employee on line 1a? If "Yes,"								vee, or highest compensated	d		3	Yes	No X
4	For any individual listed on line organization and related organ	1a, is the sum o	f rep	ortat	ele co	ompe	ensat	ion				4		x
5	individual Did any person listed on line 1a for services rendered to the org									dividual		5		x
Sect	ion B. Independent Contracto	rs												
1	Complete this table for your five compensation from the organize	e highest comper zation Report cor	nsate nper	ed inc esatio	depe	nder r the	nt col	ntrac enda	ctors that received more that r year ending with or within	in \$100,000 of the organization's tax year				
	Name and	(A) I business address						1	Descrip	(B) otion of services		Co	(C) mpensal	tion
						_								
									****	·			 -	,
2	Total number of independent c received more than \$100,000 c								listed above) who	0				

Pa	rŧ V		nent of Reve if Schedule (tains a	response o	r note to any line i	n this Part VIII		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
St	1a	Federated cam	paigns	1a				-		-
트림	b	Membership du	ies	1b						
흥	C	Fundraising even	ents	1c			I			
	d	Related organiz	zations	1d			1			
ž,E	е	Government grants (contributions)	1e						
	f	All other contributions								
ᇙ		and similar amounts	not included above	_1f_			1			
Contributions, GITS, Grants and Other Similar Amounts	g	Noncash contribution	is included in lines 1a-	1f S	5		1			
	<u>h</u>	Total. Add line	s 1a–1f							
Program Service Revenue						Busn. Code	1			
ž	2a	CONTRIBU	TIONS			624200	1,061,456	1,061,456		
ᇫ	b									
١ۼ	С									
Se	d									
a.	е									
ᅙ	f	All other progra	am service revei	nue		L				
_	g	Total. Add line				•	1,061,456			T
	3		ome (including o	lividend	ls, interes	t,				
l		and other simil	•			•	275			275
	4		vestment of tax	-exemp	t bond pro	oceeds 🕨				
- 1	5	Royalties				>				<u> </u>
			(ı) Real		(ti)	Personal				
	6a	Gross rents			 					
	b	Less rental exps								
	С	Rental inc or (loss)			-					1
	d 7a	Net rental inco Gross amount from								
	, a	sales of assets	(i) Secunties		(ii	Other -				1
		other than inventory								İ
	b	Less cost or other								
		basis & sales exps			ļ					
	C	Gain or (loss)]					†
		Net gain or (los		ſ		<u> </u>				<u> </u>
ē	8a	Gross income fro	m fundraising eve	nts						
ine		(not including \$								1
8			eported on line 1c)							
Other Revenue		See Part IV, line		a						1
5		Less: direct ex	•] d		•				†
		Net income or	•	٦,	events					1
	9a	Gross income fro								1
		See Part IV, line		a		-				1
		Less: direct ex		þĮ			-			†
- 1		Net income or		ing activ	viues	<u> </u>				<u> </u>
1	тvа	Gross sales of		ا_						
		returns and alle		a b	 -					
į		Less: cost of g		~ [anton:	•	į			†
	<u>C</u>	Net income or	(IOSS) IFOM Sale: cellaneous Revenue	S OI INVE	entory	Busn. Code			······································	
	11a	MIS	Caminona Making				1			†
										
	b								-	
	ب 2	All other reven				-				
	d	Total. Add line								
	е 12		s 11a-11u . See instruction	19			1,061,731	1,061,456	C	275
		I C V CIIU C				- 1	_, ,			

Page 10

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (B) Program service (D) Do not include amounts reported on lines 6b, Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses general expenses Grants and other assistance to governments and organizations in the U.S. See Part IV. line 21 974,538 974,538 Grants and other assistance to individuals in 72,974 72,974 the U.S. See Part IV. line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 10 Payroll taxes Fees for services (non-employees): Management b Legal Accounting d Lobbying Professional fundraising services See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) Advertising and promotion Office expenses 13 Information technology 14 15 Royalties Occupancy 16 Travel 17 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 Interest 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 23 Insurance 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) а b C d e All other expenses 1,047,512 1,047,512 0 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here

following SOP 98-2 (ASC 958-720)

Form 990 (2013)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year Cash-non-interest bearing 1 209,815 197,047 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 86,958 4 88,409 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 organizations (see instructions) Complete Part II of Schedule L Notes and loans receivable, net 7 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a 10b 10c b Less: accumulated depreciation Investments—publicly traded securities 11 11 12 12 Investments—other securities. See Part IV, line 11 Investments-program-related See Part IV, line 11 13 13 14 14 Intangible assets Other assets. See Part IV, line 11 15 15 298,224 284,005 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 0 0 26 Total liabilities. Add lines 17 through 25 X and Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 284,005 298,224 27 Unrestricted net assets Temporanly restricted net assets 28 28 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 298,224 284,005 33 33 Total net assets or fund balances

298,224 Form 990 (2013)

284,005

Total liabilities and net assets/fund balances

<u>Form</u>	990 (2013) JACKSON EMC FOUNDATION, INC. 20-3423847			Pag	ge 12							
Pa	t XI Reconciliation of Net Assets											
	Check if Schedule O contains a response or note to any line in this Part XI											
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,0	61,	731							
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,0	1,047,512								
3	Revenue less expenses Subtract line 2 from line 1	3		14,21								
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2	34,	005							
5												
6	——————————————————————————————————————											
7	Investment expenses	7										
8	Prior period adjustments	8										
9	Other changes in net assets or fund balances (explain in Schedule O)	9										
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line											
	33, column (B))	10	2	98,	<u> 224</u>							
Pa	rt XII Financial Statements and Reporting											
	Check if Schedule O contains a response or note to any line in this Part XII											
				Yes	No							
1	Accounting method used to prepare the Form 990 Cash X Accrual Other											
	If the organization changed its method of accounting from a prior year or checked "Other," explain in											
	Schedule O.											
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or											
	reviewed on a separate basis, consolidated basis, or both											
	Separate basis Consolidated basis Both consolidated and separate basis				•							
b	Were the organization's financial statements audited by an independent accountant?		2b	X	<u> </u>							
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a											
	separate basis, consolidated basis, or both:											
	X Separate basis				ŧ							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight											
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	<u> </u>							
	If the organization changed either its oversight process or selection process during the tax year, explain in				l							
	Schedule O											
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in											
	the Single Audit Act and OMB Circular A-133?		_3a		X							
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the											
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		<u> </u>							
			Foi	m 990	0 (2013)							

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

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

OMB No 1545-0047

2013

Open to Public Inspection

Internal Revenue Service

Name of the organization

Part I

JACKSON EMC FOUNDATION, INC.

