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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

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 06/01/14 , and ending 05/31/15

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
JACKSON EMC FOUNDATION, INC.

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
P.O. BOX 38

City or town, state or province, country, and ZIP or foreign postal code
JEFFERSON GA 30549

D Employer identification number
20-3423847

E Telephone number
706-367-5281

G Gross receipts $ 1,074,667

F Name and address of principal officer

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list (see instructions)

I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.JACKSONEMC.COM

H(c) Group exemption number ▶

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 2005

M State of legal domicile GA

Part I Summary

1 Briefly describe the organization's mission or most significant activities

THE PURPOSE OF THE FOUNDATION IS TO ACCUMULATE AND DISBURSE FUNDS FOR CHARITABLE PURPOSES IN THE SERVICE AREA OF JACKSON EMC.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	3	10
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	0
6 Total number of volunteers (estimate if necessary)	6	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)		0
9 Program service revenue (Part VIII, line 2g)	1,061,456	1,074,435
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	275	232
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,061,731	1,074,667
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,047,512	1,183,210
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		0
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		0
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,047,512	1,183,210
19 Revenue less expenses Subtract line 18 from line 12	14,219	-108,543

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	298,224	189,681
21 Total liabilities (Part X, line 26)	0	0
22 Net assets or fund balances Subtract line 21 from line 20	298,224	189,681

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

✓ Beauty P. Baldwin — Signature of officer — ✓ 9-15-15 Date

✓ Beauty P. Baldwin ✓ Chair — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: J. RANDOLPH NICHOLS	Preparer's signature	Date: AUG 18 2015	Check ☐ if self-employed	PTIN: P00347246
Firm's name ▶ MCNAIR, MCLEMORE, MIDDLEBROOKS & CO, LLC			Firm's EIN ▶	58-1094351
Firm's address ▶ POST OFFICE BOX ONE MACON, GA 31202-0001			Phone no	478-746-6277

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

2

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III ☐

1 Briefly describe the organization's mission

THE PURPOSE OF THE FOUNDATION IS TO ACCUMULATE AND DISBURSE FUNDS FOR CHARITABLE PURPOSE IN THE SERVICE AREA OF JACKSON EMC.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 1,183,210 including grants of $ 1,183,210) (Revenue $ 1,074,435)

THE PURPOSE OF THE FOUNDATION IS TO ACCUMULATE AND DISBURSE FUNDS FOR CHARITABLE PURPOSE IN THE SERVICE AREA OF JACKSON EMC.

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ▶ 1,183,210

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 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, Part III	5		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 "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			
a	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 securities 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
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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 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		X
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 foreign investments valued at $100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? 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 or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
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 $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		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year 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	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior 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 current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," 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)			
a	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 Schedule L, Part IV	28b		X
c	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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 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 sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable 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 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 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part 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 ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b			
c	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		3b		
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 account)?		4a		X
b	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		5a		X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5c		
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?				
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the 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 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 and services provided to the payor?		7a		
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	7d			
e	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?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
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			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	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				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions.
Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	1a	10		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	10		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	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 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, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b			X
9	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

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)

			Yes	No
10a	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		
11a	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			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
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	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	15b		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ GA

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶
JACKSON EMC P.O. BOX 38
JEFFERSON GA 30549 706-367-5281

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 any line in this Part VII ☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated 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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BEAUTY BALDWIN CHAIRMAN	2.00 0.00	X		X				0	0	0
(2) JOHNNY FOWLER DIRECTOR	2.00 0.00	X		X				0	0	0
(3) JIM PUCKETT DIRECTOR	2.00 0.00	X						0	0	0
(4) ANDY BYERS DIRECTOR	2.00 0.00	X		X				0	0	0
(5) LISA MALOOF DIRECTOR	2.00 0.00	X						0	0	0
(6) CHRISTY MOORE SECRETARY/TREASURER	2.00 0.00	X						0	0	0
(7) GEORGE EVANS DIRECTOR	2.00 0.00	X						0	0	0
(8) JOEL HARBIN DIRECTOR	2.00 0.00	X						0	0	0
(9) DICK PERPALL DIRECTOR	2.00 0.00	X						0	0	0
(10) STEVE BLAIR VICE CHAIRMAN	2.00 0.00	X						0	0	0
(11)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12)										
(13)										
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 0

