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2011

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InspectionDepartment of the Treasury  
Internal Revenue Service

## Return of Organization Exempt From Income Tax

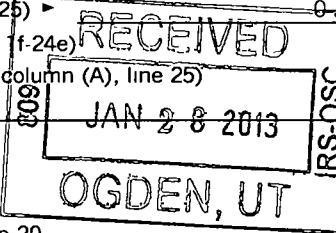
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

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

A For the 2011 calendar year, or tax year beginning Jul 1, 2011, and ending Jun 30, 2012

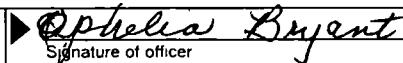
B Check if applicable	C Name of organization SVECares Doing Business As			D Employer identification number 62-1816387	
<input type="checkbox"/> Address change	Number and street (or P O box if mail is not delivered to street addr) PO Box 405			Room/suite	E Telephone number (423) 837-8605
<input type="checkbox"/> Name change	City, town or country South Pittsburg			State ZIP code + 4 TN 37380	G Gross receipts \$ 151,976.
<input type="checkbox"/> Initial return	F Name and address of principal officer Ophelia Bryant 6191 Pocket Rd Whitwell TN 37397			H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Terminated				H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list (see instructions)	
<input type="checkbox"/> Amended return				H(c) Group exemption number ►	
<input type="checkbox"/> Application pending					
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 <input type="checkbox"/> 527					
J Website: ► N/A					
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

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: To provide funds to those in need through donations to individuals and funding for local and community projects		
	-----		
Revenue	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets	3	5
	3 Number of voting members of the governing body (Part VI, line 1a)	4	5
	4 Number of independent voting members of the governing body (Part VI, line 1b)	5	
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	6	0
	6 Total number of volunteers (estimate if necessary)	7a	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7b	
b Net unrelated business taxable income from Form 990-T, line 34			
Expenses	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	149,589.	151,976.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	149,589.	151,976.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	148,139.	157,510.
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) ► 	88.	94.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	148,227.	157,604.	
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,362.	-5,628.	
19 Revenue less expenses Subtract line 18 from line 12	11,549.	5,921.	
20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year	
21 Total liabilities (Part X, line 26)	11,549.	5,921.	
22 Net assets or fund balances Subtract line 21 from line 20	11,549.	5,921.	

## 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	► 	Date 1-8-13			
	Signature of officer ► Ophelia Bryant, Chairperson Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self employed	PTIN
	Firm's name ► SEQUACHEE VALLEY ELECTRIC COOP				Firm's EIN ►
	Firm's address ► PO BOX 31 SOUTH PITTSBURG TN 37380				

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

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

TEEA0101 07/05/11

Form 990 (2011)

18 R

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response to any question in this Part III **1** Briefly describe the organization's mission.To provide funds to 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?

 Yes  No

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

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?

If 'Yes,' describe these changes on Schedule O

 Yes  No**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses  
Section 501(c)(3) and 501(c)(4) organizations 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 \$ \_\_\_\_\_ 94. including grants of \$ \_\_\_\_\_ 157,510.) (Revenue \$ \_\_\_\_\_ 151,976.)Provide funds to those in need through donations to individuals and funding  
for local and community projects.**4b** (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)**4c** (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)**4d** Other program services (Describe in Schedule O)

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

**4e Total program service expenses ►**

94.

**Part IV | Checklist of Required Schedules**

	<b>Yes</b>	<b>No</b>
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 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5 X	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6 X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7 X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8 X	
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9 X	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10 X	
11 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11a X	
b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11b X	
c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11c X	
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or 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 hospital facilities? If 'Yes,' complete Schedule H	20 X	
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b X	

**Part IV Checklist of Required Schedules (continued)**

	<b>Yes</b>	<b>No</b>
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	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	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	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d	
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b	X
26 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).		
a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a	X
b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33	X
34 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b	X
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	X

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Form 990 (2011)

