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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.

2016
Open to Public Inspection

478-746-6277

X Yes

No

990 (2016)

Phone no

OMB No 1545-0047

For the 2016 calendar year, or tax year beginning and ending D Employer identification number C Name of organization SAWNEE ELECTRIC MEMBERSHIP Check if applicable FOUNDATION, INC Address change Doing business as ATTN: GINNY ELLIS 65-1166584 Name change Room/suite Number and street (or P.O. box if mail is not delivered to street address 770-887-2363 543 ATLANTA HIGHWAY Initial return Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated CUMMING 30040 261,553 G Gross receipts\$ Amended return Name and address of principal officer X No H(a) Is this a group return for subordinates? Application pending DENNIS ANDERSON 3360 SHILOH ROAD H(b) Are all subordinates included? 30040 if "No." attach a list (see instructions) CUMMING 4947(a)(1) or **X** 501(c)(3) 50<u>1(c)</u> 527 Tax-exempt status (insert no.) WWW.SAWNEE.COM/ROUND TTP H(c) Group exemption number X Corporation Trust Form of organization Association Year of formation M State of legal domicile Part I Summary 1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O Activities & Governance 2 Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets 9 3 Number of voting members of the governing body (Part VI, line 1a) 9 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 9 6 Total number of volunteers (estimate if necessary) 6 7a Total unrelated business revenue from Part VIII, column (C) line[12] 0 7a 0 b Net unrelated business taxable income from Form 990-T line 7b Prior Year Current Year JUN 12 2017 261,553 264,319 8 Contributions and grants (Part VIII, line 1h) Revenue 0 9 Program service revenue (Part VIII, line 2g) 0 10 Investment income (Part VIII, column (A), lines 3, 4) and Zd) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c and 11 Ó 264,319 261,553 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 226,983 174,109 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) Ō 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Ō 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 **b** Total fundraising expenses (Part IX, column (D), line 25) 122 734 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 174,231 227,717 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 90,088 33,836 19 Revenue less expenses Subtract line 18 from line 12 End of Year **Beginning of Current Year** 375,002 408,838 20 Total assets (Part X, line 16) 0 21 Total liabilities (Part X. line 26) 408,838 375,002 22 Net assets or fund balances Subtract line 21 from line 20 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 Type or print name and title Preparer's signature Print/Type preparer's name Date Check 5 2017_{employed} 2 MAY Paid J. RANDOLPH NICHOLS P00347246 Preparer MCNAIR, MCLEMORE, MIDDLEBROOKS & CO. LLC 58-1094351 Firm's FIN Use Only POST OFFICE BOX ONE

Firm's address

MACON, GA

May the IRS discuss this return with the preparer shown above? (see instructions)

31202-0001

Form 990 (2016	SAWNEE ELECTRIC	MEMBERSHIP	65-1166584	Page 2						
Part III .	Statement of Program Se	rvice Accomplishments								
	Check if Schedule O contain	ns a response or note to any lir	ne in this Part III							
	scribe the organization's mission:									
CHARIT	ABLE DISBURSEMENT	S								
										
		nt program services during the year wh	nich were not listed on the	Yes X No						
•	1 990 or 990-EZ?	nadula O	•	Tes A No						
	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program									
	_	ake significant changes in now it cond	ucts, any program	Yes X No						
services?		1- 0		Tes A No						
	lescribe these changes on Schedu		largest program appliage, as managered by							
			largest program services, as measured by							
		-	amount of grants and allocations to others,							
tne total e	expenses, and revenue, if any, for o	each program service reported								
4- (0-1-) /F	227,717 including grants of \$	226,983) (Revenue \$	269,631)						
4a (Code) (Expenses \$ RPOSE OF THE TRUS		AND DISBURSE FUNDS F							
		E AREA OF SAWNEE EM		OK CHARLIADDE						
PURPUS	ES IN THE SERVICE	AREA OF SAWINEE EM	· .							
4b (Code.) (Expenses \$	including grants of \$) (Revenue \$)						
4- (0-1-	\/F) /Pausaus &							
4c (Code) (Expenses \$	including grants of \$) (Revenue \$)						
			•							
Ad Other pro	gram services (Describe in Schedi	(le O)								
(Expense		-) (Revenue \$	١						
	gram service expenses	cluding grants of \$ 227,717) frieserine A							
	nam service expenses 📂	661.111								

