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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 black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

2009 Open to Public Inspection

OMB No 1545-0047

Form **990** (2009)

| A | For the 2009 | calendar ye | ar, or tax year beginning , and ending | | | |
|--------------------------------|---------------------|---------------------|---|----------------|----------------|--|
| В | Check if applicable | | C Name of organization | D | Emplo | oyer identification number |
| <u></u> . | Address change | use IRS label or | SCOA CARE INC. | | | |
| | Name change | print or | Doing Business As | | 20- | -1016868 |
| | Initial return | type. See | Number and street (or P O. box if mail is not delivered to street address) Room/suite |) E | Teleph | none number |
| Ħ. | Termination | Specific | P.O. BOX 2046 | | | 152 000 |
| \equiv | | Instruc- tions. | City or town, state or country, and ZIP + 4 WEST COLUMBIA SC 29171-2046 | <u> </u> | Gross rece | erpts \$ 153,877 |
| _ | Amended return | E Name | e and address of principal officer | — , | //a\ | a amus mitum far |
| | Application pendin | 9 | DD COEY | " | affiliati | a group return for es? Yes X No |
| | | | O. BOX 2046 | Н | (b) Are all | l affiliates |
| | | | ST COLUMBIA SC 29171-2046 | | include | attach a list. (see instructions) |
| 1 | Tax-exempt sta | atus X | 501(c) (3) ◄ (insert no) 4947(a)(1) or 527 | | | Charles a man (coo monocons) |
| J | Website: ▶ | N/A | | Н | (c) Group | exemption number |
| K | Type of organizati | ion X Cor | poration Trust Association Other ▶ L Year of format | tion 20 | 80 | M State of legal domicile SC |
| _ <u>P</u> | art I | <u>Summaı</u> | у | | | |
| | I . | | he organization's mission or most significant activities: | | | |
| ø | | | ORATION WAS FORMED TO ENGAGE IN CANCER RESEARCH, PATI | | | RT . |
| and | | | ER EDUCATION FOR THE COMMUNITY FOR CHARITABLE, EDUCAT | IONAL | AND | |
| E | | • | IC PURPOSES. | | | |
| 30 | | this box | | assets. | | _ |
| ∞ | | | members of the governing body (Part VI, line 1a) | | 3 | <u>7</u> |
| ties | | | endent voting members of the governing body (Part VI, line 1b) | | 4 | 7 |
| Activities & Governance | | | employees (Part V, line 2a) | | 5 | 0 |
| Å | | | /olunteers (estimate if necessary) | | 6 | 0 |
| | 1 | | ated business revenue from Part VIII, column (C), line 12 | | 7a | |
| | b Net un | ireiated bus | siness taxable income from Form 990-T, line 34 | Prior Year | 7b | Current Year |
| | 8 Contrib | butions and | grants (Part VIII, line 1h) RECEIVED. | | , 980 | 150,295 |
| Revenue | | | revenue (Part VIII, line 2g) | | | |
| 9.6 | 10 Investr | ment incon | 5, | ,740 | 3,582 | |
| œ | 11 Other | revenue (F | revenue (Part VIII, line 2g) ne (Part VIII, column (A), lines 3, 4 and 7d) Part VIII, column (A), lines 5, 6d, 8c, 9c, 10d, and 7d 2010 | | | |
| | 12 Total r | evenue – a | add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 130, | ,720 | 153,877 |
| | 13 Grants | and simila | ar amounts paid (Part IX, column (A), lines (=3) (=1) | 58, | ,200 | 109,335 |
| | 14 Benefi | ts paid to c | or for members (Part IX, column (A), line 4) | ···· | | |
| es | | | ompensation, employee benefits (Part IX, column (A), lines 5–10) | | | |
| penses | | | fraising fees (Part IX, column (A), line 11e) | | | |
| Exp | | | expenses (Part IX, column (D), line 25) ▶ 8,024 | | 205 | |
| - | | • | (Part IX, column (A), lines 11a–11d, 11f–24f) | | ,095 | 10,722 |
| | l . | - | Add lines 13–17 (must equal Part IX, column (A), line 25) | | , 295 , 425 | 120,057 |
| e o | 19 Reven | ue less ex | penses. Subtract line 18 from line 12 | g of Current | | 33,820 End of Year |
| anc | 20 Total a | assets (Par | t X, line 16) | * | ,750 | 338,145 |
| ABa | 21 Total li | - | art X, line 26) | | | |
| Net Assets or Fund Balances | 22 Net as | sets or fun | d balances. Subtract line 21 from line 20 | 304, | ,750 | 338,145 |
| | | Signatu | re Block | | - | |
| | | Under penal | ties of penjury, I declare that I have examined this return, including accompanying schedules and statemen | its, and to | the best o | of my knowledge |
| | ľ | and belief, it | is true, correct, and complete Declaration of preparer (other than officer) is based on all information of who | iich prepar | er has an | y knowledge |
| Sig | | | 7/6 | | <u> </u> | 113/10 |
| He | re | Signatu | re of officer | | Date | , |
| | ľ | | TODO R. Coly President | | | · |
| | | Type or | print name and title | | | Diameter de la constante |
| Pai | 10 1 | Preparer's | Date | Check if self- | Γ | Preparer's identifying number (see instructions) |
| | parer's | signature | 105/17/5 | employed | <u> </u> | P01030829 |
| | e Only | Firm's name | (or yours DURANT, SCHRAIBMAN, & LINDSAY, LLC | | EIN 🕨 | 26-3965901 |
| - • | · - · · · · | if self-employ | yed), 4408 FOREST DR STE 300 | | Phone | |
| N 4 = : | | address, and | turn with the prenarer shown above 2 (see instructions) | | no 🕨 | <u>803-790-0020</u> |

