



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Organization Exempt From Income Tax

2010

Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceUnder 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

A For the 2010 calendar year, or tax year beginning Jul 1, 2010, and ending Jun 30, 2011

B Check if applicable	C Name of organization SVECares Doing Business As Number and street (or P O box if mail is not delivered to street addr) PO Box 405 City, town or country South Pittsburg			D Employer identification number 62-1816387
	Room/suite (423) 837-8605			E Telephone number (423) 837-8605
	State ZIP code + 4 TN 37380			F Gross receipts \$ 149,589.
	F Name and address of principal officer Ophelia Bryant 6191 Pocket Rd Whitwell TN 37397			G H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'No,' attach a list (see instructions)
I Tax-exempt status	<input checked="" type="checkbox"/> 501(c)(3)	<input type="checkbox"/> 501(c) () (insert no.)	<input type="checkbox"/> 4947(a)(1) or	527
J Website:	N/A			H(c) Group exemption number ►
K Form of organization	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input type="checkbox"/> Association	<input type="checkbox"/> Other ►
	L Year of Formation 2000			M State of legal domicile TN

Part I Summary

1 Briefly describe the organization's mission or most significant activities. To provide funds for those in need through donations to individuals and funding for local and community projects

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

3 Number of voting members of the governing body (Part VI, line 1a)
 4 Number of independent voting members of the governing body (Part VI, line 1b)
 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)
 6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (A), line 12
 b Net unrelated business taxable income from Form 990-T, line 34

3	5
4	5
5	
6	0
7a	
7b	

Activities & Governance

Revenue

Expenses

Net Assets
Fund Balances

Sign Here

Paid
Preparer
Use Only

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	146,994.	149,589.
9 Program service revenue (Part VIII, line 2g)		
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8e, 9c, 10c, and 11e)		
12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	146,994.	149,589.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	157,048.	148,139.
14 Benefits paid to or for members (Part IX, column (A), line 4)		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
16a Professional fundraising fees (Part IX, column (A), line 11e)		
b Total fundraising expenses (Part IX, column (D), line 25) ► 0.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		88.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	157,048.	148,227.
19 Revenue less expenses. Subtract line 18 from line 12	-10,054.	1,362.
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	10,187.	11,549.
21 Total liabilities (Part X, line 26)		
22 Net assets or fund balances Subtract line 21 from line 20	10,187.	11,549.

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	Signature of officer Ophelia Bryant		Date 2/14/12
	Type or print name and title OPHELIA BRYANT Chair		
Paid Preparer Use Only	Print/Type preparer's name Firm's name ► SEQUACHEE VALLEY ELECTRIC COOP	Preparer's signature Firm's address ► PO BOX 31	Date Check <input type="checkbox"/> if self-employed
			Firm's EIN ►
			Phone no (423) 837-5046

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

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0101 03/25/11

Form 990 (2010)

10

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III **1** Briefly describe the organization's missionTo provide funds for those in need
through donations to individuals and funding for local and community projects**2** Did the organization undertake any significant program services during the year which were not listed on the prior

Form 990 or 990-EZ?

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

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

If 'Yes,' describe these changes on Schedule O.

 Yes No**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)**4b** (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)**4c** (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)**4d** Other program services. (Describe in Schedule O.)

(Expenses \$ 88. including grants of \$ 148,227.) (Revenue \$ 149,589.)

4e Total program service expenses ► 88.

Part IV Checklist of Required Schedules

- 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A 1 X
- 2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) 2 X
- 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I 3 X
- 4 **Section 501(c)(3) organizations** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II 4 X
- 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III 5
- 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,' 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,' complete Schedule D, Part IV 9 X
- 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V 10 X
- 11 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.
 - a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI 11a X
 - b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII 11b X
 - c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII 11c X
 - d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX 11d X
 - e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X 11e X
 - f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X 11f X
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII 12a X
- 12b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 12b X
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 13 X
- 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X
 - b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Parts I and IV 14b X
- 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV 15 X
- 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV 16 X
- 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions) 17 X
- 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II 18 X
- 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III 19 X
- 20a Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H 20 X
 - b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) 20b