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	j	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,		1	
	Part III	5	1	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	1	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		<u>X</u>
0	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
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments—other 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
С	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
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		├ <u>^</u>
1	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			x
2-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
2 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII	12a	x	
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	124		
U	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
3 4a	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,	140		 -
_	fundraising, business, investment, and program service activities outside the United States, or aggregate			l
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
5	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
6	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
7	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
8	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
9	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
			00/	· _

Form 990 (2016) SAWNEE ELECTRIC MEMBERSHIP Part IV . Checklist of Required Schedules (continued)

			Yes	
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	├	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	}	l	ł
	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			ĺ
	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			1
	organization's current and former officers, directors, trustees, key employees, and highest compensated		ļ	
	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	1	1	1
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b		1	
_	through 24d and complete Schedule K. If "No," go to line 25a	24a	 	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	}	}
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			l
	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	250		x
_	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	 	- <u>~</u>
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	1	X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	230	_	 ^
20	current or former officers, directors, trustees, key employees, highest compensated employees, or		1	l
	disqualified persons? If "Yes," complete Schedule L, Part II	26	1	x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20	†	
	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	1	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).		1	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	ļ	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	Γ	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			T
	conservation contributions? If "Yes," complete Schedule M	30	<u></u>	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,"	ļ]	1
	complete Schedule N, Part II	32	1	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		ł	ł
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	1	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	į		_
	or IV, and Part V, line 1	34	<u> </u>	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	↓	X
þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	1	}	
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	—	ـــــ
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	t	1	
	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			1
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,]	1	
	Part VI	37	₩	<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	1		1
	19? Note. All Form 990 filers are required to complete Schedule O.	38	<u> </u>	Щ.

Pa	art V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	 -		<u> </u>
4.	Fatas the growther granded in Paul C of Farm 1000 Fatas C if yet continue to		Yes	No
1a	· · · · · · · · · · · · · · · · · · ·			
b				
С		1c		
2a	reportable gaming (gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	10		
Za	Statements, filed for the calendar year ending with or within the year covered by this return 2a			,
b		2b		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			$\overline{}$
За		За		х
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				
	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	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c_		
6a				
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
ь				ĺ
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			l
а	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		ľ
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C		10		
·	required to file Form 8282?	7c		i
d				
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.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b_		
10	Section 501(c)(7) organizations. Enter	}		
а	Initiation fees and capital contributions included on Part VIII, line 12	∤ ∤		}
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	 -∤ ¦		}
11	Section 501(c)(12) organizations. Enter.	}		1
a	Gross income from members or shareholders 11a			1
р	Gross income from other sources (Do not net amounts due or paid to other sources)
10-	against amounts due or received from them) [11b] [20th or 4047(a)(b) non-payment aboritable trusts to the agreement of the Form 10412			
12a		12a	-	
b 12	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified propposit health incurance issuers]
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note. See the instructions for additional information the organization must report on Schedule O	134	 	
ь	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	}		}
c	Enter the amount of reserves on hand		1	}
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		T -

Form	990 (2016) SAWNEE ELECTRIC MEMBERSHIP 65-1166584		P	age 6
Pa	irt VI . Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and	d for a		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	ee instr	uctio	ns.
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion 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 1a 9	_	•	
	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	1 !		
	committee, explain in Schedule O.	1 1		
b	Enter the number of voting members included in line 1a, above, who are independent			
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		<u> X</u>
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		<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	_		v
	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,	7.		x
	stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	7b		
8 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	85		
•	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue (
			Yes	No
0a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	<u> </u>	
þ	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	<u> </u>	
3	Did the organization have a written whistleblower policy?	13	<u> </u>	<u> </u>
4	Did the organization have a written document retention and destruction policy?	14	X	
5	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?			v
a	The organization's CEO, Executive Director, or top management official	15a		X
D	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	15b		_
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
ua	with a taxable entity during the year?	16a		x
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	102		
-	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		
Sec	tion C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed ▶ GA			
8	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 X Upon request Other (explain in Schedule O)			
9	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			
0	State the name, address, and telephone number of the person who possesses the organization's books and records: ▶			
GI	NNY ELLIS - SAWNEE EMC 543 ATLANTA HIGHWAY			
CIT	DOUTNO CA 20040 75	0.0	7 - 2	262