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. DAA

| Part III Statement of Program | Service Accomplishments | | |
|---|--|---|------------------------|
| | FORMED TO ENGAGE IN (| CANCER RESEARCH, PATII OR CHARITABLE, EDUCATI | |
| the prior Form 990 or 990-EZ? | nificant program services during the year w | hich were not listed on | Yes X No |
| If "Yes," describe these new services of | | | |
| | or make significant changes in how it cond | lucts, any program | - |
| services? | Latela O | | Yes X No |
| If "Yes," describe these changes on Sci | | | |
| Section 501(c)(3) and 501(c)(4) organiz | nents for each of the organization's three la zations and section 4947(a)(1) trusts are re s, and revenue, if any, for each program se | equired to report the amount of grants and | |
| | | \$ 49,427) (Revenue NDIVIDUALS WHO ARE FINDICAL TREATMENT AND LO | NANCIALLY |
| | | | |
| | | | |
| | | | |
| | | | |
| | • | | |
| | | | |
| •• | | | |
| • | | • | |
| 4b (Code:) (Expenses \$ TO PROVIDE FOR THE U OF FINANCIALLY NEEDY RESEARCH FOR SUCH IN | INDIVIDUALS AND CON | ENT REQUIREMENTS | \$ 61,138 ₎ |
| 4c (Code:) (Expenses \$ | including grants of | \$) (Revenue | \$) |
| · | | | |
| 44 00 | | | |
| 4d Other program services. (Describe in S (Expenses \$ | - |) (Passassa di | |
| 4e Total program service expenses ▶ | including grants of \$ 109,335 |) (Revenue \$ | |
| | | | |

| Pa | art IV Checklist of Required Schedules | | | -5 |
|-----|---|----------|-------|----------|
| | | | 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? | 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? If "Yes," complete | | | |
| | Schedule C, Part II | 4 | | X |
| 5 | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) | | | |
| | notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III | 5 | | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts where 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," | | | 77 |
| _ | complete Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21; 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," | | | 7.7 |
| 40 | complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in term, permanent, or | 40 | | v |
| 11 | quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | Х |
| ••• | Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | 44 | | x |
| | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete | 11 | | |
| • | Schedule D, Part VI. | | | |
| | b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more | | | |
| Ţ | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. | | | |
| | b 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. | | | |
| • | Did the organization report an amount for other assets related 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. | | | |
| • | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. | | | |
| | 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? If "Yes," complete Schedule D, Part X. | | | |
| 12 | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | L | L | <u> </u> |
| | Schedule D, Parts XI, XII, and XIII. | 12 | | X |
| 12A | Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No | | | |
| | If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional. | | | _ |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Х |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| þ | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, | | | |
| | business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I | 14b | | Х |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any | | | |
| | organization or entity located outside the United States? If "Yes," complete Schedule F, Part II | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance | | | |
| 4= | to individuals located outside the United States? If "Yes," complete Schedule F, Part III | 16 | | Х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services | | | 7.5 |
| 10 | on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | | | |
| 19 | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | X | |
| 13 | 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 | 40 | | x |
| 20 | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 19 20 | | X |
| | The second of the state of the | | . 990 | |

Form 990 (2009) 'SCOA' CARE INC. Part IV Checklist of Required Schedules (continued)

| | | | Yes | No |
|-----|--|------|----------|----------|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations | | | |
| | in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | ļ | X |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the | | ,, | |
| | United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | X | |
| 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 | | <u> </u> |
| 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 25 | 24a | | X |
| Ь | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | g and an area and a second a second and a second and a second and a second and a second a second and a second a second a second a second a second a second and a second and a second and a second and a | | | |
| | to defease any tax-exempt bonds? | 24c | | |
| d | and the second of the second o | 24d | | |
| 25a | (), , , , , , , , , , , , , , , , , , , | | | |
| | with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | <u> </u> |
| þ | 0.00 | | | |
| | 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 | | <u> </u> |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or | | | |
| | disqualified person outstanding as of the end of the organization's tax year? 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 a grant selection committee member, or to a person related to such an individual? | | | |
| 20 | 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 | | <u> </u> |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete | | | |
| | Schedule L, Part IV | 28b | | <u> </u> |
| С | An entity of which a current or former officer, director, trustee, or key employee of the organization (or a | | | |
| | family member) 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 | | | |
| 0.4 | 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, | | 1 | |
| 20 | Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | 77 |
| 33 | Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | . |
| 34 | 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, | | | 7.5 |
| 35 | III, IV, and V, line 1 | 34 | | X |
| 33 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete | | | 77 |
| 26 | Schlop F04(a)(2) aggregations Bid the appropriate materials and a second | 35 | | <u> </u> |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related | | | 3.5 |
| 27 | organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | \vdash | 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, | | | 3.5 |
| 38 | Part VI | 37 | \vdash | <u> </u> |
| - | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and | | | v |
| | 19? Note. All Form 990 filers are required to complete Schedule O. | 38 | 990 | X |
| | | Form | 1166 | 120001 |