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		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	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		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25	X	
24b	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a	25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	X	
25b	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	X	
26	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		X
27	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? If 'Yes,' complete Schedule L, Part III		X
28	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):		
28a	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	X	
28b	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	X	
28c	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	X	
29	29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M		X
30	30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M		X
31	31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I		X
32	32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II		X
33	33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I		X
34	34 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1		X
35	35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
	a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
36	36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2		X
37	37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI		X
38	38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

BAA

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</i>		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If 'Yes,' enter the name of the foreign country. ► See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 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 gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
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 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?		
9 Sponsoring organizations maintaining donor advised funds.		
a Did the organization make any taxable distributions under section 4966?		
b Did the organization make a distribution to a donor, donor advisor, or related person?		
10 Section 501(c)(7) organizations. Enter	10a	
a Initiation fees and capital contributions included on Part VIII, line 12	10b	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11 Section 501(c)(12) organizations. Enter	11a	
a Gross income from members or shareholders	11b	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? <i>Note. See the instructions for additional information the organization must report on Schedule O.</i>		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b	

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year **1a** 5
 b Enter the number of voting members included in line 1a, above, who are independent **1b** 5

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? **2** X

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? **3** X

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? **4** X

5 Did the organization become aware during the year of a significant diversion of the organization's assets? **5** X

6 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 the year by the following:
 a The governing body? **8a** X
 b Each committee with authority to act on behalf of the governing body? **8b** X

9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O **9** X

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

10a Does the organization have local chapters, branches, or affiliates?
 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? **10a** X
10b

11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?
 b Describe in Schedule O the process, if any, used by the organization to review this Form 990 **11a** X

12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13
 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?
 c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done **12a** X
12b
12c
13 X
14 X

13 Does the organization have a written whistleblower policy?
14

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
 b Other officers of key employees of the organization
 If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions.) **15a** X
15b
16a X
16b

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?
 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? **16a** X
16b

Section C. Disclosure

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

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
 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 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 organization.
 ► FA Hatfield PO Box 405 South Pittsburg TN 37380 (423) 837-5050

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

 Check if Schedule O contains a response to any question 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 (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		or director or trustee	institutional trustee	Officer	Key employee	Highest compensated employee			
(1) Ophelia Bryant Chairman	1.00		X				0.	0.	0.
(2) June Moss Vice Chairman	1.00		X				0.	0.	0.
(3) Ann Smith Director	0.50	X					0.	0.	0.
(4) Karen Hutcheson Director	0.50	X					0.	0.	0.
(5) Jim Whitaker Director	0.50	X					0.	0.	0.
(6) -----									
(7) -----									
(8) -----									
(9) -----									
(10) -----									
(11) -----									
(12) -----									
(13) -----									
(14) -----									
(15) -----									
(16) -----									
(17) -----									

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch O)	(C) Position (check all that apply)			(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former
(18) _____							
(19) _____							
(20) _____							
(21) _____							
(22) _____							
(23) _____							
(24) _____							
(25) _____							
(26) _____							
(27) _____							
(28) _____							
(29) _____							

1 b Sub-total ►

0. 0. 0.

c Total from continuation sheets to Part VII, Section A ►

0.

d Total (add lines 1b and 1c) ►

0. 0. 0.

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

	Yes	No
3		X
4		X
5		X

3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►		

Part VIII | Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	149,589.			
	g Noncash contributions included in lns 1a-1f: \$					
h Total. Add lines 1a-1f		149,589.				
PROGRAM SERVICE REVENUE	2a	Business Code				
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
3 Investment income (including dividends, interest and other similar amounts)						
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
6a Gross Rents	(i) Real	(ii) Personal				
b Less rental expenses						
c Rental income or (loss)						
d Net rental income or (loss)						
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
b Less cost or other basis and sales expenses						
c Gain or (loss)						
d Net gain or (loss)						
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c)						
See Part IV, line 18	a					
b Less direct expenses	b					
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities. See Part IV, line 19	a					
b Less direct expenses	b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code					
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		149,589.				
12 Total revenue. See instructions		149,589.				