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	bo off	x, unle	Pos check ess pe nd a d	rson i	than or s both a	an e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations
(1) DENNIS ANDERSON										-
	0.31								_	
CHAIRMAN	0.00	X	<u> </u>	X	<u> </u>			0	0	0
(2) JERRY BURUM						li				
	0.14	۱				1 1			_	
VICE-CHAIRMAN	0.00	X		X				0	0	0
(3) MECHELLE NEEDHAM	0.25	İ								
SECRETARY	0.25	x				1 1		o	0	0
(4) HENRY A. ZUCKERN		^			\vdash	╁╌╁		· · · · · · · · · · · · · · · · · · ·	<u> </u>	
(4) IIBNRI A. ZOCKBRI	0.26									
DIRECTOR	0.00	x		x	İ			0	0	0
(5) LACELLE W. DOSS		 		==	\vdash	1	_			
•	0.39									
DIRECTOR	0.00	X				1		0	0	0
(6) EVONDA MATHIS										
	0.22									
DIRECTOR	0.00	X	L.	L				0	0	0
(7) ED J. LEDBETTER						1 1				
	0.39					1				
DIRECTOR	0.00	X	<u>L</u> .		<u> </u>	\sqcup		0	0	0
(8) DEBORAH PELFREY										•
DIDECTOR	0.34							_	_	0
DIRECTOR (9) RUBY COLEMAN	0.00	X	-		_	H		0	0	0
(9) RUBI COLLEMAN	0.20					1				
DIRECTOR	0.00	x						0	0	0
(10)	0.00	A	<u> </u>		\vdash	╁┼		-		<u> </u>
(10)										
(11)	<u> </u>	\vdash				H			,,	
DAA										5 000 (0010)

<u>Pa</u>	Y VII Section A. Officers	, Directors, Iru	stee	s, K	ey E	mpi	oyee	<u>s, a</u>	nd Highest Compensated	Employees (continuea)				
	(A) Name and title	(B) Average hours per week (list any	bo	x, unle	Pos heck ss pe	rson ı	than o s both r/truste	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	c	(F) Estima amoun othe compens	t of r	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employее	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	1	from the organization and relations organization and relations organizations.	ation ated	
														
														
										:				
														
1b c	Sub-total Total from continuation shee	ets to Part VII, S	ecti	on A	\			>						
<u>d</u> 2	Total (add lines 1b and 1c) Total number of individuals (in	cluding but not li	mıte	d to	thos	e lis	ted a	bov	e) who received more than	\$100,000 of	L			
	reportable compensation from	the organization	<u> </u>	0									Yes	No
3	Did the organization list any for employee on line 1a? If "Yes,"								oyee, or highest compensa	ated		3		x
4	For any individual listed on line organization and related organ	e 1a, is the sum	of re	porta	able	com	pens	atio						
5	individual Did any person listed on line 1	-							•		ŀ	4		X
Secti	for services rendered to the or on B. Independent Contracto	ganızation? If "Y										5	l	X
1	Complete this table for your fix compensation from the organic	e highest compe	ensa	ted i	ndep	end	ent c	ontr	ractors that received more	than \$100,000 of				
	Name and	(A) business address	, in pe			-	10 00			(B) tion of services		Co	(C) mpensat	ion
								 						
								\vdash						
								 					<u>-</u> -	
2	Total number of independent of received more than \$100,000								se listed above) who			<u>-</u>		
	received more than \$100,000	or corriberisation	1101	i uit	uig	ai iiZi	uu(II)			0			000	