		Yes	No
3	Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If "Yes," complete Schedule J for such individual		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 0

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Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in 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
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f $					
	h Total. Add lines 1a–1f	▶				
Program Service Revenue		Busn. Code				
	2a CONTRIBUTIONS	624200	1,074,435	1,074,435		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a–2f	▶	1,074,435			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶	232			232
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
		(i) Real / (ii) Personal				
	6a Gross rents					
	b Less rental exps					
	c Rental inc or (loss)					
	d Net rental income or (loss)	▶				
	7a Gross amount from sales of assets other than inventory	(i) Securities / (ii) Other				
	b Less cost or other basis & sales exps					
	c Gain or (loss)					
	d Net gain or (loss)	▶				
	8a Gross income from fundraising events (not including $ of contributions reported on line 1c) See Part IV, line 18	a				
	b Less direct expenses	b				
	c Net income or (loss) from fundraising events	▶				
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
	10a Gross sales of inventory, less returns and allowances	a				
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory	▶				
	Miscellaneous Revenue	Busn Code				
	11a					
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a–11d	▶				
	12 Total revenue. See instructions	▶	1,074,667	1,074,435	0	232

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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 ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,121,106	1,121,106		
2 Grants and other assistance to domestic individuals See Part IV, line 22	62,104	62,104		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 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)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
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)				
a				
b				
c				
d				
e All other expenses				
25 **Total functional expenses** Add lines 1 through 24e	1,183,210	1,183,210	0	0
26 **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 ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest bearing		1	
	2	Savings and temporary cash investments	209,815	2	99,756
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	88,409	4	89,925
	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	
	6	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 organizations (see instructions) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a			
	b	Less accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	298,224	16	189,681
Liabilities	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	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	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	0	26	0
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☒ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	298,224	27	189,681
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		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		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	298,224	33	189,681
	34	Total liabilities and net assets/fund balances	298,224	34	189,681

Part 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	1,074,667
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,183,210
3	Revenue less expenses Subtract line 2 from line 1	3	-108,543
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	298,224
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	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	189,681

Part 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 ☒ 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? 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	2a		X
b	Were the organization's financial statements audited by an independent accountant? 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 ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b	X	
c	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	X	
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		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization

JACKSON EMC FOUNDATION, INC.

Employer identification number

20-3423847

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Schedule A (Form 990 or 990-EZ) 2014 JACKSON EMC FOUNDATION, INC. 20-3423847 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	1,020,083	1,045,585	1,039,204	1,061,456	1,074,435	5,240,763
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	1,020,083	1,045,585	1,039,204	1,061,456	1,074,435	5,240,763
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						5,240,763

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	1,020,083	1,045,585	1,039,204	1,061,456	1,074,435	5,240,763
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,697	1,085	314	275	232	4,603
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support.** Add lines 7 through 10						5,245,366

12 Gross receipts from related activities, etc (see instructions)	12	1,074,435

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	99.91%
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	99.78%

16a **33 1/3% support test—2014.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support test—2013.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
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						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
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, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2013** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2014.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests—2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in **Part VI,** including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI.**	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10b		

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in **Part VI.**	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**)

- a ☐ The organization satisfied the Activities Test Complete **line 2** below
- b ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- c ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in **Part VI.**	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 **Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d **Total** (add lines 1a, 1b, and 1c)	1d		
e **Discount** claimed for blockage or other factors (explain in detail in **Part VI**)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 **Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in **Part VI**) See instructions	
7	**Total annual distributions.** Add lines 1 through 6	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**) See instructions	
9	Distributable amount for 2014 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014.			
a				
b				
c				
d				
e	From 2013			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2014 from Section D, line 7 $			
a	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
c	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6	Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7	**Excess distributions carryover to 2015.** Add lines 3j and 4c			
8	Breakdown of line 7			
a				
b				
c				
d	Excess from 2013			
e	Excess from 2014			

Part VI **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)

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
2014
Open to Public Inspection

Name of the organization

JACKSON EMC FOUNDATION, INC.