| Pa | rt V Statements Regarding Other IRS Filings and Tax Compliance | | | | |
|---------|--|------------|-----------|--|--------------|
| | | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of | 1 1 | | | |
| | U.S. Information Returns. Enter -0- if not applicable | 1a | <u>.</u> | | |
| 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 report | table | | | |
| | 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 | ļ | | |
| 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 this return. (see | | ļ | | |
| | instructions) | | 1 | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered b | у | - | | l |
| | this return? | | 3a | | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," 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 auti | • | | | |
| | over, a financial account in a foreign country (such as a bank account, securities account, or other finance | cial | | | |
| | account)? | | <u>4a</u> | | X |
| b | If "Yes," enter the name of the foreign country: | | | | |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bar | ıĸ | | | |
| 5a | and Financial Accounts. | | | | x |
| b | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction | 23 | 5a | | X |
| C | If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regards | | _5b_ | | |
| Ŭ | Prohibited Tax Shelter Transaction? | ng | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | • • • | 30 | _ | |
| | organization solicit any contributions that were not tax deductible? | | 6a | | x |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions | or | - Cu | | |
| | gifts were not tax deductible? | • | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goo | ds | ļ | | |
| | 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 | | |
| С | 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, during the year, receive any funds, directly or indirectly, to pay premiums on a pers | onal | | | |
| | benefit contract? | | 7e | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract | ? | 7f | | L |
| g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | | 7g | | ļ |
| h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as | • | | | |
| _ | required? | | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting | | | | |
| | organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring | | _ | | - |
| | organization, have excess business holdings at any time during the year? | • | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | İ | |
| a | Did the organization make any taxable distributions under section 4966? | | 9a | | |
| ь 10 | Did the organization make a distribution to a donor, donor advisor, or related person? | | 9b | | |
| а | Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 | 100 | |] | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10a 10b | 1 | 1 | |
| 11 | Section 501(c)(12) organizations. Enter: | 100 | 1 | | |
| '' a | Gross income from members or shareholders | 11a | | | |
| ь | Gross income from other sources (Do not net amounts due or paid to other sources against | | 1 | ĺ | |
| - | amounts due or received from them) | 11b | | 1 | İ |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10 | | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | |
| _ | | | | | |

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. Section A. Governing Body and Management

| | | | Yes | No |
|------|--|-------------|---------------|----------|
| 1a | Enter the number of voting members of the governing body | _ | | |
| b | Enter the number of voting members that are independent | 1 | | 1 |
| 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 organizational documents since the prior Form 990 was filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | 5 | | X |
| 6 | Does the organization have members or stockholders? | 6 | | X |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members | | | |
| | of the governing body? | 7a | | X |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | | | ĺ |
| | the year by the following: | | - : | - |
| а | The governing body? | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | X | <u> </u> |
| 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 | <u> </u> | <u> </u> |
| | tion B. Policies (This Section B requests information about policies not required by the Internal | | | |
| Rev | renue Code.) | | | |
| | | | Yes | No |
| 10a | Does the organization have local chapters, branches, or affiliates? | 10a | | X |
| b | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, | | | |
| | affiliates, and branches to ensure their operations are consistent with those of the organization? | 10b | | <u> </u> |
| 11 | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the | | | |
| | form? | 11 | | X |
| 11a | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | X | |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give | | | |
| | rise to conflicts? | 12b | | X |
| С | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | | | |
| | describe in Schedule O how this is done | 12c | | X |
| 13 | Does the organization have a written whistleblower policy? | 13 | | X |
| 14 | Does 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 |
| Þ | Other officers or key employees of the organization | 15b | | X |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) | | | |
| 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," has the organization adopted a written policy or procedure requiring the organization to evaluate | | | |
| | its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard | | | |
| | the organization's exempt status with respect to such arrangements? | 16b | | |
| | tion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed NONE | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) | | | |
| | available for public inspection. Indicate how you make these available. Check all that apply. | | | |
| 40 | Own website Another's website Upon request | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest | | | |
| 20 | policy, and financial statements available to the public. | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the | | | |
| 7.77 | organization. ► MEREDITH ANDERSON P.O. BOX 2046 SST COLUMBIA SC 29171-2046 | | | |
| DAA | SC 29171-2046 | | 000 | (2000) |

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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. Use Schedule J-2 if additional space is needed.
- 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. 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.

| X Check this box if the organization (A) Name and Title | (B) Average | | | (6 | 2) | that ap | | (D) Reportable | (E) Reportable | (F) Estimated |
|---|-------------------|--------------------------------|----------|----------|----------|------------------------------|---|--|--|--|
| | hours per week | Individual trustee or director | | | | Highest compensated employee | | compensation from the organization (W-2/1099-MISC) | compensation from related organizations (W-2/1099-MISC) | amount of other compensation from the organization and related organizations |
| MEREDITH ANDERSON | | | | | | | | | | |
| VP TRESURER | 2.00 | X | | <u> </u> | | | | 0 | 0 | 0 |
| TODD COREY | į | | | | | | | | | |
| PRESIDENT | 1.00 | X | | <u> </u> | L., | | | 0 | 0 | O |
| NORMA FISHER-MIXO | | | | | | | | | | |
| SECRETARY | 1.00 | X | | _ | | | | 0 | 0 | |
| TONY CLYBURN | | | | | | | | | | |
| DIRECTOR | 1.00 | X | | | | | | . 0 | 0 | 0 |
| JO MOONEY | | | | | | | , | | | |
| DIRECTOR | 1.00 | X | | _ | L. | | | 0 | 0 | 0 |
| JIM BROWN | | | | | | | | | | |
| DIRECTOR | 1.00 | X | L | _ | _ | | | 0 | 0 | 0 |
| GEGE KIMBAL | | l | | | | | | _ | | _ |
| DIRECTOR | 1.00 | X | <u> </u> | | \vdash | | | 0 | 0 | 0 |
| | <u></u> | \vdash | | | | | | | | |
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| | | | | | | | | | | |