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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
<b>2a</b> 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>b</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>		
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
<b>b</b> If 'Yes' has it filed a Form 990-T for this year? <i>If 'No,' provide an explanation in Schedule O</i>	3b	
<b>4a</b> 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>b</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		
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
<b>c</b> If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5c	
<b>6a</b> 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>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
<b>7</b> <b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b> 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>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
<b>d</b> If 'Yes,' indicate the number of Forms 8282 filed during the year	7d	
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
<b>8</b> <b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> 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	
<b>9</b> <b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b> Did the organization make any taxable distributions under section 4966?	9a	
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
<b>10</b> <b>Section 501(c)(7) organizations.</b> Enter		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b> <b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b> Gross income from members or shareholders	11a	
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
<b>12a</b> <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b> If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13</b> <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b> 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>	13a	
<b>b</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	
<b>c</b> Enter the amount of reserves on hand	13c	
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
<b>b</b> If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation in Schedule O</i>	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  
If there are material differences in voting rights among members  
of the governing body, or if the governing body delegated broad  
authority to an executive committee or similar committee, explain in Schedule O
- 1b Enter the number of voting members included in line 1a, above, who are independent
- 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?
- 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?
- 4 Did the organization make any significant changes to its governing documents  
since the prior Form 990 was filed?
- 5 Did the organization become aware during the year of a significant diversion of the organization's assets?
- 6 Did the organization have members or stockholders?
- 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?
- b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?
- 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following
- a The governing body?
- b Each committee with authority to act on behalf of the governing body?
- 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

	Yes	No
1a	5	
1b	5	
2		X
3		X
4		X
5		X
6		X
7a		X
7b		X
8a	X	
8b	X	
9		X

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

- 10a Did the organization have local chapters, branches, or affiliates?
- b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?
- 11a Has the organization provided a complete 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
- 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13
- b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?
- c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done
- 13 Did the organization have a written whistleblower policy?
- 14 Did the organization have a written document retention and destruction policy?
- 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)
- 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,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

	Yes	No
10a		X
10b		
11a		X
12a		X
12b		
12c		
13		X
14		X
15a		X
15b		X
16a		X
16b		

### Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
- 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 during the tax year
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization.
- F\_A\_Hatfield\_Jr PO Box 405 South Pittsburg TN 37397 (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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Officer or Director or Trustee	Institutional Trustee	Officer or Employee	Former Officer or Employee	Former Director or Trustee	Other Compensation			
(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 Rymer 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) -----										

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

(A) Name and title	(B) Average hours per week (descri- be hours for related organi- zations in Sch O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W 2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099 MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Or director	Individual trustee	Institutional trustee	Officer	Key employee				
(15)										
(16)								/		
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
<b>1 b Sub-total</b>							►	0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>							►			
<b>d Total (add lines 1b and 1c)</b>							►	0.	0.	0.

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

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

**Section B. Independent Contractors**

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 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	151,976.			
	g Noncash contributions included in lns 1a-1f. \$					
<b>h Total.</b> Add lines 1a-1f		151,976.				
PROGRAM SERVICE REVENUE		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
<b>g Total.</b> Add lines 2a-2f						
OTHER REVENUE	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						
<b>e Total.</b> Add lines 11a-11d						
<b>12 Total revenue.</b> See instructions		151,976.				

**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)

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21			/	
2 Grants and other assistance to individuals in the United States See Part IV, line 22	157,510.	157,510.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 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	94.	94.	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 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O )				
a -----				
b -----				
c -----				
d -----				
e All other expenses			/	
25 Total functional expenses Add lines 1 through 24e	157,604.	157,604.	0.	0.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
Check here ▶ <input type="checkbox"/> if following				
SOP 98-2 (ASC 958-720)				

**Part X | Balance Sheet**

		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
<b>ASSETS</b>	1 Cash – non-interest-bearing	11,549.	<b>1</b>	5,921.
	2 Savings and temporary cash investments		<b>2</b>	
	3 Pledges and grants receivable, net		<b>3</b>	
	4 Accounts receivable, net		<b>4</b>	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		<b>5</b>	
	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)		<b>6</b>	
	7 Notes and loans receivable, net		<b>7</b>	
	8 Inventories for sale or use		<b>8</b>	
	9 Prepaid expenses and deferred charges		<b>9</b>	
	10a Land, buildings, and equipment, cost or other basis Complete Part VI of Schedule D	10a		
	b Less, accumulated depreciation	10b		<b>10c</b>
	11 Investments – publicly traded securities		<b>11</b>	
	12 Investments – other securities See Part IV, line 11		<b>12</b>	
	13 Investments – program-related See Part IV, line 11		<b>13</b>	
	14 Intangible assets		<b>14</b>	
	15 Other assets See Part IV, line 11		<b>15</b>	
	<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	11,549.	<b>16</b>	5,921.
<b>LIABILITIES</b>	17 Accounts payable and accrued expenses		<b>17</b>	
	18 Grants payable		<b>18</b>	
	19 Deferred revenue		<b>19</b>	
	20 Tax-exempt bond liabilities		<b>20</b>	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		<b>21</b>	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		<b>22</b>	
	23 Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
	24 Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25	0.	<b>26</b>	0.
	<b>NET ASSETS OR FUND BALANCES</b>	<b>Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.</b>		
	27 Unrestricted net assets	11,549.	<b>27</b>	5,921.
	28 Temporarily restricted net assets		<b>28</b>	
	29 Permanently restricted net assets		<b>29</b>	
	<b>Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds		<b>30</b>	
	31 Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	32 Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	33 Total net assets or fund balances	11,549.	<b>33</b>	5,921.
	<b>34 Total liabilities and net assets/fund balances</b>	11,549.	<b>34</b>	5,921.