Employer Identification number 20-3423847

The	orgai	nization is not a	a private foundation because	e it is: (For lines 1 through 11, che	ck only or	ne box)								
1		A church, con	vention of churches, or asso	ociation of churches described in	section 1	70(b)(1)(A)(i).							
2		A school desc	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E)										
3	П	A hospital or a	a cooperative hospital service	e organization described in section	on 170(b)	(1)(A)(iii)								
4	П			I in conjunction with a hospital des				(A)(iii).	Enter th	e hospi	tal's nan	ne,		
		city, and state	- · · · · · · · · · · · · · · · · · · ·	•						•				
5		• •		f a college or university owned or	operated	bv a gove	rnmenta	l unit de	scribed	in				
_		_	b)(1)(A)(iv). (Complete Part	-		-, - 3								
6	П			overnmental unit described in sec	tion 170(h)(1)(A)(v	·)							
7	X		-	substantial part of its support from				the ger	neral nu	hlic				
•		-	section 170(b)(1)(A)(vi). (C		a govern	ineniai un	. 01 11011	i tile gei	iciai pu	DIIC				
8	П			70(b)(1)(A)(vi). (Complete Part II	,									
9	H) more than 33 1/3% of its suppor		atabutione	mombo	archin fo	ec and	arace				
9	نــا													
		•		pt functions—subject to certain ex	•	• •				แร				
		• •	•	d unrelated business taxable inco	•		i i iax) ir	om busi	nesses					
40	\Box		•), 1975 See section 509(a)(2). (-		-\(4\							
10	\vdash	•	-	exclusively to test for public safety					4.41					
11				exclusively for the benefit of, to pe						4:				
				ed organizations described in sect						tion				
		<u>—</u> "		he type of supporting organization			ſ	 -						
		a Type		c Type III–Functiona			d [onally in	tegrate	ea	
е	Ш		· •	anization is not controlled directly										
				r than one or more publicly suppo	irted orgai	nizations o	lescribe	in sect	ion 509	(a)(1)				
		or section 509		_		_								
f				rmination from the IRS that it is a	Type I, Ty	pe II, or T	ype III s	upportin	g					
			check this box											
g		Since August	17, 2006, has the organizat	ion accepted any gift or contributi	on from a	ny of the								
		following per	sons?											
		(i) A persor	n who directly or indirectly co	introls, either alone or together wi	th persons	s describe	d ın (iı) a	ınd					Yes	No
		(iii) belov	w, the governing body of the	supported organization?								11g(i)		
		(ii) A family	member of a person describ	ed in (i) above?								11g(ii)		
		(iii) A 35% c	ontrolled entity of a person d	lescribed in (i) or (ii) above?								11g(iii)		<u></u>
<u>h</u>		Provide the f	ollowing information about th	ne supported organization(s)					,					
(i) Nam	e of supported	(fi) EIN	(iii) Type of organization	1	organization	(v) Did y	•		s the	(vii) A	mount o		агу
	οú	ganization		(described on lines 1–9 above or IRC section	1	sted in your document?	the organ		organizat	zed in the		supp	ort	
				(see Instructions))	governing	document,		ort?		S ?				
					Yes	No	Yes	No	Yes	No				
(A)														
					<u> </u>									
(B)					•									
									ļ					
(C)														
					 				<u> </u>		-			
(D)					1									
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(E)														
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Tota		<u> </u>	<u> </u>	1	I	<u> </u>	L	L	<u> </u>					
For	Pape	rwork Reduc	tion Act Notice, see the In	structions for					Sched	ule A (F	orm 99	u or 9:	90-EZ) 2013

20-3423847

Page 2

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.)

<u>Sec</u>	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,040,602	1,020,083	1,045,585	1,039,204	1,061,456	5,206,930
2	Tax revenues levied for the organization'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	1,040,602	1,020,083	1,045,585	1,039,204	1,061,456	5,206,930
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)						
6	Public support. Subtract line 5 from line 4.						5,206,930
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	1,040,602	1,020,083	1,045,585	1,039,204	1,061,456	5,206,930
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,883	2,697	1,085	314	275	8,254
9	Net income from unrelated business activities, whether or not the business is regularly carned on		-				
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	3,150			1		3,150
11	Total support. Add lines 7 through 10						5,218,334
12	Gross receipts from related activities, etc. (s	see instructions)				12	1,061,456
13	First five years. If the Form 990 is for the o	organization's first, s	econd, third, fourth,	or fifth tax year as	a section 501(c)(3)	
	organization, check this box and stop here						>
Sec	ction C. Computation of Public Su	pport Percenta	ige			 	
14	Public support percentage for 2013 (line 6,	column (f) divided by	y line 11, column (f))		14	99.78%
15	Public support percentage from 2012 Scheo					15	99.67%
16a	33 1/3% support test—2013. If the organize	zation did not check	the box on line 13,	and line 14 is 33 1	/3% or more, check	c this	
	box and stop here. The organization qualifi	ies as a publicly sup	ported organization				► X
b	33 1/3% support test—2012. If the organiz				33 1/3% or more,		
	check this box and stop here. The organization	•		-			▶ ∟
17a							
	10% or more, and if the organization meets						
	Part IV how the organization meets the "fac organization						▶ [
b		-				е	
	15 is 10% or more, and if the organization in				-		
	Explain in Part IV how the organization mee	ets the "facts-and-cir	cumstances" test 1	The organization qu	ualifies as a publicly	<i>(</i>	<u>,</u>
	supported organization						▶ _
18	Private foundation. If the organization did	not check a box on	line 13, 16a, 16b, 1	7a, or 17b, check t	his box and see		
	instructions						▶ _

Page 3

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.

800	tion A Public Support	quality under tr	ie tests listeu b	elow, please co	omplete Part II.)		
	tion A. Public Support	(=) 0000	(h) 0040	(0) 0044	(4) 0040	(=) 0040	-	(D Total
	• • • • • • •	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	-	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge		_					
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							
С	Add lines 7a and 7b					ļ	ļ	
8	Public support (Subtract line 7c from line 6)							
	tion B. Total Support			,	T			
Caler	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013		(f) Total
9	Amounts from line 6		ļ			<u> </u>		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b						_	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							·
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
13	Total support. (Add lines 9, 10c, 11, and 12)							:
14	First five years. If the Form 990 is for the	organization's first,	second, third, four	th, or fifth tax year	as a section 501(c)	(3)		
	organization, check this box and stop here							<u> </u>
Sec	tion C. Computation of Public Su						 _	
15	Public support percentage for 2013 (line 8,		=	(f))		-	15	
16	Public support percentage from 2012 Sche				 		16	
	tion D. Computation of Investme						4-7	
17	Investment income percentage for 2013 (lii			column (t))		-	17	<u>%</u>
18 40-	Investment income percentage from 2012			14 and line 45 !=	ore the - 00 4 (00)	and line	18	%_
19a	33 1/3% support tests—2013. If the organity is not more than 33 1/3%, check this bo							▶ □
b	33 1/3% support tests—2012. If the organ							
U	line 18 is not more than 33 1/3%, check this							▶ □
20	Private foundation. If the organization did	•	_			•		▶

Schedule A (Form 990 or 990-EZ) 2013 JACKSON EMC FOUNDATION, INC.