| Par | rt VII Section A. Officers | Directors, Trus | tees | , Ke | y En | nplo | yees | , an | d Highest Compensated E | mployees (continued) | | | | |
|-----------|--|------------------------------|-----------------------------------|--------|---------------|--------------|--------------------------------|---------|----------------------------------|--|---------------------------------------|--------------------|-----------------------|----------|
| | (A) | (B) | _ | | | C) | | | (D) (E) | | | (F) | | |
| | Name and Title | Average hours per week | Individual trustee or director | | Officer | Key employee | a Highest compensated employee | | Reportable compensation from the | Reportable compensation from related organizations | Estimat amount other compens | | nt of er sation | |
| | | | 현회 | onal t | | ploye | 88 | | organization (W-2/1099-MISC) | (W-2/1099-MISC) | from the organization | | ation | |
| | | | stee | huste | | ă | pens | | | | | and rel rganıza | | |
| | | | | e | | | ated | | | | | | | |
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| | | | | | | | | | | | | | | |
| <u>1b</u> | Total | | | | | | | | | | | | | |
| 2 | Total number of individuals (inc | | | | ose | listed | d abo | ve) | who received more than \$1 | 00,000 in | | | | |
| | reportable compensation from | the organization I | | U | | | | | | | | | Yes | No |
| 3 | Did the organization list any for employee on line 1a? If "Yes," | mer officer, direc | tor o | or tru | stee uch i | , key | emp | loye | ee, or highest compensated | | | 3 | - | X |
| 4 | For any individual listed on line the organization and related or | 1a, is the sum of | f repo | ortab | le co | ompe | ensat | ion a | | | ŀ | | | |
| _ | ındividual | | | | | | | | • | , | | 4 | | X |
| 5 — | Did any person listed on line 1a services rendered to the organ | ization? If "Yes," | | | | | | | | | | · 5 | - | X |
| Sec 1 | Complete this table for your five | e highest comper | ısate | d inc | lepe | nder | nt cor | ntrac | tors that received more that | n \$100,000 of | | - | | |
| | compensation from the organiz | (A) business address | | | | | | Γ | Descrip | (B) tion of services | | Co | (C) mpensat | |
| | | | | | • | | - | | 300.19 | | | | трепос | <u>v</u> |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 2 | Total number of independent comore than \$100,000 in compen | | | | | | to th | ose | listed above) who received | | | iõ | | |

| <u>Pa</u> | rt VI | II Statement of Reve | nue | | | | · · · · | |
|--|------------|---|--------------------|--|----------------------|--|---|---|
| | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| (0, (0) | 4- | Fodorated compaigns | 40 | | | | | |
| Program Service Revenue Contributions, gifts, grants angunts | 1a | Federated campaigns | 1a | | | | | |
| PE | b | Membership dues | 1b | | | | | i |
| a, E | С | Fundraising events | 1c | 36,921 | | | | |
| 뜵 | d | Related organizations | 1d | | | | | |
| S,E | e | Government grants (contributions) | 1e | | | | | |
| <u> </u> | | All other contributions, grits, grants, | | | | | | |
| 当 | • | and similar amounts not included above | ا مد ا | 112 274 | | | | |
| 불히 | | | | 113,374 2,732 | | | | |
| <u> </u> | g | Noncash contributions included in lines 1a- | 1f \$ | 2,732 | • • | | | |
| <u> </u> | h | Total. Add lines 1a-1f | | | 150,295 | | | |
| ē | | | | Busn. Code | | | | |
| ᇹ | 2a | | | | | | | |
| ا چ | b | | | | | | | |
| 9 | | | | | | _ | | |
| ΞĮ | С | | | - | | | | |
| လ | d | | | ļ | <u> </u> | | | |
| ᇣ | е | | | | | | | |
| 둜 | f | All other program service rever | nue . | . | . – | | | _ |
| 됩 | q | Total. Add lines 2a-2f | | • | | | | |
| \neg | 3 | Investment income (including d | Inudonds intor | | | | | |
| | 3 | | iivideiids, iiitei | _ | 3 500 | | | 2 502 |
| | | other similar amounts) | | | 3,582 | | | 3,582 |
| | 4 | Income from investment of tax- | exempt bond | proceeds - | | | | |
| | 5 | Royalties | | > _ | | | | |
| | | (i) Real | (1 | i) Personal | | | | |
| | 6a | Gross Rents | | | | | | |
| | b | Less rental exps | | | | | | |
| | | · · | | | | | | |
| | C | Rental inc or (loss) | | | | | | |
| | _d | Net rental income or (loss) Gross amount from (i) Sequentes | | | | | | <u> </u> |
| | <i>,</i> a | sales of assets (i) Securities | s | (II) Other | • | | | |
| | | other than inventory | | | | | | 1 |
| | b | Less cost or other | | | | | | |
| | | basis & sales exps | | | | | | ' |
| | _ | Gain or (loss) | · ····· | | | | | , |
| | C | | | | | | | |
| | d | Net gain or (loss) | | | | | | |
| | 8a | Gross income from fundraising ever | nts | | | | | |
| Ĕ | | (not including \$ | | | | | | |
| ě. | | of contributions reported on line 1c) | | | | | | |
| Other Revenue | | See Part IV, line 18 | a | | | | | |
| Ę. | h | Less direct expenses | ь | | | | | |
| ŏ | | Net income or (loss) from fund | | | | | | |
| | | | | | | | | |
| | 9a | Gross income from gaming activitie | s | | | | | |
| | | See Part IV, line 19 | a | | | | | |
| | b | Less [,] direct expenses | ь <u></u> | | | | | |
| | С | Net income or (loss) from game | ing activities | • · | | | , | |
| | | Gross sales of inventory, less | | | | | | |
| | | returns and allowances | ا | | • | | | |
| | | • | <u> </u> | | | | | |
| | | Less: cost of goods sold | ь | | | | | |
| | С | Net income or (loss) from sales | | | | | | |
| | L | Miscellaneous Revenue | 9 | Busn. Code | | | | |
| | 11a | | | | | l | | |
| | ь | | | | | | | |
| | c | | | | | | | |
| | d | All other revenue | | | | | | |
| | _ | Total. Add lines 11a-11d | • | <u> </u> | | | | |
| | | | | | 150 05- | | | |
| | 12 | Total Revenue. See instruction | ns | ▶ | 153,877 |] 0 | 0 | 3,582 |