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Form 990 (2011)

**Part XI Reconciliation of Net Assets**Check 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	151, 976.
2 Total expenses (must equal Part IX, column (A), line 25)	2	157, 604.
3 Revenue less expenses Subtract line 2 from line 1	3	-5, 628.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11, 549.
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	5, 921.

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

	Yes	No
1 Accounting method used to prepare the Form 990. <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> 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
2b 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 separate basis, consolidated basis, or both.		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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	X
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	

BAA

Form 990 (2011)

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545 0047

**2011**

**Open to Public  
Inspection**

Name of the organization

SVECares

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 — Other  
 e  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?

	Yes	No
11g (i)		
11g (ii)		
11g (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)									
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2011

**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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')	136,629.	142,115.	146,763.	162,156.	151,976.	739,639.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3	136,629.	142,115.	146,763.	162,156.	151,976.	739,639.
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 <b>Public support.</b> Subtract line 5 from line 4						739,639.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	136,629.	142,115.	146,763.	162,156.	151,976.	739,639.
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 <b>Total support.</b> Add lines 7 through 10						739,639.
12 Gross receipts from related activities, etc (see instructions)					12	
13 <b>First five years.</b> 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 2011 (line 6, column (f) divided by line 11, column (f))	14	100.00 %
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	100.00 %
16a <b>33-1/3% support test – 2011.</b> 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"/>
16b <b>33-1/3% support test – 2010.</b> 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"/>
17a <b>10%-facts-and-circumstances test – 2011.</b> 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"/>
17b <b>10%-facts-and-circumstances test – 2010.</b> 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 type="checkbox"/>
18 <b>Private foundation.</b> 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"/>

BAA

**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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>13 Total support.</b> (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 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%
<b>19a 33-1/3% support tests – 2011.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>b 33-1/3% support tests – 2010.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ <input type="checkbox"/>		

## 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).

**SCHEDULE I**  
(Form 990)OMB No 1545-0047  
**2011**Department of the Treasury  
Internal Revenue Service

Name of the organization

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**Complete if the organization answered 'Yes' to Form 990, Part IV, lines 21 or 22.  
► Attach to Form 990.**Open to Public  
Inspection**

Name of the organization

SVECareS

**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. Check this box if no one recipient received more than \$5,000.

Part II can be duplicated if additional space is needed

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

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

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

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

TEEA3901 06/01/11

Schedule I (Form 990) (2011)

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered 'Yes' to Form 990, Part V, 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 Attached Schedule I	261	157,510.			
2					
3					
4					
5					
6					

Part II. Supplemental Information. Complainant thus need 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.