Employer identification number

20-3423847

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of a historically important land area
☐ Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $

8 Does each conservation easement reported on line 2(d) above satisfy the 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 easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of 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 other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included in Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a [x] Public exhibition
- b [ ] Scholarly research
- c [ ] Preservation for future generations
- d [ ] Loan or exchange programs
- e [ ] Other

4 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 assets to be sold to raise funds rather than to be maintained as part of the organization's collection? [ ] Yes [ ] No

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? [ ] Yes [ ] No

b If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? [ ] Yes [ ] No

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
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 ▶ %
- c Temporarily restricted 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

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c) ▶				

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶		

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a

1	Total revenue, gains, and other support per audited financial statements			1	1,074,667
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	1,074,667
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	1,074,667

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	1,183,210
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	1,183,210
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	1,183,210

Part XIII Supplemental Information.

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

Part XIII Supplemental Information (continued)

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.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization

JACKSON EMC FOUNDATION, INC.

Employer identification number

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 the selection criteria used to award the grants or assistance? [X] Yes [ ] No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) 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) GAINESVILLE ACTION MINISTRIES P.O. BOX 673 GAINESVILLE GA 30503	58-2070427		10,000				GED PROGRAM
(2) AMERICAN RED CROSS-NEGA CHPATER P.O. BOX 3370 GAINESVILLE GA 30503	53-0196605		7,500				DISASTER RELIEF PROG
(3) AMERICAN RED CROSS EAST GA CH 490 POLASKI ST ATHENS GA 30601	58-0196605		7,500				DISASTER RELIEF PROG
(4) ANGEL HOUSE OF GEORGIA P.O. BOX 2667 GAINESVILLE GA 30503	45-0908910		7,000				INDIGENT CARE
(5) ARK OF JACKSON COUNTY 127 LAKEVIEW DR JEFFERSON GA 30549	58-2438061		10,000				EMERGENCY HOUSING
(6) ASIAN AMERICAN RESOURCE FOUNDATION 6045 ATLANTIC BLVD #222 NORCROSS GA 30071	58-2321987		7,500				TRANSITIONAL HOUSING
(7) AREA COMMITTEE TO IMPROVE OPPORTUNI 594 OCONEE STREET ATHENS GA 30605	58-0961506		6,500				FULL PLATE FOOD PROG
(8) CHALLENGED CHILD AND FRIEND P.O. BOX 5758 GAINESVILLE GA 30504	58-1622732		15,000				EARLY INTERVENTION
(9) BOY SCOUTS OF NEGA 203 SWANSON DR. LAWRENCEVILLE GA 30043	22-1576300		12,500				UNDERPRIV YOUTH PROG

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 122

3 Enter total number of other organizations listed in the line 1 table ▶ 0

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.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization

JACKSON EMC FOUNDATION, INC.

Employer identification number

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 the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) 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) BOYS AND GIRLS CLUB METRO ATL 382 STONE MOUNTAIN ST LAWRENCEVILLE GA 30045	58-0566123		15,000				AFTERSHCOOL PROGRAM
(2) BOYS AND GIRLS CLUB OF ATHENS 705 FOURTH STREET ATHENS GA 30601	58-0830085		7,500				AFTERSCHOOL PROGRAM
(3) BOYS AND GIRLS CLUB OF JACKSON COUN 412 GORDON ST JEFFERSON GA 30549	26-1889825		15,000				AFTERSCHOOL PROGRAM
(4) BOYS AND GIRLS CLUB OF WINDER P.O. BOX 418 WINDER GA 30680	58-0830085		15,000				AFTERSCHOOL PROGRAM
(5) ATHENS NURSES CLINIC P.O. BOX 1732 ATHENS GA 30603	58-2490925		7,500				CLINIC EXPANSION
(6) CAMP KOINONIA P.O. BOX 416 CORNELIA GA 30531	26-2695116		15,000				SUMMER CAMP
(7) CAMP KUDZU 5885 GLENRIDGE DR. STE. 160 ATLANTA GA 30328	58-2449646		8,000				SUMMER CAMP
(8) CAMP TWIN LAKES, INC. 600 MEANS STREET SUITE 110 ATLANTA GA 30318	58-1826782		10,000				SUMMER CAMP
(9) CASA-PIEDMONT, INC. 5000 JACKSON PARKWAY SUITE 210 JEFFERSON GA 30549	58-2537970		11,939				VOLUNTEER TRAINING

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

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

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.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization

JACKSON EMC FOUNDATION, INC.