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) but are not required to complete columns (B), (C), and (D).

| Do | not include amounts reported on lines 6b, | (A) | (B) | (C) | (D) |
|---------|---|----------------|--------------------------|------------------------------------|-------------------------|
| | 8b, 9b, and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| 1 | Grants and other assistance to governments and | | | | |
| • | organizations in the U.S. See Part IV, line 21 | | | | , |
| 2 | Grants and other assistance to individuals in | | | | |
| _ | the U.S See Part IV, line 22 | 109,335 | 109,335 | | 1 |
| 3 | Grants and other assistance to governments, | | | | |
| • | organizations, and individuals outside the | | | | |
| | U.S. 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 | | | | |
| U | 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 contributions (include section 401(k) | | | | |
| Ü | and section 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | | | | |
| | · · · | | | | |
| 11 | Fees for services (non-employees): Management | | | | |
| a | _ | | · - | | |
| b | Legal Accounting | 1,000 | <u></u> | 1,000 | |
| _ | Lobbying | | | 1,000 | |
| d | Professional fundraising services See Part IV, line 17 | | | | |
| e | Investment management fees | | | | - |
| f | | | | | |
| g 12 | Other | | | | |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | | | | |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | | | | |
| 17 | Travel Payments of travel or entertainment expenses | | | | |
| 18 | · | | | | |
| 40 | 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 | | | | |
| 24 | covered above. (Expenses grouped together | | | | , |
| | and labeled miscellaneous may not exceed | | | | |
| | 5% of total expenses shown on line 25 below.) | | | | |
| а | FUNDRAISING | 8,024 | | | 8,024 |
| b | INSURANCE-DIR. & OFFICERS | 676 | | 676 | 0,024 |
| c | OTHER G & A EXPENSES | 372 | | 372 | <u> </u> |
| d | INSURANCE-BUSINESS | 350 | | 350 | |
| e | LICENSES | 300 | | 300 | |
| f | All other expenses | 300 | | | |
| 25 | Total functional expenses. Add lines 1 through 24f | 120,057 | 109,335 | 2,698 | 8,024 |
| 26 | | 120,037 | 109,335 | 2,030 | 0,024 |
| -0 | SOP 98-2. Complete this line only if the | | | | |
| | organization reported in column (B) joint costs | | | | |
| | from a combined educational campaign and fundraising solicitation | | | ; | |
| ΠΔΔ | rungraising sonolidation | ا | | | - 000 |

| P | art X | Balance Sheet | | | | |
|----------------------|-------|---|---------------|-----------------------|----------|--------------------|
| | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash—non-interest bearing | | 28,461 | 1 | 12,993 |
| | 2 | Savings and temporary cash investments | | 255,188 | 2 | 304,254 |
| | 3 | Pledges and grants receivable, net | • | | 3 | |
| | 4 | Accounts receivable, net | | | 4 | |
| | 5 | Receivables from current and former officers, directors, ti | rustees, key | | | |
| | 1 | employees, and highest compensated employees. Comp | | | | |
| | | Schedule L | | | 5 | - |
| | 6 | Receivables from other disqualified persons (as defined to | under section | | | |
| | | 4958(f)(1)) and persons described in section 4958(c)(3)(8 | | | | |
| | | Part II of Schedule L | | | 6 | |
| Assets | 7 | Notes and loans receivable, net | | | 7 | |
| 38 | 8 | Inventories for sale or use | • | | 8 | |
| Ä | 9 | Prepaid expenses and deferred charges | | 9 | | |
| | 10a | Land, buildings, and equipment: cost or | [] | | | |
| | `` | other basis. Complete Part VI of Schedule D | 10a | | | |
| | Ь | Less: accumulated depreciation | 10b | 1 | 10c | |
| | 11 | Investments—publicly traded securities | | | 11 | |
| | 12 | Investments—other securities. See Part IV, line 11 | 15,051 | 12 | 14,848 | |
| | 13 | Investments—program-related. See Part IV, line 11 | | 13 | | |
| | 14 | Intangible assets | | 14 | | |
| | 15 | Other assets See Part IV, line 11 | | 6,050 | 15 | 6,050 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34 | ١ | 304,750 | 16 | 338,145 |
| | 17 | Accounts payable and accrued expenses | <i></i> | 3017730 | 17 | 330,213 |
| | 18 | Grants payable | • | | 18 | |
| | 19 | Deferred revenue | | | 19 | |
| | 20 | Tax-exempt bond liabilities | • | | 20 | |
| G | 21 | Escrow or custodial account liability. Complete Part IV of | Schodule D | | 21 | |
| Liabilities | 22 | Payables to current and former officers, directors, trustee | | | | <u> </u> |
| 寰 | 22 | employees, highest compensated employees, and disqua | = | | | |
| Ē | | persons. Complete Part II of Schedule L | anned | | 22 | |
| _ | 23 | • | nation | | 23 | - ,_ |
| | 24 | Secured mortgages and notes payable to unrelated third Unsecured notes and loans payable to unrelated third pa | • | · | 24 | |
| | 25 | Other liabilities Complete Part X of Schedule D | rues | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | •• | | 26 | |
| ·^ | 20 | Organizations that follow SFAS 117, check here ▶ | and | | 20 | |
| Fund Balances | | complete lines 27 through 29, and lines 33 and 34. | and | | | |
| ă | 27 | Unrestricted net assets | | | 27 | |
| ğ | l . | Temporarily restricted net assets | | <u> </u> | 27 28 | |
| В | 28 | Permanently restricted net assets | | | 29 | |
| Š | 29 | Organizations that do not follow SFAS 117, check he | | | 29 | |
| Ē | | | | | | |
| 9 | 30 | and complete lines 30 through 34. Capital stock or trust principal, or current funds | | | 20 | |
| ets | l | Paid-in or capital surplus, or land, building, or equipment | fund | | 30 31 | |
| SS | 31 | | | 304,750 | | 338,145 |
| ţ | 32 | Retained earnings, endowment, accumulated income, or | Onier Inius | 304,750 | 32 | 338,145 |
| Net Assets | 33 | Total net assets or fund balances | | 304,750 | | 338,145 |
| _ | 34_ | Total liabilities and net assets/fund balances | | 302,/30 | 34 | J JJO, 143 |