BAA

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

## **Supplemental Information to Form 990 or 990-EZ**

OMB No 1545 0047

2011

**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

**Employer identification number**

SVECare

62-1816387

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

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

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

**Schedule I (Form 990) (2011) SVECare\$****62-1816387**

<b>Date</b>	<b>Ck No.</b>	<b>Grantee</b>	<b>Payee (if different)</b>	<b>Payment</b>
9/14/11	6041	Adah R Marks	S Pittsburg Housing Authority	120.00
9/14/11	6049	Alan Thomas	Patricia Games	200.00
8/8/11	6016	Aleysha L Cordell	North Towne Apartments	370.00
3/12/12	6184	Alice Curtis	Edith Cagle	900.00
8/9/11	6017	Alice Faye King	Bobby Griswold	400.00
12/23/11	6129	Alice Meeks		200.00
4/18/12	6213	Alicia Counts		300.00
2/15/12	6164	Allen & Amanda Meeks	Citizens Tri-County Bank	488.00
2/27/12	6175	Allen & Amanda Meeks	Citizens Tri-County Bank	488.00
5/8/12	6223	Alma L King	Joe Thomas Rentals	800.00
5/8/12	6224	Alma L King		300.00
2/15/12	6165	Amanda M Meeks	HSBC Card Services	315.66
2/15/12	6166	Amanda M Meeks	Laboratory Corp of America	65.25
2/15/12	6167	Amanda M Meeks	Parkridge East Hospital	322.75
3/9/12	6182	Amanda Meeks		250.00
10/18/11	6071	American Cancer Society		1,500.00
4/11/12	6200	American Red Cross		2,000.00
2/28/12	6178	Amy & Stephen Wynne	Wal-mart	469.15
4/11/12	6205	Angela Garrett	Ann Ramsey	440.00
4/11/12	6206	April Burnette	Dwain Land	400.00
2/15/12	6154	Audrey V Deweese Carmack	Chase Home Financing	768.93
9/14/11	6050	Ava Lee Turner	New Dimensions Apartments	385.00
11/9/11	6096	Barry Smith	Travis Smith	500.00
12/19/11	6128	Berry Songer	Lee Construction Co	500.00
6/27/12	6261	Bertie Walker	Kevin M Harvey	150.00
11/9/11	6090	Bill Layne		300.00
11/9/11	6093	Bledsoe Co Childrens Support		400.00
4/23/12	6214	Bledsoe Co EMS	Southeastern Emergency Equipment	1,999.00
11/9/11	6091	Bledsoe Co Food Bank		1,500.00
4/11/12	6204	Bledsoe County Food Bank		1,250.00
5/3/12	6222	Bledsoe County Food Bank		1,250.00
7/13/11	6003	Blue Monarch		1,500.00
2/15/12	6151	Bobby Alder	Charles Jenkins	500.00
2/15/12	6152	Bobby Alder		100.00
11/11/11	6097	Bradley & Teresa Collier	Citizens Tri-County Bank	500.00
12/9/11	6114	Bradley Collier		499.93
12/9/11	6115	Bradley Collier	Green Tree	500.07
4/4/12	6195	Bradley Collier	Green Tree	500.00
12/14/11	6125	Brakebill CDC		1,000.00
5/30/12	6240	Buddy&Laurie Smith	Citizens Tri-County Bank	500.00
7/13/11	6002	Cagle Mtn Community Center		1,500.00
6/13/12	6247	Cagle Mtn Community Center		425.00
9/14/11	6054	Callaway, LouAllen, Stocklem Wal-mart		850.00