Employer identification number

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 the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) 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) CHILDREN CENTER FOR HOPE AND HEALIN 226 MAIN ST. SW GAINESVILLE GA 30501	58-1718580		15,000				THERAPEUTIC SERVICES
(2) CHRISTIAN EDUCATION CENTERS, INC 1050 ELEPHANT TRAIL GAINESVILLE GA 30501	58-1022054		15,000				COUNSELING
(3) CITIZEN ADVOCACY ATHENS-CLARKE, INC P.O. BOX 741 ATHENS GA 30603	58-2187824		5,500				STAFF SUPPORT
(4) COOPERATIVE MINISTRY- LAWRENCEVILLE 176 CHURCH ST. LAWRENCEVILLE GA 30046	58-2193039		15,000				EMERGENCY ASSISTANCE
(5) COOPERATIVE MINISTRY- LILBURN 5329 FIVE FORKS TRICKUM RD LILBURN GA 30047	58-2173956		10,000				MORTGAGE ASSISTANCE
(6) COOPERATIVE MINISTRY-NORCROSS P.O. BOX 1489 NORCROSS GA 30091	58-1792414		15,000				EMERGENCY ASSISTANCE
(7) COOPERATIVE MINISTRY- NORTH GWINNET 4395 COMMERCE DR. P.O. BOX 672 BUFORD GA 30518	58-2176942		15,000				DREAM QUEST PROGRAM
(8) DIAMOND IN THE ROUGH YOUTH DEV. 2140 MCGEE RD. SUITE C460 SNELLVILLE GA 30078	83-0428456		5,500				OUTDOOR FITNESS AREA
(9) EXODUS OUTREACH, INC. P.O. BOX 521 BUFORD GA 30515	58-2474566		15,000				SUMMER PROGRAM

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

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

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.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization

JACKSON EMC FOUNDATION, INC.

Employer identification number

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 the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) 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) EXTRA SPECIAL PEOPLE, INC. P.O. BOX 615 WATKINSVILLE GA 30677	58-1710803		13,500				SUMMER CAMP
(2) EYES OF LOVE LIGHTHOUSE MISSION 332 S. HILL ST. SUITE B BUFORD GA 30518	90-0820550		10,000				RENT
(3) FAMILIES OF CHILDREN UNDER STRESS 3825 PRESIDENTIAL PARKWAY SUITE 103 ATLANTA GA 30340	58-1577602		5,500				SALT-LIGHT CENTER
(4) FOOD BANK OF NE GEORGIA, INC P.O. BOX 48857 ATHENS GA 30604	58-1938006		15,000				MOBILITY PANTRY PROG
(5) FOR HER GLORY FUND 2908 CLUB PLACE GAINESVILLE GA 30506	26-4134012		15,000				HEALTHCARE GRANTS
(6) GAINSVILLE/HALL CO. ALLIANCE FOR LT 4 1/2 STALLWORTH ST. GAINESVILLE GA 30501	58-2203290		12,000				FOLLOW ALONG SUPPORT
(7) GEORGIA LIONS LIGHTHOUSE FOUNDATION 1775 CLAIRMONT RD DECATUR GA 30075	58-0548732		10,000				VISION CARE
(8) GIRL SCOUTS OF HISTORIC GEORGIA 906 INTERSTATE RIDGE RD. SUITE E GAINESVILLE GA 30501	58-0566191		12,500				MOVING FORWARD
(9) GOOD SAMARITAN HEALTH CTR OF GWINNE 3700 CLUB DRIVE LAWRENCEVILLE GA 30044	27-0080400		15,000				HARDWARE UPGRADE

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

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

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.

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OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization

JACKSON EMC FOUNDATION, INC.