Form **990** (2009)

| Pa | nrt XI Financial Statements and Reporting | | | |
|----|--|-----|-----|----|
| | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in | | | |
| | Schedule O. | _ | | _ |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | | X |
| b | Were the organization's financial statements audited by an independent accountant? | 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? | 2c | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in | | | |
| | Schedule O | | | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were | | | |
| | issued on a consolidated basis, separate basis, or both: | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | |
| 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_ | | Х |
| 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)

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. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

SCOA CARE INC.

Employer identification number 20-1016868

| D, | art I | Poss | on for Bublic Charity | Status /All organizations | must o | amplete | thin n | a+ \ C | oo inc | 4-1-41 | 200 | | |
|------|----------|-----------------|---------------------------------|--|--|--------------------|-------------|-------------|-----------|------------|--------------|------|--|
| | | | | Status (All organizations | | | this p | an.) S | ee ins | trucuc | ons. | | |
| | orgar | | • | it is: (For lines 1 through 11, che | • | • | | | | | | | |
| 1 | Щ | | | ciation of churches described in | section 1 | 70(b)(1)(<i>i</i> | A)(i). | | | | | | |
| 2 | Ц | | cribed in section 170(b)(1)(A | | | | | | | | | | |
| 3 | Ц | A hospital or | a cooperative hospital service | e organization described in secti | ion 170(b) | (1)(A)(iii) | | | | | | | |
| 4 | | A medical res | search organization operated | in conjunction with a hospital de | scribed in | section 1 | 170(b)(1) |)(A)(iii). | Enter th | ne hospi | ital's name, | | |
| | | city, and state | e: . | | | | | | | | | | |
| 5 | | An organizatı | on operated for the benefit of | a college or university owned or | operated | by a gove | ernmenta | al unit de | escribed | ın | | | |
| | | section 170(| b)(1)(A)(iv). (Complete Part | II.) | | | | | | | | | |
| 6 | | | | vernmental unit described in sec | tion 170 | b)(1)(A)(v | ·). | | | | | | |
| 7 | X | | • | ubstantial part of its support from | • | ,, ,, ,, | • | n the ge | neral pu | iblic | | | |
| | | | section 170(b)(1)(A)(vi). (Co | | | | | 90 | о. с. р | | | | |
| 8 | | | | 70(b)(1)(A)(vi). (Complete Part II | 1. | | | | | | | | |
| 9 | H | - | | more than 33 1/3 % of its suppo | • | ntribution | e mamb | archin f | 200 200 | darocc | | | |
| ŭ | ш | | | ot functions—subject to certain e | | | | - | | - | | | |
| | | | · | d unrelated business taxable inco | - | | | | | 1 115 | | | |
| | | | - | | • | | i i tax) ii | om busi | 1162262 | | | | |
| 40 | \Box | - | - | , 1975. See section 509(a)(2). (| • | • | - > (4 > | | | | | | |
| 10 | \vdash | _ | • | xclusively to test for public safety | f | • | ,,,, | | | | | | |
| 11 | Ш | | | xclusively for the benefit of, to pe | | | | | | | | | |
| | | | | d organizations described in sec | - | | | | | tion | | | |
| | | | F | e type of supporting organization | | | 3 11e thr | | | | | | |
| | | a Type | ·· | c Type III–Functions | | | ď | | e III–Ot | her | | | |
| е | Ш | | | inization is not controlled directly | | | | | | | | | |
| | | persons other | r than foundation managers a | and other than one or more public | cly suppor | ted organ | izations | describe | ed in sec | ction | | | |
| | | | section 509(a)(2). | | | | | | | | | | |
| f | | If the organiza | ation received a written deter | mination from the IRS that it is a | Type I, Ty | pe II, or T | Type III s | upportin | g | | | | |
| | | organization, | check this box | | | | | | | | | | |
| g | | Since August | 17, 2006, has the organization | on accepted any gift or contributi | ion from a | ny of the | | | · | | | | _ |
| | | following per | sons? | | | | | | | | | | |
| | | (i) A persor | who directly or indirectly con | ntrols, either alone or together wi | ith person: | s describe | ed in (II) | | | | | Yes | No |
| | | and (iii) t | below, the governing body of | the supported organization? | | | , , | | | | 11g(i) | | 1 |
| | | | member of a person describe | | | | | | | • | 11g(ii) | | |
| | | | ontrolled entity of a person de | • • | | • | | | | • | . 11g(iii | 1 | |
| h | | | ollowing information about the | ,, ,, | | | | | | | [119/11 | | 1 |
| (1) | Name | of supported | (ii) EIN | (iii) Type of organization | (lv) is the c | rganization | (V) Did v | ou notify | M | s the | (vil) An | | |
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| Public support percentage from 2008 Schedule A, Part II, line 14 33 1/3 % support test—2009. 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—2008. 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 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | | | · | | | 14 | 00.25.9/ |
| 33 1/3 % support test—2009. 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—2008. 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 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2008. If the organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2008. If the organization qualifies as a publicly supported organization | | | • • | • | <i>'</i> 11 | | · · · · · · | |
| and stop here. The organization qualifies as a publicly supported organization b 33 1/3 % support test—2008. 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 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization D D D D | | | | | and line 14 is 33 1 | /3 % or more chec | | 76 |
| b 33 1/3 % support test—2008. 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 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization D D D D D D | | | | | , 6110 11116 14 13 33 1 | 75 76 OF HIGHE, CHEC | K UIIS DOX | ▶ 🗓 |
| box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | b | | | | r 16a, and line 15 is | : 33 1/3 % or more | check this | • |
| 17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | | | | | 700 170 70 01 111010, | CHOCK THS | ▶ [|
| b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | 17a | 10%-facts-and-circumstances test—2009 more, and if the organization meets the "fac | 9. If the organization cts-and-circumstance | o did not check a bo | ox on line 13, 16a, o box and stop here | . Explain in Part IV | | |
| | b | 10%-facts-and-circumstances test—2006 more, and if the organization meets the "fac | 8. If the organization cts-and-circumstance | did not check a boes" test, check this | ox on line 13, 16a, 1 box and stop here | 6b, or 17a, and line Explain in Part IV | | ▶ |
| P | 18 | | | | | | tructions | 【 |
| | | | THE CHECK & DOX ON | mic 13, 108, 100, 1 | | ins oox and see ins | uctions | |