20-3423847

Page 4

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

\$

3,150

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

44INE	or the organization	•	mpioyer id	entification number
J	ACKSON EMC FOUNDATION, INC.		20-34	123847
	organizations Maintaining Donor Advised Fur Complete if the organization answered "Yes" to Full Complete if the organization and the organization	ids or Other Similar Funds or Acc		
	<u> </u>	(a) Donor advised funds	(b)	Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (dunng year)		_	
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing that the	ne assets held in donor advised		
	funds are the organization's property, subject to the organization's exclus	ive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in w	nting that grant funds can be used		
	only for chantable purposes and not for the benefit of the donor or donor	advisor, or for any other purpose		
	conferring impermissible private benefit?			Yes No
Pa	rt II Conservation Easements.	000 D-4 N/ E 7		
	Complete if the organization answered "Yes" to F			
1	Purpose(s) of conservation easements held by the organization (check a			
	Preservation of land for public use (e.g., recreation or education)	Preservation of an historically import		area
	Protection of natural habitat	Preservation of a certified historic str	ructure	
	Preservation of open space		_	
2	Complete lines 2a through 2d if the organization held a qualified conservation as the last day of the tax year	ation contribution in the form of a conservation		Unit at the End of the Tay Your
_	•			Held at the End of the Tax Year
a	Total number of conservation easements		2a 2b	
b	Total acreage restricted by conservation easements	lad is (a)	20 2c	
C	Number of conservation easements on a certified historic structure included in (a) segured effect 9/17/06	• •	20	
u	Number of conservation easements included in (c) acquired after 8/17/06 historic structure listed in the National Register	o, and not on a	2d	
3	Number of conservation easements modified, transferred, released, extir	aguished or terminated by the organization di		
,	tax year	iguistica, or terrimated by the organization at	annig the	
4	Number of states where property subject to conservation easement is loc	cated >		
5	Does the organization have a written policy regarding the periodic monitor			
•	violations, and enforcement of the conservation easements it holds?	and the second s		☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing	g conservation easements during the year		
-	>	3 · · · · · · · · · · · · · · · · · ·		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing col	nservation easements during the year		
	▶ \$	•		
8	Does each conservation easement reported on line 2(d) above satisfy the	e requirements of section 170(h)(4)(B)		
	(i) and section 170(h)(4)(B)(II)?			Yes No
9	In Part XIII, describe how the organization reports conservation easemer	its in its revenue and expense statement, and	i	
	balance sheet, and include, if applicable, the text of the footnote to the or	ganization's financial statements that describ	es the	
***	organization's accounting for conservation easements			
Pa	organizations Maintaining Collections of Art, Complete if the organization answered "Yes" to F		nilar A	ssets.
Та	If the organization elected, as permitted under SFAS 116 (ASC 958), not works of art, historical treasures, or other similar assets held for public experiments.			
			E 01	
L	public service, provide, in Part XIII, the text of the footnote to its financial If the organization elected, as permitted under SFAS 116 (ASC 958), to r		neet	
O	works of art, historical treasures, or other similar assets held for public ex			
		and the second of the section of the second	- O1	
	public service, provide the following amounts relating to these items. (i) Revenues included in Form 990, Part VIII, line 1			\$
	(ii) Assets included in Form 990, Part X			• . \$
2	If the organization received or held works of art, historical treasures, or or	ther similar assets for financial asia, provide t	he	· · · ·
2	following amounts required to be reported under SFAS 116 (ASC 958) re			
•	Revenues included in Form 990. Part VIII. line 1	iding to these items.	•	\$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)	Schedule D (Form 990) 2013 JACKSON	EMC FOUNDA	TION,	INC.		20-3	423847	Page
collection dems (check all that apply) Post Post Canada C								ts (continued)
b	3 Using the organization's acquisition, access collection items (check all that apply).	ion, and other record	ls, check a	ny of the follow	ring that are a	significan	t use of its	
b Scholarly research c Preservoids or description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5. During the year, did the organization solotol or receive denations of art, historical treasures, or other similar assets to be odd to rate furths active than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X in 21. 1b If "Yes, "explain the arrangement in Part XIII and complete the following table: C Beginning balance C Beginning balance G Database G Da	a Public exhibition	d∖	Loan or	exchange prog	grams			
A Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assesses to be sold to rate funds or after than to be maintained as part of the organization's collection?	b Scholarly research	e l	7					
SUII. 5 During the year, did the organization solect or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization?	c Preservation for future generations	_	_					
Source to the sold to raise funds rather than to be maintained as part of the organization? \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	4 Provide a description of the organization's c	ollections and explai	n how they	further the org	anization's ex	xempt pur	ose in Part	
assets to be sold to rise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21: 1a Is the organization an agent, rustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? If I'res, "Spalan the arrangement in Part XIII and complete the following table: □ Beginning belance □ Additions during the year □ Additions during the year □ Distributions include an amount on Form 990, Part X, line 21? □ I'res, "Explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII □ Yes □ Ni Ni Part V Endowment Funds. □ Complete if the organization answered "Yes" to Form 990, Part IV, line 10. 1a Beginning of year belance □ Contributions □ Ni □ Part V Endowment Funds. □ Complete if the organization answered "Yes" to Form 990, Part IV, line 10. □ Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: □ Board designated or quasi-endowment ► % □ The percentages in lines 2a, 2b, and 2c should equal 100%. □ A ret there endowment I hard with the organization is listed as required on Schedule R? □ Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. □ Description of property □ Part XIII the intended uses of the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. □ Description of property □ Description of property □ Part XIII the intended uses of the	XIII.							
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, fusulee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year e Distributions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21? b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. 1a Beginning of year balance b Contributions Contributions Contributions Contributions Contributions Administrative expenses g End of year balance b Contributions Contributions F Administrative expenses g End of year balance b Contributions Contributions Contributions F Administrative expenses g End of year balance b Contributions Contrib	5 During the year, did the organization solicit of	or receive donations	of art, histo	orical treasures	, or other sim	nilar		
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990, Part X, line 21. Is its be organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X!!! and complete the following table: Segmaning balance		_						
1a Is the organization an agent, Inustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X In C Manual	-	on answered "Ye	s" to Fo	rm 990, Par	t IV, line 9	, or repo	rted an amour	nt on Form
included on Form 990, Part X? If Yes, "explain the arrangement in Part XIII and complete the following table: C. Beginning balance d. Additions during the year e. Distributions during the pear to the part XIII Amount to the part XIII Amo		ian or other intermed	diary for co	ntributions or o	ther assets n	ot		
Amount			•					Yes No
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Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years (e)	b If "Yes," explain the arrangement in Part XIII	Check here if the e	xplanation	has been prov	ided in Part >	(III		
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c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (iii) related organizations 1 Sa(i) Sa(1a Beginning of year balance							
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g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations iii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Describe in Part XIII the intended uses of the organization's endowment funds. Describe in Part XIII the intended uses of the organization's endowment funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Describe in Part XIII the intended uses of the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Describe in Part XIII the intended uses of the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Describe in Part XIII the intended uses of the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Describe in Part XIII the intended uses of the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Describe in Part XIII the intended uses of the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Describe in Part XIII the intended uses of the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.	 Other expenditures for facilities and 							
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d Equipment e Other	•							
e Other	·					-		
	• •	-		 		 		
		egual Form 990 Par	t X. colum	n (B), line 10(c)))	l	<u> </u>	