Employer identification number

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 the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) 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) GUEST HOUSE, INC 360 OAK ST. SUITE A. GAINESVILLE GA 30501	58-1764813		6,000				SPONSORSHIPS
(2) GWINNETT ENVIROMENTAL & HERITAGE CE P.O. BOX 2164 BUFORD GA 30515	26-1091320		15,000				FIELD STUDIES PROGRA
(3) GWINNETT STUDENT LEADERSHIP TEAM 437 OLD PEACHTREE RD SUWANEE GA 30024	32-0138163		15,000				STUDENT LEADERSHIP
(4) HABITAT FOR HUMANITY OF HALL COUNTY 2287 BROWNS BRIDGE RD. GAINESVILLE GA 30501	91-1914868		15,000				TECH REHAB UPGRADE
(5) HABITAT FOR HUMANITY - JACKSON CO P.O. BOX 242 JEFFERSON GA 30549	91-1914868		15,000				PHILLIPS HOUSE #11
(6) HEALTH DEPT.- HALL COUNTY 1290 ATHENS ST GAINESVILLE GA 30507	58-6000363		15,000				MAKING TECH AVAILABL
(7) HI- HOPE SERVICE CENTER 882 HI-HOPE ROAD LAWRENCEVILLE GA 30043	58-1354523		15,000				RESIDENTIAL SERVICE
(8) HOPE CLINIC 121 LNGLEY DR. LAWRENCEVILLE GA 30046	45-0478716		10,000				CLINICAL EQUIPMENT
(9) I AM, INC. 4850 GOLDEN PARKWAY SUITE B230 BUFORD GA 30518	20-1571214		10,000				GIRLS LEADERSHIP

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

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

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.

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OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization

JACKSON EMC FOUNDATION, INC.

Employer identification number

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 the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) 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) I STILL HAVE A DREAM FOUNDATION 1860 BARNETT SHOALS RD. SUITE 103-5 ATHENS GA 30660	80-0792884		10,000				HANDICAPPED VEHICLE
(2) JACKSON CO. CERTIFIED LITERATE PROG 1482 GALILEE CHURCH RD JEFFERSON GA 30549	20-2444564		15,000				ROBOTICS PROGRAM
(3) L.A.M.P. MINISTRIES P.O. BOX 5637 GAINESVILLE GA 30504	58-2330849		10,000				YOUTH PROGRAM
(4) LEKOTEK OF GEORGIA 1955 CLIFF VALLEY WAY SUITE 102 ATLANTA GA 30329	58-1535266		7,500				SPECIAL NEEDS HELP
(5) LINDSAY'S LEGACY P.O. BOX 883 JEFFERSON GA 30549	56-2421202		15,000				MENTOR PROGRAM
(6) MEDLINK GEORGIA, INC 11 CHARLIE MORRIS RD. P.O. BOX 457 COLBERT GA 30628	58-1394645		15,000				INDIGENT PAT FUND
(7) MENTOR PROGRAM- CLARKE CO 246 WEST HANCOCK AVE. ATHENS GA 30601	58-2126022		6,500				HOUSING
(8) MERCY HEALTH CENTER 700 OGLETHORPE AVE. SUITE C7 ATHENS GA 30604	58-2603523		13,500				KITCHEN EDUC FUND
(9) MULTIPLE CHOICES CENTER FOR INDEP.L 145 BARRINGTON DR. ATHENS GA 30605	58-2581589		7,000				GOOD ROOTS PROGRAM

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

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

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.

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OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization

JACKSON EMC FOUNDATION, INC.

Employer identification number

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 the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

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

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1 (a) Name and address of organization or government	(b) 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) NEGA CARE, INC. 434 GREEN ST. PLACE GAINESVILLE GA 30501	58-1721806		7,500				ULTRASOUND TRAINING
(2) NO ONE ALONE, INC. 120 RILEY RD P.O. BOX 685 DAHLONEGA GA 30533	58-1960833		10,000				TRAUMA COUNSELING
(3) PEACE PLACE, INC P.O BOX 948 WINDER GA 30680	58-2424746		15,000				TRANS HOUSING REPAIR
(4) OUR NEIGHBOR, INC. P.O. BOX 908483 GAINESVILLE GA 30501	20-3144814		11,000				RIDGEWOOD HOUSE
(5) PROJECT ADAM COMMUNITY ASSISTANCE P.O. BOX 2 WINDER GA 30680	58-1466371		7,500				CHEMICAL DEPENDENCY
(6) SALVATION ARMY OF ATHENS 484 HAWTHORNE AVE ATHENS GA 30606	58-0660606		15,000				EMERGENCY SHELTER
(7) SALVATION ARMY OF GAINESVILLE 681 DORSEY STREET GAINESVILLE GA 30501	58-0660606		15,000				EMERGENCY SHELTER
(8) SALVATION ARMY OF LAWRENCEVILLE 3455 SUGARLOAF PKWY LAWRENCEVILLE GA 30044	58-0660606		15,000				EMERGENCY SHELTER
(9) SENIOR CENTER- MADISON COUNTY 1265 HWY 98W DANIELSVILLE GA 30633	58-6000859		15,000				HOME DELIVERED MEALS

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

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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.