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<b>Date</b>	<b>Ck No.</b>	<b>Grantee</b>	<b>Payee (if different)</b>	<b>Payment</b>
10/12/11	6068	Caring Inc.		2,000.00
6/13/12	6252	Carol Nunley	C Michael Locke DMD, MD	395.00
5/8/12	6227	Carolyn Layne	Chase Home Finance	471.99
5/8/12	6228	Carolyn Layne	Rhonda Perren	300.00
9/14/11	6053	Carrie J Smith	Wade Brown	650.00
12/14/11	6122	Catheine Meeks	Save A Lot	200.00
12/14/11	6123	Catheine Meeks	Wal-mart	150.00
9/14/11	6042	Charity & Bobby Alder	Charles Jenkins, Sr	1,350.00
9/14/11	6043	Charity Alder		150.00
1/9/12	6135	Charles Alder	Affordable Dentures	395.00
3/11/12	6185	Charles Hoback	USDA/Rural Development	1,214.92
3/11/12	6186	Charles Hoback		200.00
3/23/12	6191	Charles Hoback	USDA/Rural Development	597.42
12/9/11	6116	Charles Sheton	Wal-mart	250.00
4/6/12	6196	Charlotte Creason	Eye Centers of Tennessee	500.00
9/14/11	6052	Chattanooga Goodwill Industries		2,000.00
12/19/11	6127	Christine Richards	Lewis Appliance & AC Service	425.00
9/20/11	6059	Christopher Riches	Chase Mortgage	419.74
10/24/11	6074	Christopher Riches	Chase Home Finance	419.74
4/11/12	6209	Clifford Brewer	Foodland Kirkpatrick	200.00
4/11/12	6210	Clifford Brewer	North Jackson Bank-Kimball Branch	245.00
4/11/12	6211	Clifford Brewer		200.00
5/3/12	6218	Clifford Brewer	North Jackson Bank-Kimball Branch	245.00
8/11/11	6026	Constance Jackie	James R Thurman DDS	400.00
9/20/11	6060	Creasy Meeks	Ray Meeks	1,050.00
2/15/12	6159	Curtis Wallace	Sequachee Valley Eye Care	90.00
9/14/11	6064	Cynthia Batts	Bayview Loan Servicing LLC	1,000.00
2/27/12	6048	Danielle G Riches		250.00
5/8/12	6177	Danny & Julia Phillips	First Jackson Bank	393.00
7/8/11	6230	Danny Mabe		400.00
	5996	Danny Phillips		500.00
11/9/11	6012	Darryl & Sandra Angel	First Horizon Home Loan	600.00
11/9/11	6081	David Gaines	S Pittsburg Housing Authority	300.00
7/12/11	6087	Deanna R Oretto	Wal-mart	1,000.00
6/13/12	5998	Deborah Alder Family	Wal-mart	500.00
8/9/11	6249	Deborah Alder Family	Wal-mart	300.00
5/9/12	6023	Deborah S Gentile	Serenity Point	900.00
1/16/12	6232	Delbert Ladd	Ray Tipton	400.00
1/16/12	6145	Donna Muncy	Wal-mart	300.00
1/16/12	6146	Donna Muncy	Marie Smith	350.00
1/11/12	6147	Donna Muncy		200.00
11/9/11	6141	Doris A Klopp	USDA/Rural Development	651.06
9/2/11	6084	Dorothy Skadsheim		200.00

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<b>Date</b>	<b>Ck No.</b>	<b>Grantee</b>	<b>Payee (if different)</b>	<b>Payment</b>
11/9/11	6032	Down Syndrome Society		1,000.00
4/26/12	6088	Dunlap Lions Club		1,200.00
9/14/11	6216	Ellen Campbell	Cumberland Dentistry	500.00
9/22/11	6046	Erika Gary	Wanda Rash	250.00
6/22/12	6062	Ervin Hale	Pikeville Townhouse	251.00
5/9/12	6259	Fall Creek Falls Volunteer Fire Department		1,000.00
2/15/12	6233	Fall Creek Ralls Kids Fishing Derby		150.00
6/20/12	6156	Frances Nunley	Tony Bryant	100.00
2/15/12	6157	Geneva Haynes	S Pittsburg Housing Authority	261.31
12/13/11	6258	Geneva Haynes	Primary Healthcare Clinic	60.00
4/23/12	6117	Georgia Ella Mabe		500.00
5/8/12	6215	Gregory & Annette Counts	Check Into Cash of Tn	430.87
9/14/11	6226	Gregory & Annette Counts	George A Meeks	600.00
11/30/11	6055	Gruetli-Laager Community Center		1,000.00
4/11/12	6111	Grundy County Food Bank		1,500.00
5/3/12	6203	Grundy County Food Bank		1,250.00
9/14/11	6221	Grundy County Food Bank		1,250.00
10/12/11	6069	Grundy County Housing		1,000.00
11/9/11	6056	Grundy County Imagination Library		500.00
7/14/11	6094	Grundy County Volunteer Support Committee		400.00
4/9/12	6007	Harold L Gilmore	The Farmers Bank	681.60
4/9/12	6197	Harrison Lehr	Cindy Lehr	200.00
1/10/12	6138	Hettie Alder		200.00
9/2/11	5997	Hubert McCullough	Affordable Dentures	400.00
12/13/11	6035	Jackie Green	Valley View Gardens Apartments	400.00
12/27/11	6118	James /Kerrie Owens	John Matthews	500.00
9/7/11	6130	James /Kerrie Owens	John Matthews	500.00
7/28/11	6037	James Brown	Pam Brown	200.00
10/14/11	6013	James D Brown	Pam Brown	500.00
3/15/12	6072	James D Brown	Dan Brown	100.00
2/15/12	6190	James E Dangler	Healthforce	75.00
11/9/11	6163	James E Kelly Jr.	USDA/Rural Development	850.00
8/9/11	6086	James R Layne	Wal-mart	400.00
7/13/11	6020	Jason & Jamie Bolton	Josh Watts	450.00
6/20/12	6001	Jason Tate& Chrisite Brown	Vanderbilt Mortgage & Finance	700.00
8/9/11	6257	Jason&LaShona Condra	John Brown	550.00
10/11/11	6067	Jena Callahan		500.00
9/12/11	6021	Jerri L Claiborne	BAC Home Loans Servicing LP	566.87
8/29/11	6038	Jerri L Claiborne	BAC Home Loans Servicing LP	566.87
7/1/11	5991	Jessica White		1,000.00
8/29/11	6030	Jim Shirley	Lowe's	939.33
9/2/11	6031	Jim Shirley	Tri-State Concrete	412.50
10/21/11	6034	Jim Shirley	Daus Building Supply	501.79