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII DAA Schedule D (Form 990) 2013

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

(5) (6) (7) (8) (9)

Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶

Part XIII Supplemental Information

b Other (Describe in Part XIII)

c Add lines 4a and 4b

a Investment expenses not included on Form 990, Part VIII, line 7b

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4; Part X, line

2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

4c

5

1,047,512

Page 5

20-3423847

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

2013

OMB No 1545-0047

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection Employer identification number

JACKSON EMC FOUNDATION, INC.	20-3423847	
Part i General Information on Grants and Assistance		•
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	X	2
בונס מכניסיונים ביותום מספת זה מונים לו מונים לו מספים ומונים לו מספים ומונים לו מספים ומונים לו מספים ומונים לו	<u>:</u>]

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

DISASTER RELIEF PROG DISASTER RELIEF PROG FULL PLATE FOOD PROG AFTERSHCOOL PROGRAM EARLY INTERVENTION EMERGENCY HOUSING Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, (h) Purpose of grant PROJECT EMPOWER GOING HOME KITS or assistance GED PROGRAM non-cash assistance (g) Description of Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of noncash assistance 7,500 5,290 15,000 10,000 10,000 12,500 15,000 5,700 15,000 (d) Amount of cash grant (c) IRC section if applicable 58-6081470 58-0196605 58-0961506 58-0566123 58-2070427 53-0196605 58-1622732 58-2438061 58-1940081 (p) EIN (6) AREA COMMITTEE TO IMPROVE OPPORTUNI (2) AMERICAN RED CROSS-NEGA CHPATER GA 30045 30503 30503 GA 30549 30024 GA 30605 GA 30504 30601 GA 30601 (3) AMERICAN RED CROSS EAST GA CH (9) BOYS AND GIRLS CLUB METRO ATL (7) ATHENS AREA HOMELESS SHELTER (a) Name and address of organization (8) CHALLENGED CHILD AND FRIEND (5) ANNANDALE AT SUWANEE, INC (1) ACTION MINISTRIES, INC 382 STONE MOUNTAIN ST (4) ARK OF JACKSON COUNTY or government 3500 ANNANDALE LANE 620 BARBER STREET 594 OCONEE STREET 127 LAKEVIEW DR 490 POLASKI ST P.O. BOX 5758 P.O. BOX 3370 P.O. BOX 673 LAWRENCEVILLE GAINESVILLE GAINESVILLE GAINESVILLE **JEFFERSON** SUWANEE ATHENS ATHENS ATHENS Part !!

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

SCHEDULEI (Form 990)

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

Open to Public Inspection

2013

OMB No 1545-0047

Employer Identification number 20-3423847 ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. JACKSON EMC FOUNDATION, INC. General Information on Grants and Assistance Department of the Treasury Internal Revenue Service Name of the organization

	, TOT / 1707					_ 1	120025
Part I General Information on Grants and Assistance	Assistance						•
1 Does the organization maintain records to substantiate the amount of the gran	e amount of the grar	nts or assist	its or assistance, the grantees' eligibility for the grants or assistance, and	bility for the grants or	assistance, and		
the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for moniton	ce? Itoring the use of gra	ant funds in	the United States				Yes No
Part II Grants and Other Assistance to Governments and Organizations in the	vernments an	d Organiz	zations in the Uni	ted States. Com	olete if the organ	nization answere	d Organizations in the United States. Complete if the organization answered "Yes" to Form 990,
Part IV, line 21, for any recipient that received more	received more	nan \$5,0(nan \$5,000. Part II can be duplicated it additional space is needed	Juplicated if additi	ional space is no	eeded.	
1 (a) Name and address of organization	(p) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation (book, FMV, appraisal,	(g) Description of	(h) Purpose of grant
		rt applicable	giair	cash assistance	other)	ווטוי-למאון מאאומווטנו	OI assistance
(1) COOPERATIVE MINISTRY - LAWREN							
P.O. BOX 1328						<u> </u>	EMERGENCY ASSISTANCE
LAWRENCEVILLE GA 30046	58-2193039		15,000				
(2) ATHENS NURSES CLINIC							
P.O. BOX 1732						<u></u> <u></u>	CLINIC EXPANSION
ATHENS GA 30603	58-2490925		15,000				
(3) BANKS COUNTY LITERACY COUNCIL							
127 HUDSON BRIDGE RD						<u> </u>	IMAGINATION LIBRARY
HOMER GA 30547	26-3283008		15,000				
(4) BARROW COUNTY 4-H							
90 LANTHIER STREET SUITE B		_				<u>ŭ</u>	ROBOTICS PROGRAM
WINDER GA 30680	58-1592819		6,000	•			
(5) BOYS & GIRLS CLUB- HALL COUNTY							
P.O BOX 691						<u>m</u>	BE GREAT
GAINESVILLE GA 30503	58-0656890		10,000				
(6) CAMP KOINONIA							
P.O. BOX 416						S	SUMMER CAMP
CORNELIA GA 30531	26-2695116		15,000				
(7) CAMP TWIN LAKES, INC.							
600 MEANS STREET SUITE 110			-			<u>121</u>	SUMMER CAMP
ATLANTA GA 30318	58-1826782		10,000				
(8) CASA-PIEDMONT, INC.							
5000 JACKSON PARKWAY SUITE 210						<u>\$</u>	VOLUNTEER TRAINING
JEFFERSON GA 30549	58-2537970		000'6				
(9) CITIZEN ADVOCACY ATHENS-CLARKE, INC	O						
P.O. BOX 741	_					<u> </u>	STAFF SUPPORT
ATHENS GA 30603	58-2187824		5,500				

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

² Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. ► Attach to Form 990.