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)

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) 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	148,139.	148,139.		
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 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) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	88.	88.	0.	0.
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f if line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a				
b				
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	148,227.	148,227.	0.	0.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X | Balance Sheet

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash – non-interest-bearing	10,187.	1	11,549.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 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)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a		
	b Less accumulated depreciation	10b		10c
	11 Investments – publicly traded securities		11	
	12 Investments – other securities. See Part IV, line 11		12	
	13 Investments – program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11		15	
16 Total assets Add lines 1 through 15 (must equal line 34)		10,187.	16	11,549.
LIABILITIES	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25		0.	26
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.			
	27 Unrestricted net assets	10,187.	27	11,549.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	10,187.	33	11,549.
	34 Total liabilities and net assets/fund balances.	10,187.	34	11,549.

BAA

Form 990 (2010)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI

1 Total revenue (must equal Part VIII, column (A), line 12)	1	149,589.
2 Total expenses (must equal Part IX, column (A), line 25)	2	148,227.
3 Revenue less expenses Subtract line 2 from line 1	3	1,362.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,187.
5 Other changes in net assets or fund balances (explain in Schedule O)	5	
6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	11,549.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII

1 Accounting method used to prepare the Form 990: Cash Accrual Other _____

If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.

	Yes	No
2a		X
2b		X
2c		
3a		X
3b		

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

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 separate basis, consolidated 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?

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

SCHEDULE A
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

2010**Open to Public
Inspection****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.

Name of the organization

SVECare

Employer identification number

62-1816387

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

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

1 A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
 9 An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a Type I b Type II c Type III – Functionally integrated d Type III – Othere By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 (ii) A family member of a person described in (i) above?
 (iii) A 35% controlled entity of a person described in (i) or (ii) above? ..

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2010

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include 'unusual grants.')	135,609.	136,629.	142,115.	146,763.	162,156.	723,272.
2 Tax revenues levied for the organization's benefit and either paid to it 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	135,609.	136,629.	142,115.	146,763.	162,156.	723,272.
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						723,272.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	135,609.	136,629.	142,115.	146,763.	162,156.	723,272.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						723,272.
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, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	100.00 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	100.00 %
16a 33-1/3% support test – 2010. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b 33-1/3% support test – 2009. 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17a 10%-facts-and-circumstances test – 2010. 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b 10%-facts-and-circumstances test – 2009. 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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	<input checked="" type="checkbox"/>

BAA

Schedule A (Form 990 or 990-EZ) 2010

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

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

Section A. Public Support

Calendar year (or fiscal yr beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants')						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5 .						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . .						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6 . . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add Ins 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► **Section C. Computation of Public Support Percentage**

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a **33-1/3% support tests – 2010.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► b **33-1/3% support tests – 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

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

BAA

SCHEDULE I
(Form 990)

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

OMB No. 1545-0047

2010

Department of the Treasury
Internal Revenue Service

Name of the organization

SVECareS

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

Open to Public
Inspection

Employer identification number

62-1816387

Part I. General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

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

Part II. Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000.

Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	2 (b) EIN	3 (c) IRC section if applicable	4 (d) Amount of cash grant	5 (e) Amount of non-cash assistance	6 (f) Method of valuation (Book, FMV, appraisal, other)	7 (g) Description of non-cash assistance	8 (h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

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

TEEA3901 10/29/10

Schedule I (Form 990) 2010

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 See Attachment Schedule I	269	151,139.			
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Pt_I_Line_2_-----The_board_of_directors_accepts_applications_for_grants_which_are_mailed_to_them_-----

Pt_I_Line_2_-----At_each_board_meeting_they_go_over_the_applications_and_vote_on_each_one_._They_maintain_-----

Pt_I_Line_2_-----a_list_of_grantees_and_only_award_once_a_year._A_board_member_will_check_references_-----

Pt_I_Line_2_-----prior_to_the_meeting_-----

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

SVECares

Employer identification number

62-1816387

Pt VI-C, Line 19 - Financial Information is printed annually in The Tennessee Magazine to show receipts and grants.