		Check if	Schedule (O con	tains 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			
ts st	1a	Federated camp	aigns	1a		-		10.00.00					
e i	ь		-	1b			1	Į.					
β, E	c			1c									
計画	d			1d			1						
Contributions, Gifts, Grants and Other Similar Amounts	е	_		1e			}						
	f	All other contributions, g	gifts, grants,										
記		and similar amounts no	t included above	1f		261,553	261,553						
들	9	Noncash contributions (ncluded in lines 1a-	1f \$	3		1						
	h	Total. Add lines	1a-1f_			•	261,553						
Program Service Revenue						Busn Code							
š	2a												
ě	b												
<u>Ş</u> .	C												
Se	d												
гат	е												
rog	f	, ,		nue									
_	_9								,	T			
	3	Investment incom		dividen	ds, intere	est,							
		and other similar	-										
	4	Income from inve	estment of tax	-exemp	ot bond p	proceeds >							
	5	Royalties	(1) Deel		4.3	Danasasi							
	6-	Grass ranta	(ı) Real	+	(11)	Personal	1			1			
	6a	Gross rents					-						
	b	Less rental exps											
	d	Rental inc or (loss) Net rental income	or (loss)				1						
		Gross amount from (i) Securities (ii) Other											
		sales of assets	es of assets er than inventory										
	b	Less cost or other					1	•					
	_	basis & sales exps		1									
	С	Gain or (loss)					1						
		Net gain or (loss))			•	İ						
_		Gross income from		nts [
Other Revenue		(not including \$	ŭ							ł			
eve		of contributions repo	orted on line 1c)				1						
Œ		See Part IV, line 18		a			'						
te	b	Less: direct expe	nses	ь			1						
0	С	Net income or (lo	ss) from fund	raising	events	<u> </u>							
İ		Gross income from											
		See Part IV, line 19		a]						
	b	Less direct expe	nses	ь									
ŀ	C	Net income or (lo	ss) from gam	ng acti	vities	<u> </u>				_			
	10a	Gross sales of in	ventory, less	I									
ı		returns and allow	ances	a									
	b	Less cost of goo	ds sold	ь									
ļ	С	Net income or (lo	ss) from sales	of inv	entory	<u> </u>							
1		Miscella	neous Revenue			Busn Code							
	11a												
	b												
	C												
	d	All other revenue				L							
	е	Total. Add lines 1				•							
	12	Total revenue. S	ee instruction	S.		▶_	261,553	0	0	0			

Part IX	Statement .	of Eunctional	Evnancae

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											
	not include amounts reported on lines 6b, 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	131,483	131,483								
2	Grants and other assistance to domestic										
	individuals. See Part IV, line 22	95,500	95,500								
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)										
а	Management										
b	Legal		v								
C	Accounting										
d											
е	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)	734	734								
12	5 , .										
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 24	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) amount, list line 24e expenses on schedule O)										
a h		 									
D	·										
d				<u> </u>							
e	All other expenses			<u></u>							
25	Total functional expenses. Add lines 1 through 24e	227,717	227,717	0	0						
25 26	Joint costs. Complete this line only if the	<u> </u>									
	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)										

32 Retained earnings, endowment, accumulated income, or other funds

33 Total net assets or fund balances

Total liabilities and net assets/fund balances

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 364,997 397,845 Cash-non-interest bearing 1 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 10,993 10,005 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 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 10b b Less. accumulated depreciation 10c 11 11 Investments—publicly traded securities 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 15 375,002 408,838 16 Total assets. Add lines 1 through 15 (must equal line 34) 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 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 0 0 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 223,959 253,292 Unrestricted net assets 27 151,043 28 155,546 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31

> 408,838 Form 990 (2016)