OMB No 1545-0047

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Inspection

2. MOBILITY PANTRY PROG EMERGENCY ASSISTANCE OUTDOOR FITNESS AREA MORTGAGE ASSISTANCE DREAM QUEST PROGRAM SALT-LIGHT CENTER Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, (h) Purpose of grant MENTOR PROGRRAM or assistance SUMMER PROGRAM Employer identification number Yes SUMMER CAMP 20-3423847 non-cash assistance (g) Description of Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (e) Amount of noncash assistance 7,500 9,000 15,000 13,500 15,000 10,000 10,750 6,100 10,000 (d) Amount of cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. grant (c) IRC section if applicable 58-2173956 58-1710803 74-3144389 58-1938006 58-1792414 58-1366728 58-1497408 58-2474566 14-1906067 INC General Information on Grants and Assistance (p) EIN JACKSON EMC FOUNDATION, the selection criteria used to award the grants or assistance? - LUMPKIN COUNTY GWINNEIT COUNTY GA 30515 30047 30043 30502 GA 30533 GA 30604 30091 GA 30677 GA 30042 (2) COOPERATIVE MINISTRY-NORCROSS COOPERATIVE MINISTRY- LILBURN GEORGIA, INC (a) Name and address of organization 5329 FIVE FORKS TRICKUM RD (6) EXTRA SPECIAL PEOPLE, INC. ð ð or government INC (3) CREATIVE ENTERPRISES (7) FAMILY CONNECTION (8) FAMILY PROMISE OF (4) EAGLE RANCH, INC. (5) EXODUS OUTREACH, 701 HI-HOPE LANE (9) FOOD BANK OF NE 56 INDIAN DRIVE P.O. BOX 464971 BOX 48857 P.O. BOX 1489 P.O. BOX 7200 CHESTNUT MOUNTA P.O. BOX 615 P.O. BOX 521 LAWRENCEVILLE LAWRENCEVILLE WATKINSVILLE Name of the organization DAHLONEGA NORCROSS LILBURN P.0. BUFORD ATHENS Part III Part Ξ

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. ► Attach to Form 990.

2013

OMB No 1545-0047

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≗ □ FOLLOW ALONG SUPPORT EMERGENCY LEGAL ASSI HEALTHCARE GRANTS Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, (h) Purpose of grant HARDWAR UPGRADE MOVING FORWARD or assistance BOOK GIVEAWAY Employer Identification number PRIMARY CARE ☐ Yes SPONSORSHIP VISION CARE 20-3423847 non-cash assistance (g) Description of Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (e) Amount of noncash assistance 12,500 000'9 10,500 10,200 10,000 10,000 15,000 7,880 10,000 (d) Amount of cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. grant (c) IRC section if applicable 58-6003706 58-1915583 58-1031697 58-1447674 58-2424720 58-0548732 58-2058853 27-0080400 58-1868227 INC General Information on Grants and Assistance (p) EIN JACKSON EMC FOUNDATION, the selection criteria used to award the grants or assistance? (6) GEORGIA LIONS LIGHTHOUSE FOUNDATION (7) GOOD SAMARITAN HEALTH CTR OF GWINNE (2) GAINESVILLE JAYCEES VOCATIONAL REHA (8) GWINNETT COMMUNITY CLINIC, INC (9) GWINNETT COUNTY PUBLIC LIBRARY GA 30075 30339 GA 30503 GA 30503 GA 30044 30046 30501 GA 30602 GA 30078 3350 RIVERWOOD PKY SUITE 1400 (a) Name and address of organization (4) GEORGIA CHILDREN'S CHORUS ð (1) FRAGILE KIDS FOUNDATION 1001 LAWRENCEVILLE HWY (6) GOOD NEWS CLINICS 1775 CLAIRMONT RD 3700 CLUB DRIVE P.O. BOX 907413 250 RIVER ROAD (3) GATEWAY HOUSE P.O. BOX 2683 P.O. BOX 2692 P.O. BOX 487 LAWRENCEVILLE LAWRENCEVILLE GAINESVILLE GAINESVILLE GAINESVILLE Name of the organization SNELLVILLE ATLANTA DECATUR ATHENS Part i

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Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

OMB No 1545-0047

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

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

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

2013

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Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990

ջ □ Employer Identification number ☐ Yes 20-3423847 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and INC General Information on Grants and Assistance JACKSON EMC FOUNDATION, the selection criteria used to award the grants or assistance? Name of the organization Part

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

SAF FIELD STUDIES PROGRA MAKING TECH AVAILABL RESIDENTIAL SERVICE STUDENT LEADERSHIP TECH REHAB UPGRADE PHILLIPS HOUSE #11 SEAT Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, (h) Purpose of grant GED PREPARATION or assistance INFANT CARE non-cash assistance (g) Description of Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of noncash assistance 15,000 15,000 10,000 15,000 14,752 10,000 6,800 14,941 (d) Amount of cash grant (c) IRC section if applicable 26-1091320 58-1828486 58-2106879 91-1914868 58-1354523 32-0138163 91-1914868 58-2290422 (p) EIN 빙 GWINNETT HOSPITAL SYSTEM FOUNDATION (6) HABITATE FOR HUMANITY - JACKSON CO GWINNETT ENVIRONENTAL & HERITAGE GWINNETT STUDENT LEADERSHIP TEAM (5) HABITAT FOR HUMANITY - GWINNEIT GA 30043 GA 30515 GA 30087 GA 30549 30024 30043 30501 30043 (a) Name and address of organization 1755 N. BROWN ST SUITE 100 (7) HALL COUNTY LIBRARY SYSTEM GWINNETT TECH FOUNDATION S. Ą CENTER 5150 SUGARLOAF PARKWAY 437 OLD PEACHTREE RD 127 MAIN STREET NW (8) HI- HOPE SERVICE 870408 882 HI-HOPE ROAD P.O. BOX 2164 STONE MOUNTAIN P.O. BOX 424 LAWRENCEVILLE LAWRENCEVILLE LAWRENCEVILLE P.O. BOX GAINESVILLE JEFFERSON SUWANEE Part II ල Ξ 2 **€**

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

GA 30518

11,500

20-1571214

4850 GOLDEN PARKWAY SUITE B230

(9) I AM, INC.

BUFORD

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2013)

GIRLS LEADERSHIP

SCHEDULE! (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

2013

OMB No 1545-0047

Open to Public Inspection

Employer Identification number

2 ACCELERATING OPPORTU INDIGENT PATIENT FUN KITCHEN EDUCATION FU Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, ROBOTICS PROGRAM (h) Purpose of grant RIDGEWOOD HOUSE MENTOR PROGRAM or assistance YOUTH PROGRAM YOUTH PROGRAM Yes 20-3423847 HOUSING non-cash assistance (g) Description of Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (f) Method of valuation (book, FMV, appraisal, other) Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (e) Amount of noncash assistance 10,000 15,000 11,000 15,000 7 , 500 6,000 10,000 14,400 8,000 (d) Amount of cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States, grant (c) IRC section if applicable 58-1493030 58-2330849 58-1688866 58-1694820 75-3156647 86-1171903 20-3144814 56-2421202 INC General Information on Grants and Assistance (p) EIN JACKSON EMC FOUNDATION, the selection criteria used to award the grants or assistance? (3) LANIER TECHNICAL COLLEGE FOUNDATION (9) PARTNERSHIP AGAINST DOMESTIC VIOLEN 2150 LIMESTONE PARKWAY SUITE 115 GA 30549 GA 30566 GA 30043 GA 30504 GA 30549 GA 30501 30548 GA 30501 (6) MEET THE NEED MINISTRY, INC. (a) Name and address of organization (5) MEDICAL CENTER FOUNDATION 2990 LANDRUM EDUCATION DR (1) JACKSON COUNTY 4-H CLUB or government (7) NEXT STOP FOUNDATION (2) L.A.M.P. MINISTRIES 1037 BEAVER DAM RD (8) OUR NEIGHBOR, INC. 162 WOODSHYRE CT. (4) LINDSAY'S LEGACY P.O. BOX 908483 P.O. BOX 170225 P.O. BOX 5637 P.O. BOX 760 P.O. BOX 883 LAWRENCEVILLE GAINESVILLE GAINESVILLE GAINESVILLE JEFFERSON JEFFERSON OAKWOOD HOSCTON ATLANTA Part

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table 8

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

SCHEDULEI (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its Instructions is at www.irs.gov/form990.