Pt VI-A, Line 8a Minutes are taken for all meetings of the board and available for board members to review if necessary

Pt VI-B, Line 11a Form 990 is reviewed with Board prior to filing for review

Date	Check No.	Grantee	Payee (if different)	Payment
8/11/10	5762	Carlene C Mooneyham		200.00
9/14/10	5778	Carol Coppinger		500.00
1/12/11	5862	Carolyn Boland	Jimmy Bennett	300.00
5/11/11	5971	Clara M Boyd	Valley Bank & Trust	770.00
1/13/11	5865	Coalmont Volunteer Fire Department		1,500.00
7/14/10	5727	Community Advisor Board		2,000.00
3/9/11	5924	Constance Campbell	Lucy Parson	400.00
4/13/11	5955	Cornerstone Ministries		2,000.00
7/1/11	5978	Crossroads Vol Fire Dept		1,100.00
2/18/11	5904	Daisy Sisk	Citizens Tri-County Bank	225.00
7/14/10	5720	Dana Floyd	Wal-mart	300.00
9/14/10	5776	David A Davis		1,000.00
8/11/10	5758	David Hale		500.00
2/9/11	5893	Dean Stinnett	Valley View Gardens Apart	500.00
6/15/11	5985	Debbie Hudson	W L Johnson	350.00
3/9/11	5930	Deborah Charles	USDA Rural Development	232.43
7/14/10	5725	Deborah D Smith		250.00
3/10/11	5932	Deborah Hart & Velar Neal	TRAC	1,000.00
7/14/10	5723	Delbert & Liza Meeks	Charlene Meeks	550.00
3/21/11	5935	Dennis & Sandra Anderson	Citizens Tri-County Bank	162.28
8/16/10	5767	Dennis Lewis	Betty McCurrey	100.00
2/9/11	5890	Disabled Am Veterans-Pikeville, Tn		500.00
9/14/10	5775	Donette Freenar		500.00
8/11/10	5759	Douglas Mooneyham	Citizens Tri-County Bank	575.00
8/11/10	5760	Douglas Mooneyham	Big Creek Utility	150.00
12/15/11	5845	Dunlap Lions Club		1,000.00
7/26/10	5742	Eddie L Morris	John L Wilhoit III, DDS	500.00
3/9/11	5929	Edgar M & Pamela Way	Chase Mortgage	512.76
3/9/11	5926	Elizabeth Inez Smith		300.00
3/9/11	5931	Elizabeth Inez Smith	Professional Respiratory Medica	900.00
10/13/10	5799	Elmer Higgins	USDA Rural Development	197.89
11/11/10	5835	Emily Bourque		810.00
12/21/10	5857	Emily Bourque		810.00
5/11/11	5969	Erica & Jeremy Brown	Arland Taylor	450.00
9/16/10	5786	Etta Bess		500.00
9/22/10	5788	Eunice Kilgore		250.00
10/13/10	5795	Evelyn Bileens	Emily Partin	350.00
4/13/11	5954	Fall Creek Falls VFD		1,476.00
10/13/10	5805	Franceca Rick	The Bluffs	105.00
4/13/11	5958	Fred & Shana Allison	Wal-mart	500.00
12/7/10	5843	Freida Hicks	Tommy Jordon Jr	375.00
1/25/11	5881	Geneva Haynes	Kirkpatrick's Food Land	100.00
12/15/11	5849	George Jackson		700.00