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

| Sec | tion A. Public Support | JONOG_IIIO BOX | | | · | | |
|-----------|--|----------------------|-----------------------|---------------------------------------|----------------------|---------------|-------------|
| | lendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (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 | | | | | | |
| 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 | | | | | l | |
| с 8 | Add lines 7a and 7b | | | | | - | |
| | Public support (Subtract line 7c from line 6.) | | | <u></u> | | | |
| | tion B. Total Support | | | · · · · · · · · · · · · · · · · · · · | | r | |
| | lendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 9 | Amounts from line 6 | | ļ | | <u> </u> | <u> </u> | |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| С | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | | | |
| | and 12.) | | | | | | |
| 14 | First five years. If the Form 990 is for the corganization, check this box and stop here | | second, third, four | th, or fifth tax year a | as a section 501(c)(| (3) | ▶ [|
| Sec | tion C. Computation of Public Su | port Percent | age | | | | |
| 15 | Public support percentage for 2009 (line 8, | column (f) divided | by line 13, column | (f)) | | 15 | % |
| <u>16</u> | Public support percentage from 2008 Schee | | - | | • | 16 | % |
| Sec | tion D. Computation of Investmen | | | | | | |
| 17 | Investment income percentage for 2009 (lin | | | column (f)) | | 17 | % |
| 18 | Investment income percentage from 2008 S | | | | | 18 | % |
| 19a | 33 1/3 % support tests—2009. If the organ | nization did not che | eck the box on line | 14, and line 15 is m | ore than 33 1/3 %, | and line | |
| | 17 is not more than 33 1/3 %, check this bo | | | • | • • • | | ▶ [|
| þ | 33 1/3 % support tests—2008. If the organ | | | | | | |
| | line 18 is not more than 33 1/3 %, check this | | | | | | ▶ [|
| 20 | Private foundation. If the organization did | not check a box or | n line 14, 19a, or 19 | b, check this box a | nd see instructions | | • |

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

| (i) Name of individual or entity (fundraiser) | (II) Activity | | have dy or rol of | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|-----|-------------------------|--------------------------------------|---|---|
| | | Yes | No | | | |
| | | | | | | |
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| Total | | .1 | | | | |

SCHEDULE G . (Form 990 or 990-EZ)

registration or licensing.

DAA

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding

Fundraising or Gaming Activities
Complete If the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

See separate instructions.