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OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization

JACKSON EMC FOUNDATION, INC.

Employer identification number

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 the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

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

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1 (a) Name and address of organization or government	(b) 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) SPECTRUM AUTISM SUPPORT GROUP P.O. BOX 3132 SUWANEE GA 30024	58-2458533		10,000				SUMMER CAMP
(2) SIGNS & WONDERS, INC 120 SOUTH PERRY ST. LAWRENCEVILLE GA 30046	58-1859186		15,000				RECOVERY PROGRAM
(3) ST. VINCENT DE PAUL SOCIETY-WINDER ST. MATTHEW'S CHURCH 25 WILKINS RD WINDER GA 30680	58-0967972		10,000				EMERGENCY ASSISTANCE
(4) ST. VINCENT DE PAUL SOCIETY-FLOWERY 6439 SPOUT SPRINGS RD FLOWERY BRANCH GA 30542	13-5562362		12,000				AID HOT LINE PROGRAM
(5) ST. VINCENT DE PAUL SOCIETY-GAINESV 1440 PEARCE CIRCLE GAINESVILLE GA 30506	58-0967972		12,000				HOUSING ASSISTANCE
(6) ST. VINCENT DE PAUL SOCIETY- JACKSO 180 ELROD RD JEFFERSON GA 30549	13-5562362		12,000				AISSTANCE TO FAMILIE
(7) STEP BY STEP RECOVERY 191 PLAINVIEW DRIVE SUITE 3 LAWRENCEVILLE GA 30046	20-2822343		15,000				16 PASSANGER VAN
(8) SUCCESS BY 6 OF UNITED WAY OF NEGA 1 HUNTINGTON RD. SUITE 805 ATHENS GA 30606	58-6008133		14,867				NEW MOTHERS' AIDE
(9) TEEN PREGNANCY PREVENTION, INC P.O. BOX 157 GAINESVILLE GA 30503	58-1833152		10,000				SMART GIRLS PROGRAM

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

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

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.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization

JACKSON EMC FOUNDATION, INC.

Employer identification number

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 the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) 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) TINY STITCHES, INC. P.O. BOX 254 SUWANEE GA 30024	58-2440691		10,000				MATERIAL - CLOTHING
(2) TREE HOUSE, INC 173 HIGHLAND DR P.O. BOX 949 WINDER GA 30680	58-1950554		15,000				VISITATION PROGRAM
(3) UNIVERSITY OF NORTH GA FOUNDATION P.O. BOX 1599 DAHLONEGA GA 30533	23-7066297		15,000				SUMMER SCHOLARS INST
(4) VIEW POINT HEALTH 175 GWINNETT DR. P.O. BOX 687 LAWRENCEVILLE GA 30046	58-2103187		15,000				HEALTH SERVICES
(5) YMCA-ATHENS 915 HAWTHORNE AVENUE ATHENS GA 30606	58-0593443		10,000				AFTERSCHOOL PROGRAM
(6) YMCA-WINDER BARROW BRAD AKINS 50 BRAD AKINS DR WINDE GA 30680	20-1759275		15,000				SUMMER PAY CAMP
(7) YWCO-ATHENS 562 RESEARCH DRIVE ATHENS GA 30605	58-0632083		7,000				SUMMER GIRLS CAMP
(8) ATHENS URBAN MINISTRIES 465 NORTH LUMPKIN STREET ATHENS, GA 30601	58-2070427		8,000				GED PROGRAM
(9)							

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

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1	CHARITABLE ASSISTANCE	23	62,104		NA	NA
2						
3						
4						
5						
6						
7						

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information

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)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization

JACKSON EMC FOUNDATION, INC.

Employer identification number

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.