Date	Check No.	Grantee	Payee (if different)	Payment
6/27/11	5989	Alicia Dixon	A Top Mountain Consulting	290.00
10/13/10	5800	Alima King	Joe Thomas	1,000.00
5/11/11	5970	Allen L & Crystal G Caldwell	USDA Rural Development	700.00
3/9/11	5925	Allene Brewer	Neil Kirkpatrick	375.00
2/9/11	5885	Almetta Perkins		500.00
3/8/11	5913	Almetta Perkins		500.00
11/10/10	5825	Almetta R Perkins		250.00
2/3/11	5882	Amanda Harvey	Janice Harvey	500.00
9/3/10	5771	Amanda Perry	B&E Construction	550.00
1/21/11	5878	American Red Cross		1,500.00
6/15/11	5980	American Red Cross		2,000.00
11/10/10	5822	Angela Barrett	Keith Sanders	350.00
4/12/11	5949	Angela Matheny	Don Chitwood	400.00
4/28/11	5962	Anita Hale	Birchwood Apartments	381.00
2/9/11	5891	Anna &Anthony Sekvllich	Ann Haynes	550.00
4/13/11	5950	Arnold Dixon	Jarvis Wooten	950.00
3/25/11	5937	Aundrea Atterton	Citizens Tri-County Bank	500.00
4/15/11	5961	Aundria Atterton	Lowe's	345.00
5/24/11	5975	B Kizzar, Gary Solomon	Wal-mart	450.00
4/12/11	5942	Barbara Gross	Chatt Surgical Oncology&Assoc	397.90
4/12/11	5943	Barbara Gross	Southern Tn Medical Ctr	262.67
4/12/11	5944	Barbara Gross	Chattanooga Heart Institute	107.00
4/13/11	5959	Beersheba Springs Community Center		1,500.00
10/13/10	5811	Beersheba Springs Historical Society		2,000.00
9/14/10	5774	Betty McCurry	Lowe's	635.00
9/7/10	5772	Betty Sanders	Speech & Hearing Ctr	516.00
7/23/10	5738	Bill Mathews	Citizens Tri-County Bank	250.00
9/14/10	5782	Billie J Webb	Kirkpatricks Food Land	200.00
4/13/11	5952	Billy Joe Stockwell, Sr		150.00
12/7/10	5844	Bledsoe Count Childrens Support Council		400.00
11/12/10	5839	Bledsoe County Community Service		500.00
11/10/10	5832	Bledsoe County Ministerial Association		1,000.00
12/2/10	5842	Bledsoe County Sheriff's Christmas Fund		400.00
10/13/10	5812	Bledsoe Farm Bureau		100.00
1/14/11	5867	Bobby&Charity Alder	Charles Jenkins	1,000.00
1/14/11	5868	Bobby&Charity Alder		150.00
10/13/10	5815	Brakeville Community Development Corp		1,500.00
11/10/10	5827	Brayton Volunteer Fire Department		750.00
9/14/10	5780	Brenda Whitworth	Regina Lewis	1,000.00
10/13/10	5794	Bruce Belk		200.00
7/14/10	5731	Cagle Mtn Community Ctr		1,500.00
7/14/10	5729	Caring Inc.		750.00
4/28/11	5963	Carla & Ander Bickford	Wal-mart	500.00

Date	Check No.	Grantee	Payee (if different)	Payment
7/6/10	5715	George W Norman	Citizens State Bank	650.00
6/10/11	5977	Geraldine Cleveland	S Pittsburg Housing Authority	500.00
7/14/10	5721	Gerelene Hampton		250.00
3/9/11	5922	Gillene M Mace		200.00
6/15/11	5982	Give A Kid A Chance	SETHRA	2,000.00
10/21/10	5818	Glenn & Darlene Bowman	Shina Manus	700.00
1/20/11	5874	Glenn McMillan	Wal-mart	400.00
1/20/11	5875	Glenn McMillan		100.00
7/20/10	5736	Grundy Co Community Advisory Board		1,000.00
7/14/10	5730	Grundy Co Lions Club		1,500.00
11/10/10	5828	Grundy Co Vol Support Committee		400.00
11/10/10	5831	Grundy County Food Bank		1,000.00
6/15/11	5988	Harold L Gilmore	The Farmers Bank Lynchburg	681.60
7/14/10	5732	Hershel Westmoreland		500.00
8/1/10	5740	Hershel Westmoreland		500.00
7/14/10	5726	Hettie Alder		200.00
2/9/11	5892	Jacklyn Bailey	Wal-mart	150.00
12/15/11	5847	James & Loressn Dodson	Darlene Knight	400.00
3/9/11	5918	James E Coffett		500.00
9/15/10	5784	James Edwards	Iris Holman	150.00
1/12/11	5863	James L Cobb, Jamie Dunn	So Pittsburg Housing Authority	444.00
1/13/11	5864	James Owens	Citizens TriCounty Bank	463.59
1/21/11	5880	James Owens	Charles Ray Smith	450.00
2/26/11	5902	James Owens	Charles Ray Smith	450.00
2/22/11	5907	James Owens	Citizens Tri-County Bank	463.59
3/10/11	5933	James Owens	Citizens Tri-County Bank	463.59
3/25/11	5939	James Owens	Charles Ray Smith	450.00
4/13/11	5956	James Owens	Citizens Tri-County Bank	230.00
4/13/11	5957	James Owens	Charles Ray Smith	450.00
1/14/11	5871	James R Layne		200.00
1/20/11	5872	James&Loressa Dodson	Fred's Pharmacy	200.00
7/14/10	5733	Jamie Meeks	First Volunteer Bank	203.00
5/11/11	5966	Janice King	Wal-mart	300.00
6/15/11	5987	Janics White		1,000.00
10/22/10	5820	Jason White	Kenneth Wilburn	75.00
3/8/11	5914	Jeffery & Admanda Spain	Citizens State Bank	185.30
2/9/11	5886	Jeffery Spain		500.00
3/31/11	5938	Jeffery Spain	Citizens State Bank	185.30
3/9/11	5923	Jessica Senechal	Dwain Land	375.00
10/7/10	5793	Joann Healan	Wal-mart	250.00
5/11/11	5972	Jodie Coleman	Chris Teeters	525.00
1/20/11	5873	John Cagle	TRAC	500.00
3/9/11	5917	Joseph Brymer	Affordable Dentures	385.00