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<b>Date</b>	<b>Ck No.</b>	<b>Grantee</b>	<b>Payee (if different)</b>	<b>Payment</b>
6/27/12	6073	Jimmy Shirley	Daus Building Supply	148.43
9/7/11	6262	JoAnn Chasen	Affordable Dentures	395.00
2/15/12	6036	John L Pierce	South Pittsburg Housing Authority	200.00
5/2/12	6160	John Parker		600.00
5/14/12	6217	John R Hampton		250.00
5/14/12	6235	John R Hampton II	USDA/Rural Development	480.99
4/18/12	6236	John R Hampton II		250.00
2/15/12	6212	John Sargent	SETHRA	31.00
10/11/11	6153	John Sitz	Roy Barton	500.00
10/13/11	6065	Joyce Bowman	Shirri Pruitt	75.00
2/15/12	6070	Joyce Bowman		500.00
9/14/11	6155	Joyce Dent		400.00
11/9/11	6058	Joyce Rollins	Royce Rollins	750.00
3/29/12	6089	Judy Williamson	Mountain Valley Bank	699.42
2/27/12	6192	Julia Phillips		325.00
11/14/11	6176	Karla Harris		460.00
8/23/11	6098	Kim Rogers	Citizens Tri-County Bank	250.00
1/19/12	6028	Kimberly Layne	Bank of America	500.00
11/9/11	6149	Kimberly Layne	Bank of America	500.00
12/14/11	6085	Kurk Green	David NcGovern	700.00
11/9/11	6120	Lashica Buchanan	S Pittsburg Housing Authority	350.00
4/11/12	6083	Leonard/Diane Mobley	Kirkpatrick's Food Land	200.00
11/1/11	6208	Lester Waldrop	Ingles Grocery Store	200.00
11/1/11	6076	Linda Blackwell	Kirkpatrick's Food Land	150.00
12/14/11	6077	Linda Blackwell	Dollar Store	83.69
6/14/12	6121	Linda Daniels	Dr Michael Goodman	200.00
1/6/12	6255	Linda Melton		1,000.00
2/15/12	6133	Linda Nunley	Speech & Hearing Center	250.00
6/13/12	6168	Linda Nunley	The Speech & Hearing Center	266.00
1/10/12	6250	Loretta Smith	Green Tree	665.60
11/9/11	6140	Louie K Hallman		200.00
1/12/12	6079	Maggie Hicks	Shop Rite	100.00
2/27/12	6143	Maggie Hicks	Shop Rite	100.00
5/17/12	6172	Maggie Hicks		25.00
4/10/12	6238	Maggie Hicks	Shop Rite	100.00
10/27/11	6198	Mahone,Chance,Freeman,Lou/	TRAC	2,000.00
11/9/11	6075	Margaret Webb	Dunlap Rental Center	150.00
11/22/11	6092	Marion Co Food Bank		1,500.00
4/11/12	6108	Marion Co Sheriff's Christmas Drive		500.00
5/3/12	6201	Marion County Community Ministries		1,250.00
2/28/12	6219	Marion County Community Ministries		1,250.00
6/13/12	6179	Marion County Special Olympics		500.00
5/8/12	6248	Mary Hale	Valley Appliance Ctr	379.00