Federal Statements

Taxable Interest on Investments

Description	Amount	Unrelated Business Code	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs ($ or %)
TAXABLE INTEREST	$ 232		14			
TOTAL	$ 232					

6628007 Jackson EMC Foundation, Inc.
20-3423847
FYE: 5/31/2015

Federal Statements

Schedule A, Part II, Line 8(e)

Description	Amount
TAXABLE INTEREST	$ 232
TOTAL	$ 232

Schedule A, Part II, Line 12

Description	Amount
CONTRIBUTIONS	$ 1,074,435
TOTAL	$ 1,074,435

JACKSON EMC FOUNDATION, INC.
SCHEDULE OF COMMUNITY ASSISTANCE
FOR THE YEAR ENDED MAY 31, 2015

4-H Club-Madison County	$	5,000
Adventure Bags, Inc.		5,000
American Red Cross-East Georgia Chapter		7,500
American Red Cross-Northeast Georgia Chapter		7,500
Angel House of Georgia		7,000
Area Committee to Improve Opportunities Now		6,500
Ark of Jackson County		10,000
Ark: United Ministry Outreach Center		5,000
Asian Amercian Resource Foundation		7,500
Athens Area Emergency Food Bank		2,500
Athens Nurses Clinic		7,500
Athens Urban Ministries		8,000
Atlanta Mission		5,000
Barrow Ministry Village		3,600
Books for Keeps, Inc.		2,500
Boy Scouts of Northeast Georgia		12,500
Boys and Girls Club of Metropolitan Atlanta		15,000
Boys and Girls Club of Athens		7,500
Boys and Girls Club of Jackson County		15,000
Boys and Girls Club of Winder		15,000
Bread for Life, Inc.		5,000
Camp Koinonia		15,000
Camp Kudzu		8,000
Camp Twin Lakes, Inc.		10,000
CASA-Northeast Georgia		2,000
CASA-Piedmont, Inc.		11,939
Challenged Child and Friends, Inc.		15,000
ChildKind, Inc.		5,000
Children First, Inc.		5,000
Children's Center for Hope and Healing		15,000
Christian Education Centers, Inc.		15,000
Citizen Advocacy Athens-Clarke, Inc.		5,500
Comprehensive Pet Therapy		3,500
ConnectAbility, Inc.		5,000
Cooperative Ministry-Lawrenceville		15,000
Cooperative Ministry-Lilburn		10,000
Cooperative Ministry-Norcross		15,000
Cooperative Ministry-North Gwinnett		15,000
Cooperative Ministry-Southeast Gwinnett		5,000
Balance-Carried Forward	$	336,039

JACKSON EMC FOUNDATION, INC.
SCHEDULE OF COMMUNITY ASSISTANCE
FOR THE YEAR ENDED MAY 31, 2015

Balance-Brought Forward	$	336,039
Cross Pointe Church		2,750
Diamond in the Rough Youth Development Program		5,500
Easter Seals of North Georgia		5,000
Exceptional Kids Athletics, Inc.		1,000
Exodus Outreach, Inc.		15,000
Extra Special People, Inc.		13,500
Eyes of Love Lighthouse Mission		10,000
Families of Children Under Stress		5,500
Family Connection-Lumpkin County		4,000
Food Bank of Northeast Georgia, Inc.		15,000
For Her Glory Fund		15,000
Foster Siblings Reunited		2,000
Franklin Life Pregnancy Resource Center		4,000
Freedom From Bondage, Inc.		5,000
Friends of the State Botanical Garden		3,200
Gainesville Action Ministries		10,000
Gainesville/Hall County Alliance for Literacy		12,000
Gainesville/Hall Community Food Pantry		2,500
Georgia Lions Lighthouse Foundation, Inc.		10,000
Girl Scouts of Greater Atlanta		5,000
Girl Scouts of Historic Georgia		12,500
Good Samaritan Health Center of Gwinnett		15,000
Good Samaritan Ministries of Northeast Georgia		3,500
Guest House, Inc.		6,000
Gwinnett Environmental and Heritage Center		15,000
Gwinnett Student Leadership Team		15,000
Habitat for Humanity-Jackson County		15,000
Habitat for Humanity of Hall County, Inc.		15,000
Health Department-Hall County		15,000
Hebron Community Health Center, Inc.		15,000
Hi-Hope Service Center		15,000
Hope Clinic		10,000
I Am, Inc.		10,000
I Still Have a Dream Foundation		10,000
iServe Ministries		3,000
Jackson County Certified Literate Program		15,000
L.A.M.P. Ministries		10,000
Balance-Carried Forward	$	681,989