Date	Check No.	Grantee	Payee (if different)	Payment
4/12/11	5941	Joyce Dent	Pickett's Heating & Air	430.69
8/11/10	5761	Joyce Rollins		600.00
9/2/10	5769	Joyce Rollins		250.00
9/30/10	5791	Joyce Rollins		250.00
10/13/10	5796	Julia Callahan		100.00
10/13/10	5809	Julie M Falls	Green Tree	350.00
9/23/10	5789	Justin White	Kenneth Wilburn	75.00
10/15/10	5817	Justin White	Sells Building Supply	378.21
11/3/10	5821	Justin White	Sells Building Supply	88.39
2/9/11	5897	Kenneth W & Tina Moore	Citizens Tri-County Bank	620.80
2/10/11	5900	Kenneth W & Tina Moore	Dennis Lewis	175.00
2/23/11	5908	Kenneth W & Tina Moore	Dennis Lewis Repair Service	55.00
12/15/11	5850	Kevin M Harvey		311.35
10/22/10	5819	Kristy Perkins	So Pittsburg Housing Authority	125.00
8/11/10	5755	Latisha Burdick		200.00
12/31/10	5860	Lester Waldrop	Wal-mart	153.50
12/15/11	5848	Linda Perry		350.00
7/2/10	5714	Linda Shavers	Ann Taylor	240.00
7/9/10	5716	Linda Shavers		100.00
8/12/10	5764	Lisa Higgins	Ava Turner	400.00
1/7/11	5861	Lisa Richardson	Affordable Dentures	400.00
9/14/10	5779	Lloyd Nunley	Mike's Pharmacy	300.00
7/23/10	5737	Lois Jean Norman		100.00
1/20/11	5876	Mabel Brown	Wal-mart	250.00
7/23/10	5741	Maggie Hicks	Shop Rite	100.00
12/20/10	5856	Maggie Hicks		100.00
3/9/11	5916	Margaret Brown	Lesa Read	350.00
3/7/11	5911	Margaret Webb	Oscar Scruggs, DDS	150.00
3/9/11	5927	Margie Thomas		300.00
7/1/11	5979	Marion Co Veterans Memorial Parl		500.00
11/10/10	5833	Marion County Ministerial Association		1,000.00
11/11/10	5836	Marion County Sheriff's Department Christmas Fund		400.00
3/1/11	5909	Marion County Special Olympics		500.00
2/9/11	5888	Mark Griffith		500.00
6/10/11	5976	Mark Todd	Susie Todd	85.00
10/13/10	5810	Marshall Pilgrim	Fairbanks Ocular Prosthetics	800.00
8/11/10	5750	Marvin Davis	Jena McGowan	425.00
7/9/10	5717	Mary & Fred Smith	Farmers Home Administration	150.00
8/1/10	5739	Mary & Fred Smith	Farmers Home Administration	150.00
8/13/10	5765	Mary Campbell	Charles E Campbell	400.00
12/29/10	5858	Mary Hale	Kevin M Harvey	188.65
11/16/10	5840	Mary Weaver	Associates in E.N.T.	100.00
10/13/10	5797	Marylin Hodge		250.00