OMB No 1545-0047

Open To Public Inspection

Employer identification number Name of the organization 20-1016868 SCOA CARE INC. Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Solicitation of non-government grants Mail solicitations Internet and email solicitations Solicitation of government grants Special fundraising events Phone solicitations In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fund-(i) Name of individual (ii) Activity (iv) Gross receipts (v) Amount paid to (vi) Amount paid to raiser have or entity (fundraiser) from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of contributions? col (i) Yes No Total List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from

| P | art | • | vents. Complete if the orga ,000 on Form 990-EZ, line | | | |
|-----------------|----------|---|---|---|---------------------------------------|--|
| | | | (a) Event #1 990PTVIIIC (event type) | (b) Event #2 | (c) Other events NONE (total number) | (d) Total events (add col (a) through col (c)) |
| Revenue | 1 2 3 | Gross receipts Less: Charitable contributions Gross revenue (line 1 | 36,921 36,921 | | | 36,921 36,921 |
| | | minus line 2) | - | | | |
| | 4 | Cash prizes | | | | |
| | 5 | Noncash prizes | | | | |
| uses | 6 | Rent/facility costs | | | | |
| Direct Expenses | 7 | Food and beverages | | | | |
| Dire | 8 | Entertainment | | | - | |
| | 9 | Other direct expenses | | | | |
| | 10 11 | • | . Add lines 4 through 9 in column (dombine line 3, column (d), and line 1 | - | > | (|
| Р | art | | olete if the organization ans on Form 990-EZ, line 6a. | wered "Yes" to Form 990, I | Part IV, line 19, or repo | rted more |
| Revenue | | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (Add col (a) through col (c)) |
| Rev | 1 | Gross revenue | | | | |
| Se | 2 | Cash prizes | | | | |
| Expenses | 3 | Noncash prizes | | | | |
| Direct I | 4 | Rent/facility costs | | | | |
| | 5 | Other direct expenses | | | | |
| | 6 | Volunteer labor | Yes % | Yes % | Yes % | |
| | 7 | Direct expense summary | . Add lines 2 through 5 in column (d |) | | <u> </u> |
| | 8 | Net gaming income sumn | nary. Combine line 1, column d, and | line 7 | > | |
| 9 | | | e organization operates gaming activ | • | | Yes No |
| a b | | No," Explain: | o operate gaming activities in each o | or these states? | | 9a |
| 10a b | | ere any of the organization's | s gaming licenses revoked, suspeni | ded or terminated during the tax yea | ar? | 10a |
| 11 | Da | es the organization energy | e gaming activities with nonmember | | | |
| 12 | Is | | beneficiary or trustee of a trust or a | | ntity | 12 |

| Sche | edule G (Form 990 or 990-EZ) 2009 SCOA CARE INC. | 20-10168 | 68 | P | age 3 |
|------|---|----------|-----|-----|----------|
| | | | | Yes | No |
| 3 | Indicate the percentage of gaming activity operated in: | | | | |
| а | The organization's facility | 13a 9 | 5 | | |
| b | An outside facility . | 13b 9 | _ | | |
| 4 | Provide the name and address of the person who prepares the organization's gaming/special events books | | | | l . |
| | and records: | | | | <u>'</u> |
| | Name ► . | | | | |
| | Address ► | | | | |
| 5a | Does the organization have a contract with a third party from whom the organization receives gaming | | | - | |
| | revenue? | | 15a | | <u> </u> |
| þ | If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ | and the | | | ٠ ا |
| | amount of gaming revenue retained by the third party ▶ \$. | | | | , |
| С | If "Yes," enter name and address of the third party | | | | |
| | Name Name | | | | |
| | Address ▶ | | | | , |
| 6 | Gaming manager information: | | | | |
| | Name ▶ | | | | |
| | Gaming manager compensation ▶ \$ | | | | |
| | Description of services provided ▶ | | | | , |
| | Director/officer Employee Independent contractor | | | | |
| 7 | Mandatory distributions: | | | | |
| а | Is the organization required under state law to make charitable distributions from the gaming proceeds to | | | | |
| | retain the state gaming license? | | 17a | | |
| b | Enter the amount of distributions required under state law distributed to other exempt organizations or spent | | | | |
| | in the organization's own exempt activities during the tax year ▶ \$ | | | | |

Schedule G (Form 990 or 990-EZ) 2009

SCHEDULE I (Form 990)

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

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

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Open to Public

| Department of the Treasury Internal Revenue Service | | | ► Attach to Form 990. | 90. | | | Inspection | on |
|---|--|-------------------------------------|---|--------------------------------------|---|---|---|--------|
| Name of the organization SCOA CARE INC. | | | , | | Employer 20-10 | Employer identification number 20-1016868 | e. | , |
| Part I General Information on Grants and Assistance | d Assistance | | | | | | | . |
| Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. | the amount of the gince? | rants or ass grant funds | its or assistance, the grantees' int funds in the United States. | eligibility for the grant | s or assistance, an | P | Yes | % X |
| l ä | overnments an recipient that re 0) if additional | d Organ sceived r space is | Organizations in the United States. Complete if the organization answered "Yes" to eived more than \$5,000. Check this box if no one recipient received more than \$5,0 ace is needed | ited States. Corr. Check this box | plete if the org if no one recip | ganization ansvient received n | vered "Yes" to nore than \$5,000. Us | |
| (a) Name and address of organization or government | (p) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | |
| | | | | | | | | |
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| · | | | | | | | | |
| 2 Enter total number of section 501(c)(3) and government organizations | organizations | | | | | | | |

3 Enter total number of other organizations
For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2009

20-1016868

Schedule I (Form 990) 2009 SCOA CARE INC.

(f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) non-cash assistance (d) Amount of Use Part IV and Schedule I-1 (Form 990) if additional space is needed 59,908 49,427 (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance MEDICAL PAYMENTS MEDICAL PAYMENTS Part III Part IV

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

• Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

SCOA CARE INC.

Employer Identification number 20-1016868

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990 NO REVIEW WAS OR WILL BE CONDUCTED.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION NO DOCUMENTS AVAILABLE TO THE PUBLIC