JACKSON EMC FOUNDATION, INC.
SCHEDULE OF COMMUNITY ASSISTANCE
FOR THE YEAR ENDED MAY 31, 2015

Balance-Brought Forward	$	681,989
Lekotek of Georgia		7,500
Lindsay's Legacy		15,000
MedLink Georgia, Inc.		15,000
Mentor Program-Clarke County		6,500
Mercy Health Center		13,500
Multiple Choices Center for Independent Living		7,000
Northeast Georgia Care, Inc.		7,500
Newtown Florist Club		5,000
No One Alone, Inc.		10,000
Northeast Church-Women's Mission		2,000
Nothing but the Truth, Inc.		5,000
Nuci's Space		4,000
Our Neighbor, Inc.		11,000
Path Project, Inc.		2,000
Peace Place, Inc.		15,000
Prevent Child Abuse Athens		4,000
Project ADAM Community Assistance		7,500
Quinlan Arts, Inc.		5,000
Rainbow Children's Home		7,500
Randy and Friends, Inc.		4,000
Rotary Club of Madison County		5,000
Salvation Army of Athens		15,000
Salvation Army of Gainesville		15,000
Salvation Army of Lawrenceville		15,000
Salvation Army of Toccoa		5,000
Senior Center-Madison County		15,000
Sexual Assault Center of NEGA		5,000
Side by Side Brain Injury Clubhouse		5,000
Signs and Wonders, Inc.		15,000
Specturm Autism Support Group		10,000
Spirit of Joy Christian Church		2,500
St. Vincent De Paul Society-Flowery Branch		12,000
St. Vincent De Paul Society-Gainesville		12,000
St. Vincent De Paul Society-Jackson County		12,000
St. Vincent De Paul Society-Winder		10,000
Step by Step Recovery		15,000
Straight Street Revolution Ministries		3,000
Balance-Carried Forward	$	1,007,489

JACKSON EMC FOUNDATION, INC.
SCHEDULE OF COMMUNITY ASSISTANCE
FOR THE YEAR ENDED MAY 31, 2015

Balance-Brought Forward	$	1,007,489
Success by 6 of United Way of Northeast Georgia		14,867
Teen Pregnancy Prevention, Inc.		10,000
Tiny Stitches, Inc.		10,000
Tree House, Inc.		15,000
University of North Georgia Foundation		15,000
Urban Ministry-Gainesville First United Methodist Church		1,750
View Point Health		15,000
YMCA-Athens		10,000
YMCA-Winder Barrow Brad Akins		15,000
YWCO of Athens		7,000
	$	1,121,106

JACKSON EMC FOUNDATION, INC.
SCHEDULE OF FAMILY ASSISTANCE
FOR THE YEAR ENDED MAY 31, 2015

Amilia Brown	$	3,500
Angela Perez		3,500
Barbara Little		3,200
Brian Jones		2,870
Claudette Lipscomb		3,400
Elaine Nix		1,750
Frances Webb		3,200
Geneva Spencer		3,462
Harold Nix		1,750
James Anglin		2,172
Jenny Bruner		3,500
Kenneth Cunningham		2,540
Kenneth Parson		3,500
Mary Cappiello-Dingwall		2,369
Melinda Simmons		2,495
Michael Beem		3,200
Miranda Brown		1,100
Pam Stinchcomb		3,500
Patricia Nafziger		2,890
Peggy Kemp		481
Sylvia Henry		838
Tracey Kelley		3,387
Wayne Brown		3,500
	$	62,104

BYLAWS

Jackson EMC Foundation, Inc.

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JACKSON EMC FOUNDATION, INC.

BY LAWS OF

JACKSON EMC FOUNDATION, INC.

ARTICLE 1. NAME AND OFFICES

SECTION 1. Name. 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. Regular Meetings. 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. Mandatory indemnification. 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. Insurance. 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