Date	Check No.	Grantee	Payee (if different)	Payment
8/11/10	5754 Mattie Presley			200.00
6/29/11	5990 Melinda Summers/Wayne Sargent	Wal-mart		600.00
10/13/10	5803 Melissa Pilgin	Ruth Meeks		300.00
4/12/11	5945 Michael & Tammy Grant	David Grant		600.00
2/8/11	5884 Michael Crum, Kelly Roberts	TRAC		1,000.00
1/21/11	5879 Michelle Carey	Glenn Mooneyham		500.00
9/30/10	5792 Miranda Seagraves	Kathy Green		250.00
7/1/10	5712 Mountain Top			1,000.00
7/14/10	5719 MultiCo Cancer Support Network			2,500.00
6/15/11	5983 Multi-Co Cancer Support Network			2,500.00
8/6/10	5743 Nancy Perry/Joseph Hollfield	Litton Loan Servicing		581.10
8/11/10	5753 Norm Ladd, Christian Moon, Linda Nt	Wal-mart		800.00
1/14/11	5869 Octie Lockhart	Smith Hardware		50.00
1/14/11	5870 Octie Lockhart			200.00
4/12/11	5948 Oma Lee Hobbs			250.00
7/16/10	5734 Operation Backpack	SVEC		899.55
7/16/10	5735 Operation Backpack	Phobe Haynes		100.45
2/16/11	5903 Palmer Volunteer Fire Department			375.00
9/24/10	5790 Pam Griffith			1,000.00
2/4/11	5883 Patricia Ross	Chattanooga Mobility		220.00
5/11/11	5967 Paul D Goodrich	Mountain Valley Bank		781.00
9/9/10	5773 Paul Harris	Dr Kaz Hasnani		64.00
9/15/10	5785 Paul Harris	Dr Kaz Hasnani		80.00
8/11/10	5752 Perry Farmer	Glenn Mooneyham		80.00
4/12/11	5946 Phillip Griffith	Hooper Drugs		119.95
4/12/11	5947 Phillip Griffith	Citizens Tri-County Bank		368.35
9/22/10	5787 Rachel Christner	Wal-mart		500.00
11/10/10	5823 Ray & Alice Douglas	Wal-mart		200.00
2/9/11	5899 Raymond Bryant	Wal-mart		500.00
9/3/10	5770 Raymond & Donna Hahn	Wal-mart		500.00
5/13/11	5973 Richard & Tammy Holland	Wal-mart		300.00
7/14/10	5724 Ricky B Sanders	Shannon Warren		365.00
5/11/11	5965 Rigsby Volunteer Fire Dept			1,500.00
2/9/11	5895 Rita L Guess	Wells Fargo Home Mortgage		681.85
6/15/11	5986 Ritchie & Holly Miolen	Doug Fox		550.00
4/15/11	5960 Robert Baker	Buckeye Home Medical Equipment		1,044.00
3/29/11	5940 Ronnie L Johnson, Jr.	Tracy Ferguson		500.00
4/13/11	5951 Roy J Perkins			500.00
3/15/11	5934 Rufus Sherlin	Kevin M Harvey		500.00
3/8/11	5912 S Double A Ranch, Inc.			400.00
9/14/10	5781 Saint Luke The Physicians Interfaith Clinic			2,500.00
3/9/11	5915 Sandra Anderson			300.00
10/13/10	5806 Sandra Faye			309.00