INC

JACKSON EMC FOUNDATION,

OMB No 1545-0047 2013

Open to Public Inspection

Employer Identification number 20-3423847

Part	General Information on Grants and Assistance	Assistance						•
1 Does th	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	amount of the grant	s or assista	nce, the grantees' eligi	bility for the grants or	assistance, and		
the sele	the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	e? orina the use of arar	nt funds in th	e United States				
1	Grants and Other Assistance to Governments and	vernments and	Organiz	ations in the Unit	ted States. Comp	lete if the orgar	nization answer	Organizations in the United States. Complete if the organization answered "Yes" to Form 990,
	Part IV, line 21, for any recipient that received more th	eceived more th	าลท \$5,00	lan \$5,000. Part II can be duplicated if additional space is needed	uplicated if additi	onal space is ne	eded.	
1 ((a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) FAMILY	(1) FAMILY PROMISE OF HALL COUNTY							
946 LA	946 LANIER AVENUE							DESKTOP COMPUTERS
GAINESVILLE	:LLE GA 30501	27-5544034		6,025	,			
(2) PIEDMC	(2) PIEDMONT REGIONAL LIBRARY SYSTEM							
189 BE	189 BELLVIEW STREET		-					BOOKS FOR CHILDREN
WINDER	GA 30680	58-6004234		15,000				
(3) PILOT	(3) PILOT CLUB OF WINDER							
388 PE	PENDERGRASS ROAD							PROJECT LIFESAVER
WINDER	GA 30680	58-1314369		6,000				
(4) PLACE	(4) PLACE OF SEVEN SPRINGS							
3541 8	3541 STONE MTN HWY 78 SUITE 6							GIVING HOPE
SNELLVILLE	GA 30078	35-2376285		10,000				
(s) POTTEF	(5) POTTER'S HOUSE							
2353 E	BOLTON ROAD							RECOVERY PROGRAM
ATLANTA	GA 30318	58-0572430		8,000				
(e) PROJEC	(6) PROJECT ADAM COMMUNITY ASSISTANCE							
P.O. E	BOX 2							CHEMICAL DEPENDENCY
WINDER	GA 30680	58-1466371		15,000				
(7) PROJECT SAFE,	CT SAFE, INC.							
P.O. E	BOX 7532							TRANITITIONAL HOUSIN
ATHENS	GA 30604	58-1908469		7,500				
(8) RAINBO	(8) RAINBOW CHILDREN'S HOME, INC.							
247 E.	247 E. MAIN STREET					-		LYDIA'S PLACE
DAHLONEGA	sA GA 30533	58-2503916		000'L				
(9) RAINBO	(9) RAINBOW VILLAGE, INC.	•						
3160 MAIN	MAIN STREET						- 1	EARLY CHILDHOOD DEVE
DULUTH	GA 30096	58-2181183		15,000				
1	1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	and the state of t	the line of the	4				•

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

INC

JACKSON EMC FOUNDATION,

OMB No 1545-0047 2013

Open to Public Inspection

Employer Identification number

20-3423847

2 AID HOT LINE PROGRAM HOME DELIVERED MEALS EMERGENCY ASSISTANCE AISSTANCE TO FAMILIE HOUSING ASSISTANCE EMERGENCY SHELTER EMERGENCY SHELTER EMERGENCY SHELTER Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, (h) Purpose of grant or assistance Yes SUMMER CAMP non-cash assistance (g) Description of Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (e) Amount of noncash assistance 10,000 15,000 15,000 15,000 7,500 10,000 10,000 10,000 10,000 (d) Amount of cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. grant (c) IRC section if applicable 58-0660606 58-0660606 58-0660606 58-2458533 58-0967972 13-5562362 58-0967972 13-5562362 58-6000859 General Information on Grants and Assistance (b) EIN the selection criteria used to award the grants or assistance? (7) ST. VINCENT DE PAUL SOCIETY-FLOWERY (8) ST. VINCENT DE PAUL SOCIETY-GAINESV ST. VINCENT DE PAUL SOCIETY- JACKSC (6) ST. VINCENT DE PAUL SOCIETY-DULUTH (3) SALVATION ARMY OF LAWRENCEVILLE GA 30506 GA 30542 GA 30606 GA 30501 GA 30044 GA 30633 GA 30024 GA 30097 GA 30549 (5) SPECTRUM AUTISM SUPPORT GROUP GAINESVILLE (4) SENIOR CENTER- MADISON COUNTY (a) Name and address of organization (1) SALVATION ARMY OF ATHENS 6439 SPOUT SPRINGS RD or government 3455 SUGARLOAF PKWY 1440 PEARCE CIRCLE (2) SALVATION ARMY OF 484 HAWTHORNE AVE 681 DORSEY STREET 1700 BUFORD HWY P.O. BOX 3132 1265 HWY 98W FLOWERY BRANCH 180 ELROD RD LAWRENCEVILLE DANIELSVILLE GAINESVILLE GAINESVILLE **JEFFERSON** SUWANEE ATHENS DULUTH Part II Part 6

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

2013

2013Open to Public Inspection

ş PROGRAM MATERIAL FOR CLOTHIN AFTERSCHOOL PROGRAM CAMP Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, 16 PASSANGER VAN (h) Purpose of grant SUMMER PAY CAMP or assistance **Employer identification number** SUMMER GIRLS ☐ Yes SMART GIRLS 20-3423847 non-cash assistance (g) Description of Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (e) Amount of noncash assistance 15,000 10,000 15,000 10,000 15,000 7,000 (d) Amount of cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable 20-2822343 58-0593443 20-1759275 58-1833152 58-0632083 INC. 58-2440691 General Information on Grants and Assistance (p) EIN JACKSON EMC FOUNDATION, Enter total number of other organizations listed in the line 1 table the selection criteria used to award the grants or assistance? (2) TEEN PREGNANCY PREVENTION, INC GA 30680 GA 30046 GA 30503 GA 30606 30605 GA 30024 (5) YMCA-WINDER BARROW BRAD AKINS (a) Name and address of organization 191 PLAINVIEW DRIVE SUITE 3 B (1) STEP BY STEP RECOVERY 915 HAWTHORNE AVENUE (3) TINY STITCHES, INC 562 RESEARCH DRIVE 50 BRAD AKINS DR P.O. BOX 254 P.O. BOX 157 LAWRENCEVILLE (4) YMCA-ATHENS (6) YWCO-ATHENS GAINESVILLE Name of the organization SUWANEE ATHENS ATHENS Part II WINDE 8 8 6

Schedule I (Form 990) (2013)

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Page 2

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is peeded 20-3423847 Schedule I (Form 990) (2013)
Part III Grants and

	Part III can be duplicated it additional space is needed	onal space is needed.				
	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book, (f) Description of non-cash assistance
		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
1 CHARI	1 CHARITABLE ASSISTANCE	27	72,974		NA	NA
2			-			•
က						-
4						
5						
9						
7						
Part IV	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	vide the information rec	quired in Part I, line 2	, Part III, column (b),	and any other additional in	formation

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

EACH ORGANIZATION IS REQUIRED TO COMPLETE A GRANTEE REPORT WHICH KEEPS THE

FOUNDATION INFORMED AS TO THE USE OF THE GRANT FUNDS.