408,838

32

33

375,002

375,002

orm	990 (2016) SAWNEE ELECTRIC MEMBERSHIP 65-1166584				Pag	ge 12	
Pa	rt 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				<u>553</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2				<u>717</u>	
3	Revenue less expenses. Subtract line 2 from line 1	3		33,836			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		375,00			
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		4(8,8	838	
Pa	rt XII Financial Statements and Reporting					_	
	Check if Schedule O contains a response or note to any line in this Part XII						
					Yes	No	
1	Accounting method used to prepare the Form 990. Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in						
	Schedule O			- 1			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or						
	reviewed on a separate basis, consolidated basis, or both						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?			2b	X		
	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			İ			
	X Separate basis Consolidated basis Both consolidated and separate basis						
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			. I			
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c	X		
	If the organization changed either its oversight process or selection process during the tax year, explain in		i				
	Schedule O						
За	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_			
				For	m 990	(2016)	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► 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 **2016**

Open to Public Inspection

Internal Revenue Service
Name of the organization

Department of the Treasury

SAWNEE ELECTRIC MEMBERSHIP FOUNDATION, INC.

Employer identification number 65-1166584

P	art I	Reas	on for Public Charity	Status (All organizations	must co	omplete	this part.) See instruction	ns.					
The	orga	nization is not	a private foundation because	se it is. (For lines 1 through 12, o	check only	y one box)						
1		A church, co	nvention of churches, or ass	ociation of churches described i	in section	n 170(b)(I)(A)(i).						
2		A school des	cribed in section 170(b)(1) (A)(ii). (Attach Schedule E (Forn	n 990 or 9	990-EZ).)							
3		A hospital or	a cooperative hospital servi-	ce organization described in sec	ction 170	(b)(1)(A)(iii).						
4		A medical re	search organization operate	d in conjunction with a hospital of	described	in sectio	n 170(b)(1)(A)(iii). Enter the h	ospital's name,					
		city, and stat											
5		An organizat	on operated for the benefit of	of a college or university owned	or operat	ed by a g	overnmental unit described in						
		section 170	b)(1)(A)(iv). (Complete Part	11.)	•								
6		A federal, sta	ate, or local government or g	overnmental unit described in s	ection 17	70(b)(1)(A	.)(v).						
7	X	An organizat		substantial part of its support fro				;					
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)											
9	H	An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college											
	ليا			of agriculture (see instructions)				9 -					
10		An organizati	ion that normally receives: (1	i) more than 33 1/3% of its supp	port from	contributi	ons, membership fees, and gro	oss					
				npt functions—subject to certain									
				nd unrelated business taxable in									
	\Box	_		0, 1975 See section 509(a)(2).			•						
11		-		exclusively to test for public safe	•		1 /1 /						
12				exclusively for the benefit of, to zations described in section 50!									
	Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I A supporting organization operated, supervised or controlled by its supported organization(s), typically by giving												
	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												
				omplete Part IV, Sections A a									
	b	Type II.	A supporting organization su	pervised or controlled in connec	ction with	its suppo	rted organization(s), by having						
		control of	r management of the suppor	ting organization vested in the s	same pers	sons that	control or manage the support	ed					
		organizat	tion(s) You must complete	Part IV, Sections A and C.									
	С			supporting organization operated tructions). You must complete				ıth,					
	d	Type III ı	non-functionally integrated	 A supporting organization ope 	erated in d	connectio	n with its supported organization	n(s)					
			, -	e organization generally must sa	•		•	ess					
			•	nust complete Part IV, Section		-							
	e			erved a written determination fron- n-functionally integrated support			s a Type I, Type II, Type III						
	f		mber of supported organizati		ung organ	iizalioii		<u></u>					
				ne supported organization(s).				<u> </u>					
		of supported	(ii) EIN	(III) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of					
,		anization	(17,2	(described on lines 1-10		ur governing	support (see	other support (see					
				above (see instructions))	docu	ment?	instructions)	instructions)					
					Yes	No							
(A)					ļ]	•						
					 -	<u> </u>							
(B)					İ	}							
					ļ	 							
(C)													
(D)													
(E)					1								
							<u> </u>						
				i de la companya de la companya de la companya de la companya de la companya de la companya de la companya de	,			i					

65-1166584

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.)

Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	196,330	175,979	330,930	264,319	261,553	1,229,111
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	196,330	175,979	330,930	264,319	261,553	1,229,111
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						1,229,111
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	196,330	175,979	330,930	264,319	261,553	1,229,111
8	Gross income from interest, dividends, payments received on secunties loans, rents, royalties and income from similar sources	58					58
9	Net income from unrelated business activities, whether or not the business is regularly carned on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						,
11	Total support. Add lines 7 through 10						1,229,169
12	Gross receipts from related activities, etc.	(see instructions)				12	
13	First five years. If the Form 990 is for the	organization's first	, second, third, fou	ırth, or fifth tax yea	r as a section 501	(c)(3)	
	organization, check this box and stop her			·			•
Sec	tion C. Computation of Public St	ipport Percent	age	_ 			
14	Public support percentage for 2016 (line 6	, column (f) divided	by line 11, colum	n (f))		14	100.00%
15	Public support percentage from 2015 Scho	edule A, Part II, line	e 14			15	99.99%
16a	33 1/3% support test—2016. If the organ				3 1/3% or more, cl	neck this	
	box and stop here. The organization quali						► X
ь	33 1/3% support test—2015. If the organ	ization did not che	ck a box on line 13	or 16a, and line 1	5 is 33 1/3% or mo	re, check	
	this box and stop here. The organization of						▶ _
17a	10%-facts-and-circumstances test—201						
	10% or more, and if the organization meet	s the "facts-and-ci	rcumstances" test,	check this box and	d stop here . Expla	ıın ın	
	Part VI how the organization meets the "fa organization		_				> [
þ	10%-facts-and-circumstances test—201	5. If the organizate	on did not check a	box on line 13, 16	a, 16b, or 17a, and	l line	
	15 is 10% or more, and if the organization	meets the "facts-a	nd-circumstances	test, check this b	ox and stop here .		
	Explain in Part VI how the organization me	ets the "facts-and-	circumstances" te	st The organizatio	n qualifies as a pu	blicly	
	supported organization						
18	Private foundation. If the organization did	d not check a box o	on line 13, 16a, 16t	o, 17a, or 17b, che	ck this box and see	e	
	instructions						▶

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

• •	_		
(Complete only	if you checked the box (on line 10 of Part I or if the organization failed to	qualify under Part II
If the organization	on fails to qualify under	the tests listed below inlease complete Part II.)	

Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 201	3	(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		<u> </u>					
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
þ	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)							
	tion B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 201	3	(f) Total
9	Amounts from line 6			<u> </u>	ļ	<u> </u>		
I0a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			i				
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b						_	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)							·
3	Total support. (Add lines 9, 10c, 11,						1	
	and 12)	<u> </u>	L	L	L	L		
4	First five years. If the Form 990 is for the organization, check this box and stop here	-	t, second, third, fo	urth, or fifth tax yea	ar as a section 50°	I(c)(3)		▶ 🗌
Sec	tion C. Computation of Public Su	ipport Percen	tage					
5	Public support percentage for 2016 (line 8	* *	•	n (f))	-		15	%
6	Public support percentage from 2015 Sche						16	%
	tion D. Computation of Investme							
7	Investment income percentage for 2016 (li	•	-	, column (f))		ļ	17	<u>%</u>
8	Investment income percentage from 2015						18	<u> </u>
9a	33 1/3% support tests—2016. If the organ							
b	17 is not more than 33 1/3%, check this bo 33 1/3% support tests—2015. If the organ						and	
-	line 18 is not more than 33 1/3%, check th							▶ 🗌
0	Private foundation. If the organization did							▶ 🗍

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 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.
- 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- 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
- 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.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign ь 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
- 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)
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," 5a 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).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 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 or 990-EZ)
- 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.
- Did one or more disgualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) 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.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - 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.)

		 -	
		Yes	No
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	2		
	3a		
	3b		
	3c		
	4a		
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	10b	0 or 990-	

DAA

activities but for the organization's involvement

Parent of Supported Organizations Answer (a) and (b) below.

trustees of each of the supported organizations? Provide details in Part VI.

Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

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

2b

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Schedule A (Form 990 or 990-EZ) 2016 SAWNEE ELECTRIC MEMBERSHIP		65-1166	584 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3)	ganizat	ions	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on N	lov. 20, 1	970 (explain in Part VI).S	ee
instructions. All other Type III non-functionally integrated supporting organizations mu	ust comp	lete 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	7 7		
collection of gross income or for management, conservation, or	1 1		
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):		 	
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	1		
factors (explain in detail in Part VI)	- -	 	
Acquisition indebtedness applicable to non-exempt-use assets	12		
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,	1 1		
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		<u> </u>
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
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).			

Par	t V . Type III Non-Functionally Integrated 509(a)(3) S	Supporting Organiza	tions (continued)	
Sect	ion D - Distributions			Current Year
1 .	Amounts paid to supported organizations to accomplish exempt purpos	ses		
2	Amounts paid to perform activity that directly furthers exempt purposes	s of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of support	orted 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 organizations	ition is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2016 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-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6		L	
	Underdistributions, if any, for years prior to 2016			
2	(reasonable cause required-explain in Part VI) See			
	instructions.			
3	Excess distributions carryover, if any, to 2016			
a				
	From 2013	 		
	From 2014			
	From 2015	 		
	Total of lines 3a through e		<u> </u>	
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
<u>;</u>	Carryover from 2011 not applied (see instructions)			
<u>-</u> -	Remainder Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from			
-	Section D, line 7 \$			
a	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
-	any Subtract lines 3g and 4a from line 2 For result	[
	greater than zero, explain in Part VI See instructions			
6	Remaining underdistributions for 2016 Subtract lines 3h		 	
	and 4b from line 1. For result greater than zero, explain in	1		
	Part VI. See instructions	1		
7	Excess distributions carryover to 2017. Add lines 3j			
-	and 4c.			
8	Breakdown of line 7			
a				
	Excess from 2013			
	Excess from 2014		·	
	Excess from 2015		,	
	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

SAWNEE ELECTRIC MEMBERSHIP

65-1166584

Page 8

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. 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" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

(Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016
Open to Public

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection Employer identification number Name of the organization SAWNEE ELECTRIC MEMBERSHIP FOUNDATION, INC. 65-1166584 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 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? 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 conferning impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7, Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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 Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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)? 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" on 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) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 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 on Form 990, Part VIII, line 1

		(investment)	(other)	depreciation	
1a L	and				
b E	Buildings				
c L	easehold improvements				
d E	Equipment				

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2016

e Other

Part VII	Investments—Other Securities. Complete if the organization answered "Y	es" on Form 990. Part IV. lin	ne 11b. See Form 990. Part X. line 12.
	(a) Description of security or category	(b) Book value	(c) Method of valuation
	(including name of security)		Cost or end-of-year market value
(1) Financial of			
	eld equity interests		
(3) Other			<u> </u>
(A)			
(B)			
(C)			<u> </u>
(D)			
(E)			
(F)			
(G)			
(H)			
	n (b) must equal Form 990, Part X, col. (B) line 12) ▶	·	<u> </u>
Part VIII	Investments—Program Related.		44 O 5 000 B 44 E 40
	Complete if the organization answered "Y		
	(a) Description of investment	(b) Book value	(c) Method of valuation
(4)			Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	(h) must squal Form 000 Part V sol (R) line 10.)		
Part IX	n (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Other Assets.		
FaitiA	Complete if the organization answered "Y	es" on Form 990 Part IV lin	ne 11d See Form 990 Part Y line 15
	(a) Descri		(b) Book value
(1)	(1)		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	n (b) must equal Form 990, Part X, col (B) line 15)		•
Part X	Other Liabilities.		
	Complete if the organization answered "Y	es" on Form 990. Part IV. lin	ne 11e or 11f. See Form 990, Part X.
	line 25.	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1.	(a) Description of liability	(b) Book value	
	income taxes		
(2)			7
(3)			7
(4)			
(5)			
(6)			1
(7)			1
(8)			1
(9)			7
	n (b) must equal Form 990, Part X, col (B) line 25.) ▶		7
	uncertain tax positions In Part XIII, provide the text of		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