Date	Check No.	Grantee	Payee (if different)	Payment
11/10/10	5829	Santa For All Seasons - Sequatchie County		400.00
6/15/11	5981	Seq Co Cancer Support Network		2,000.00
7/14/10	5728	Seq Valley Tn Master Gardner		625.36
11/10/10	5834	Sequatchie County Ministerial Association		1,000.00
8/11/10	5747	Sequatchie County Veterans Memorial Park		2,000.00
10/13/10	5813	Sequatchie Valley Historical Association		1,000.00
3/9/11	5928	Sequatchie Valley Master Gardener		309.36
4/13/11	5953	Serenity Pointe, Inc.		2,500.00
5/11/11	5968	Shannon & Tim Caldwell	Wal-mart	200.00
11/12/10	5837	Shannon Borne	USDA Rural Development	452.72
3/21/11	5936	So Pittsburg Mtn Vol Fire Department		1,000.00
1/20/11	5877	Steve Campbell	OSSJ ofc of Crossville	486.00
12/29/10	5859	Susie Allen	Eva Fugate	395.00
8/11/10	5757	Susie Campbell	Charles E Campbell	600.00
8/12/10	5763	Susie Reeves	Dr Kaz Hasnani	550.00
11/12/10	5838	Susie Reeves	Affordable Dentures	400.00
2/11/11	5901	Susie Todd		259.31
10/15/10	5816	T A Miller		381.06
8/10/10	5745	Tabatha Moreland	John Rollins	850.00
8/10/10	5746	Tabatha Moreland		500.00
2/21/11	5906	Tammie White	John A Felts	380.00
3/9/11	5919	Tammy Eddington	Jessie James	400.00
8/18/10	5768	Tammy Layne	Citizens Tri-County Bank	250.00
7/1/10	5713	Tammy Shipley	AllCare Dental & Denture	750.00
12/15/11	5851	Terry Hargis	Joann Graham	250.00
2/9/11	5898	Tina Moore		250.00
10/13/10	5808	Tina Skyles	Citizens Tri-County Bank	562.00
11/10/10	5824	Tom Morrison		250.00
1/14/11	5866	Tracy City Volunteer Fire Department		1,500.00
2/9/11	5889	Tracy Worley	Dwain Land	250.00
12/15/11	5846	Troy & Linda Higgins	Flagstar Bank	1,638.03
11/10/10	5826	Troy Johnson	Melinda Thomas	250.00
10/13/10	5814	United Way of Greater Chattanooga		750.00
5/18/11	5974	V Pascali,M Sanders,K Kizzar	Wal-mart	550.00
7/9/10	5718	Valerie Hobbs	Larry Meeks	500.00
8/11/10	5751	Valorie Farmer		400.00
8/13/10	5766	Victoria Dodson		100.00
10/13/10	5807	Victoria Shepard	Jim Lawson	325.00
12/15/11	5852	Vivian Darlene Moore	CVS Pharmacy	157.00
2/9/11	5894	Walter Schoenmann		400.00
11/16/10	5841	Wanda Norton	TRAC	500.00
2/9/11	5887	Warmette Wordlaw	S Pittsburg Housing Authority	500.00
10/13/10	5804	Wayne Piwett		286.00

Date	Check No.	Grantee	Payee (if different)	Payment
12/20/10	5854 Wayne Piwett	Wal-mart		200.00
12/20/10	5855 Wayne Piwett			1,000.00
8/11/10	5748 We Care Community Services			500.00
8/9/10	5744 West Valley Vol Fire Department			1,500.00
11/10/10	5830 Whitwell Police Department Childrens Fund			400.00
8/11/10	5749 Whitwell Senior Center			1,000.00
3/2/11	5910 William Blaylock	Sells Building Supply		385.94
2/21/11	5905 William D King	Brad Bryant		850.00
12/15/11	5853 William Humble	Evalene Humble		500.00
10/13/10	5798 Willian Johnson			250.00
3/9/11	5920 Windi Johnson	Litton Loan Servicing		489.32
3/9/11	5921 Windi Johnson	Litton Loan Servicing		244.66
7/14/10	5722 Zackery Cox & Betty McFarland	Charles Jenkins, Sr		500.00
Total Payments				148,138.50

Schedule O (Form 990), Supplemental Information to Form 990
Form 990, Page 2, Part III, Line 4d (continued)

Describe the exempt purpose achievements for each of the organization's other program services. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

Code: _____ Description: Provide assistance to individuals and organizations
Expenses 88. within the Sequachee Valley Electric service area, for food
Grants Of 148,227. shelter, clothing, health and other humane needs and
Revenue 149,589. for programs or services that benefit a significant
segment of the community