SCHEDULE O (Form 990 or 990-EZ) 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.

OMB No 1545-0047
2013

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

Employer identification number

JACKSON EMC FOUNDATION, INC.

20-3423847

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 FORM 990 IS REVIEWED BY THE BOARD WITH ALL SUPPORTING DOCUMENTATION MADE AVAILABLE TO THEM.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
DIRECTORS AND CONSULTANTS OF THE JACKSON EMC FOUNDATION ARE TO ADHERE TO
THE HIGHEST LEGAL, MORAL AND ETHICAL STANDARDS OF SOCIETY IN ALL AREAS OF
BUSINESS CONDUCT. CONFLICTS OF INTEREST ARE TO BE AVOIDED. UPON
APPOINTMENT, NEW DIRECTORS WILL READ AND SIGN THE CONFLICT OF INTEREST
CERTIFICATION AND DISCLOSURE FORM. EXISTING DIRECTORS WILL READ AND SIGN
THE CONFLICT OF INTEREST CERTIFICATION AND DISCLOSURE FORM ANNUALLY. THE
FORM WILL BE SIGNED AT THE FIRST REGULAR BOARD MEETING OF EACH YEAR. THE
FORMS WILL BE MAINTAINED IN A CONFIDENTIAL MANNER BY THE MARKETING/MEMBER
RELATIONS DEPARTMENT OF JACKSON EMC.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
THE FOUNDATION MAKES ITS BYLAWS AND FINANCIAL STATEMENTS AVAILABLE TO THE
PUBLIC AS PART OF ITS FORM 990. THE FORM 990 IS AVAILABLE UPON REQUEST AS
REFLECTED IN PART VI SECTION C LINE 18.

6628007 Jackson EMC Foundation, Inc. 20-3423847 Federal Statements FYE: 5/31/2014								
	Taxable Interest on Investments							
Descripti								
TAXABLE INTEREST	Unrelated Exclusion Postal Acquired after US Amount Business Code Code Code 6/30/75 Obs (\$ or %) \$ 275 14							
TOTAL	\$ 275							

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-

1,061,456 1,061,456 Amount Schedule A, Part II, Line 12 Federal Statements Description 6628007 Jackson EMC Foundation, Inc. 20-3423847 FYE: 5/31/2014 CONTRIBUTIONS TOTAL

JACKSON EMC FOUNDATION, INC. SCHEDULE OF COMMUNITY ASSISTANCE FOR THE YEAR ENDED MAY 31, 2014

Action Ministries	\$ 7,500
American Red Cross - East GA Chapter	10,000
American Red Cross - Northeast GA Chapter	10,000
Annandale at Suwanee, Inc.	15,000
Area Committee to Improve Opportunities	5,700
Ark of Jackson County	12,500
Athens Area Homeless Shelter	5,290
Athens Community Council on Aging	5,000
Athens Nurses Clinic	15,000
Banks County Literacy Council	15,000
Barrow County 4-H	6,000
Books for Keeps, Inc.	2,500
Boy Scouts of NEGA	5,000
Boys & Girls Clubs of Hall County	10,000
Boys & Girls Clubs of Metro Atlanta	15,000
Camp Koinonia	15,000
Camp Kudzu	5,000
Camp Twin Lakes, Inc.	10,000
CASA - Piedmont, Inc.	9,000
Challenged Child & Friends, Inc.	15,000
Citizen Advocacy Athens-Clarke, Inc.	5,500
Cooperative Ministry - Lawrenceville	15,000
Cooperative Ministry - Lilburn	7,500
Cooperative Ministry - Norcross	10,000
Creative Enterprises	10,750
Cross Pointe Food Pantry	2,500
DAV - Chapter 92	2,500
Eagle Ranch, Inc.	9,000
Exodus Outreach, Inc.	15,000
Extra Special People, Inc.	13,500
Families of Children Under Stress	5,000
Family Connection - Lumpkin County	6,100
Family Promise of Gwinnett County, Inc.	10,000
Family Promise of Hall County, Inc.	6,025
Fellowship of Christian Athletes	5,000
Food Bank of Northeast Georgia, Inc.	15,000
Foster Siblings Reunited	2,000
Fragile Kids Foundation	10,500
Gainesville Jaycees Vocational Rehabilitation Center	12,500
Gainesville/Hall Community Food Pantry	 2,500
Balance-Carried Forward	\$ 359,365

JACKSON EMC FOUNDATION, INC. SCHEDULE OF COMMUNITY ASSISTANCE FOR THE YEAR ENDED MAY 31, 2014

Balance-Brought Forward	\$	359,365
Gateway House		10,200
Georgia Children's Chorus		10,000
Georgia Community Support & Solutions		5,000
Georgia Lions Lighthouse Foundation, Inc.		10,000
Good News Clinics		15,000
Good Samaritan Health Center of Gwinnett		7,880
Gwinnett Community Clinic, Inc.		10,000
Gwinnett County Public Library		6,000
Gwinnett Environmental & Heritage Center		10,000
Gwinnett Hospital System Foundation		14,941
Gwinnett Student Leadership Team		15,000
Gwinnett Tech Foundation		15,000
Habitat for Humanity - Gwinnett		14,752
Habitat for Humanity - Jackson County		10,000
Hall County Library System		6,800
Hamilton Mill United Methodist Church		2,500
Hi-Hope Service Center		15,000
HOPE, Inc.		2,500
I Am, Inc.		11,500
iServe Ministries		2,500
Jackson County 4-H Club		6,000
Jackson County Arts Council		1,000
Jefferson First Baptist Church Food Pantry		2,500
L.A.M.P. Ministries		10,000
Lanier Technical College Foundation		10,000
Lekotek of Georgia		5,000
Lindsay's Legacy		15,000
Medical Center Foundation		11,000
Meet the Need Ministry, Inc.		14,400
Mentor Program - Clarke County		5,000
Newtown Florist Club		5,000
Next Stop Foundation		8,000
NOA's Ark, Inc.		4,500
Nothing but the Truth, Inc.		2,500
Nuci's Space		4,000
Our Neighbor, Inc.		15,000
Partnership Against Domestic Violence		7,500
Balance-Carried Forward	\$_	680,338