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

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

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227,717

OMB No 1545-0047

Grants and Other Assistance to Organizations,

SCHEDULE I (Form 990)

(Form 990)		Governme	nts, ar	Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22	in the United	States line 21 or 22.		2016	16
Department of the Treasury Internal Revenue Service	■ Infe	ormation about So	chedule I	► Attach to Form 990. Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.	990. Istructions is at ww	w.irs.gov/form990.		Open to Public Inspection	Public tion
	SAWNEE ELECTRIC MEME FOUNDATION, INC.	MEMBERSHIP					 	Employer identification number 65-1166584	
Part i General	\sim	Ssistance							
1 Does the organization the selection criteria u 2 Describe in Part IV the	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? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	amount of the grains?	nts or assign	stance, the grantees'n the United States	eligibility for the grani	ls or assistance, an		se _A	№
art II	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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.	testic Organiza	ations a	nd Domestic Go \$5,000. Part II car	vernments. Con be duplicated if	plete if the organderical	inization answ e is needed.	ered "Yes" on Form	
1 (a) Name and a	(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 noncash assistance	(h) Purpose of grant or assistance	+
(1) AMERICAN LEGION AUXILIARY, P.O. BOX 2624	N AUXILIARY, UNIT 307						1		
-	GA 30040			5,200					
(2) CASA OF FORSYTH COUNTY, 875 LANIER 400 PKWY #7	H COUNTY, INC								
CUMMING	GA 30040			6,029					
(3) FORSTH COUNTY FAMILY HAVEN	FAMILY HAVEN		-						
CTRACTING		_		000					
1.		+	1	0,000					
(4) LEUKEMIA & LYMPHOMA 3715 NORTHSIDE PKWY,	LYMPHOMA SOCIETY IDE PKWY, BLDG 400 SUITE			,					
ATLANTA	GA 30327			10,000					
(5)									
(9)									
(1)									
(8)									
(6)									
2 Enter total number of a Enter total number of a	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	ganizations listed in table	the line 1	table				L 4	
For Paperwork Reduction	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	r Form 990.						Schedule I (Form 990) (2016)	90) (2016)

Schedule I (F	Schedule I (Form 990) (2016) SAWNEE ELECTRIC MEMBERSHIP	RIC MEMBERSHI	i	65-1166584		Page 2
Part III	Grants and Other Assistance to Domestic Individual Part III can be duplicated if additional space is needed.	o Domestic Individua onal space is needed.	Is. Complete if the o	rganization answere	s. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.	
	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book, (f) Description of noncash assistance
		Silledinal	cash grant	noncash assistance	riviv, appraisal, omer)	
1 SCHO	1 SCHOLARSHIPS SEE ATTACHED	20	95,500			
2						
6						
4						
ស		,				
9						
7						
Part IV	Supplemental Information. Provide the information required in Part I, line 2: Part III. column (b): and any other additional information.	vide the information re	quired in Part I. line	Part III. column (b)	and any other additional in	nformation.

SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 2016

Department of the Treasury Internal Revenue Service Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Name of the organization

SAWNEE ELECTRIC MEMBERSHIP FOUNDATION, INC.

Employer identification number

65-1166584

FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES

THE PURPOSE OF THE FOUNDATION SHALL BE THE ACCUMULATION AND DISBURSEMENT OF

FUNDS FOR CHARITABLE PURPOSES IN THE SERVICE AREA OF SAWNEE ELECTRIC

MEMBERSHIP CORPORATION ("SAWNEE EMC"). UPON DISSOLUTION OF THE FOUNDATION,

ANY REMAINING FUNDS SHALL BE DISTRIBUTED ONLY FOR CHARITABLE PURPOSES IN

ACCORDANCE WITH APPLICABLE LAW.

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
THE FOUNDATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES
COMPLIANCE WITH THEIR CONFLICT OF INTEREST POLICIES AS PROVIDED
FOR IN ITS POLICIES WHICH ARE INCLUDED AS A PART OF THIS RETURN.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
THE FOUNDATION MAKE 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.