JACKSON EMC FOUNDATION, INC. SCHEDULE OF COMMUNITY ASSISTANCE FOR THE YEAR ENDED MAY 31, 2014

Piedmont Regional Library System15,000Pilot Club of Winder6,000Place of Seven Springs10,000Potter's House8,000Project ADAM Community Assistance15,000Project Safe, Inc.7,500
Pilot Club of Winder 6,000 Place of Seven Springs 10,000 Potter's House 8,000 Project ADAM Community Assistance 15,000
Place of Seven Springs 10,000 Potter's House 8,000 Project ADAM Community Assistance 15,000
Potter's House 8,000 Project ADAM Community Assistance 15,000
Project ADAM Community Assistance 15,000
Quilts for Kids - NEGA Chapter 5,000
Quinlan Arts, Inc. 5,000
Rainbow Children's Home, Inc. 7,000
Rainbow Village, Inc.
Reins of Life, Inc. 2,000
Rotary Club of Banks County 2,500
Rotary Club of Gainesville 5,000
Safe Kids - Athens Area 2,500
Salvation Army of Athens 15,000
Salvation Army of Gainesville 15,000
Salvation Army of Lawrenceville 15,000
Senior Center - Madison County 7,500
Side by Side Brain Injury Clubhouse 5,000
Special Olympics - Barrow County 4,200
Spectrum Autism Support Group 10,000
Spirit of Joy Christian Church 2,500
St. Vincent De Paul Society - Duluth 10,000
St. Vincent De Paul Society - Flowery Branch
St. Vincent De Paul Society - Gainesville 10,000
St. Vincent De Paul Society - Jackson County 10,000
Step by Step Recovery 10,000
Teen Pregnancy Prevention, Inc. 15,000
Tiny Stitches, Inc.
Urban Ministry - Gainesville First United Methodist Church 2,500
YMCA - Athens
YMCA - Winder Barrow Brad Akins 15,000
YWCO of Athens
\$ 974,538

JACKSON EMC FOUNDATION, INC. SCHEDULE OF FAMILY AND INDIVIDUAL ASSISTANCE FOR THE YEAR ENDED MAY 31, 2014

Adrian Mance	\$ 2,742
Adriane Clark	3,500
Ben Wilbanks	3,500
Bennie Evans	3,300
Brenda Miller	3,395
Brenda Thomas	909
Cathy Bramlett	3,065
Cheryl Carter	240
Eunice Poole	470
Florrie Hardigree	3,500
Frank Autry	3,500
Jabeen Motiwalla	2,750
James Hudson	3,500
Jennifer Lane	2,334
JoeAnn Hudspeth	2,914
Lee Collins	2,970
Levern Porter	248
Linda Shelton	3,420
Lois Truelove	3,350
Lourdes Miles	3,500
Martha Phillips	3,500
Patricia Mason	2,100
Ricky Watson	513
Susan Stokes	3,500
Tyson Sadler	3,454
Vickie Miller	3,500
William Gay	 3,300
	\$ 72,974

BYLAWS

Jackson EMC Foundation, Inc.

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JACKSON EMC FOUNDATION, INC.

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BY LAWS OF

JACKSON EMC FOUNDATION, INC.

ARTICLE 1. NAME AND OFFICES

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

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

ARTICLE 2. PURPOSE OF ORGANIZATION

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

ARTICLE 3. FUNDING

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

ARTICLE 4. BOARD OF DIRECTORS

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

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

ARTICLE 5. QUALIFICATIONS OF BOARD MEMBERSHIP

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

ARTICLE 6. SELECTION OF BOARD OF DIRECTORS

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

ARTICLE 7. COMPENSATION OF DIRECTORS

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

ARTICLE 8. MEETINGS OF THE BOARD OF DIRECTORS

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

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

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

SECTION 4. Participation in Meeting Through Any Means of Communication.

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

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

ARTICLE 9. QUORUM

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

ARTICLE 10. REMOVAL OF MEMBER OF BOARD

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

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

ARTICLE 11. OFFICERS OF THE CORPORATION

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

ARTICLE 12. ELECTION OF OFFICERS AND TERMS OF OFFICE

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

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

ARTICLE 13. EX OFFICIO MEMBERS OF BOARD OF DIRECTORS

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

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

ARTICLE 14. POLICIES, RULES, AND REGULATIONS

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

ARTICLE 15. DUTIES OF OFFICERS

- A. CHAIRMAN: The Chairman shall be the principal executive officer of the FOUNDATION and, unless otherwise determined by the Board, shall preside at all meetings of the Board and in general perform all duties incidental to the office of Chairman and such other duties as may be prescribed by the Board from time to time.
- B. VICE CHAIRMAN: In the absence of the Chairman, or in the event of his/her inability or refusal to act, the Vice Chairman shall perform the duties of the Chairman, and when so acting, shall have all the powers of and be subject to all the restrictions upon the Chairman. The Vice Chairman shall also perform such other duties as from time to time may be assigned to him/her by the Board.
- C. SECRETARY: The Secretary shall be responsible for the keeping of the minutes of the meetings of the Board in one or more books provided for that purpose; be responsible for seeing that all notices are duly given in accordance with these Bylaws or as required by law; be custodian of the corporate records and of the seal of the

FOUNDATION and affix the seal of the FOUNDATION to all necessary documents, the execution of which on behalf of the FOUNDATION under its seal is duly authorized in accordance with the provisions of these Bylaws; have general charge of the books of the FOUNDATION; be responsible for the keeping on file at all times a complete copy of the Articles of Incorporation and Bylaws of the FOUNDATION containing all amendments thereto; and, in general, perform all duties incidental to the office of the Secretary and such other duties as from time to time may be assigned to him/her by the Board.

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

ARTICLE 16. CHECK SIGNING

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

ARTICLE 17. DISBURSEMENT OF FUNDS

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

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

Members of the Board of Directors of the FOUNDATION, immediate family members of the members of the Board of Directors of the FOUNDATION, members of the Board of Directors of Jackson Electric Membership Corporation, immediate family members of the members of the Board of Directors of Jackson Electric Membership Corporation, employees of Jackson Electric Membership Corporation and immediate family members of employees of Jackson Electric Membership Corporation shall not be

eligible to receive any disbursement of monies from the FOUNDATION. For the purposes of this Article XVII, immediate family members means spouse, parent, son, daughter, brother, sister, niece, nephew, half-sibling, step-sibling, grandparent, grandchild, in-laws and step-parents.

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

ARTICLE 18. TRANSFER OF FUNDS

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

ARTICLE 19. INVESTMENT OF FUNDS

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

ARTICLE 20. ACCOUNTING SYSTEM AND REPORTS

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

ARTICLE 21. POLITICAL CONTRIBUTIONS

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

ARTICLE 22. BORROWING FUNDS

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

ARTICLE 23. RETENTION OF FUNDS

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

ARTICLE 24. PROXY VOTING

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

ARTICLE 25. AUDIT

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

ARTICLE 26. FISCAL YEAR

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

ARTICLE 27. INDEMNIFICATION

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

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

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

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

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

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

ARTICLE 28. AMENDMENTS

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

Amended August 4, 2006