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<b>Date</b>	<b>Ck No.</b>	<b>Grantee</b>	<b>Payee (if different)</b>	<b>Payment</b>
3/7/12	6225	Mary L McCurry		300.00
2/15/12	6180	May Aealler	Wal-mart	300.00
9/14/11	6057	Melinda Thomas	Wilburn Mabry	800.00
8/8/11	6014	Melvin E Blevins	Midland Mortgage	1,500.00
3/12/12	6183	Michael Dixon	Lousi W Fugua	250.00
2/15/12	6157	Michael Hier	S Pittsburg Housing Authority	300.00
11/9/11	6015	Mickey & Audrey Newson	Wal-mart	500.00
7/13/11	6082	Miranda Seagraves Goff	Paul Pilgrim	400.00
6/13/12	6004	Mountain Top		1,000.00
3/12/12	6246	Mountain Top		1,500.00
5/30/12	6187	Multi County Cancer Network		2,500.00
8/23/11	6239	Multi County Cancer Network		2,500.00
11/9/11	6029	Myla Smith		250.00
6/20/12	6080	Nakia Barksdale	S Pittsburg Housing Authority	410.00
6/13/12	6256	Nancy Morgan	Wal-mart	500.00
12/5/11	6251	Nanette Frumar	George C Jackson	500.00
12/14/11	6113	Nathaniel Evans	Citizens Tri-County Bank	250.00
1/11/12	6119	Neil Brown		500.00
7/14/11	6142	Norma Jaye Gillian	Wal-mart	500.00
1/10/12	6008	Oma Lee Hobbs		750.00
1/16/12	6139	Pearl Rounsville		200.00
9/14/11	6148	Pikeville Volunteer Fire Dept	Choo Choo Trailers	1,500.00
11/14/11	6039	Preston & Dakota Belk	Lois J Norman	500.00
11/14/11	6099	Rebecca A Forgey	Anesthesiology Consultants Exchange	116.96
11/15/11	6100	Rebecca A Forgey	Erlanger Hospital	600.00
11/15/11	6101	Rebecca A Forgey	LCA Collections	308.12
11/15/11	6102	Rebecca A Forgey	Speciality Surgery Center	180.00
11/15/11	6103	Rebecca A Forgey	Dr Stanley Bice	115.00
11/15/11	6104	Rebecca A Forgey	Fox Collection Center	196.00
11/15/11	6105	Rebecca A Forgey	Sunshine Speciality Center	205.00
11/15/11	6106	Rebecca A Forgey	Cumberland Radiology Group	41.00
1/25/12	6107	Rebecca A Forgey	Samuel W Ong MD	45.00
8/9/11	6150	Rebecca Ann Forgy	Erlanger Hospital	192.96
6/25/12	6019	Rhonda Dempsey		1,000.00
9/14/11	6169	Richard Lee Barry		1,500.00
10/11/11	6260	Ricky Brian Sanders	David Newsom	700.00
6/13/12	6051	Rita Yates	George Carr	400.00
8/9/11	6063	Robert G Moore	Darren G McBride	150.00
6/13/12	6253	Romeldia Underwood	Wal-mart	469.00
4/11/12	6022	Ronnie & Saundra Smith	Saundra C Smith	1,500.00
8/11/11	6245	S Double A Ranch Inc		1,000.00
7/14/11	6207	Sally Holloway	The Centers for Oral & Facial Surgery	400.00
2/15/12	6157	Sally McMillan	S Pittsburg Housing Authority	175.00

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11/9/11	6025	Sandra Anderson		300.00
6/7/12	6010	Sandra Angel		400.00
7/13/11	6112	Sandra Sims		400.00
6/13/12	6095	Santa for All Seasons - Sequatchie County		400.00
11/30/11	6241	Sarah Ann Bishop	Affordable Dentures	295.00
4/11/12	6000	Saxton	Green Tree	560.00
5/3/12	6243	Sequatchie County Cancer Network		2,000.00
2/15/12	6110	Sequatchie County Food Bank		1,500.00
4/11/12	6202	Sequatchie County Food Bank		1,250.00
5/9/12	6220	Sequatchie County Food Bank		1,250.00
6/14/12	6162	Sequatchie County Public Library		1,504.00
9/14/11	6199	Serinity Point		2,500.00
7/13/11	6231	Shannon & Sarah Rollings	Wal-mart	300.00
9/14/11	6254	Sharon Smith	Pine Crest Apartment	260.00
4/4/12	6040	Sheddie Kilgore		1,500.00
5/10/12	6005	Sherrie Bynum	Citizens State Bank	435.00
6/13/12	6045	Sherry L Davis	Grace Grayson	900.00
3/9/12	6194	Sherry Ledford	Affordable Dentures	395.00
4/2/12	6234	Shirley Green	Brody Heating & Air	600.00
10/12/11	6066	Shirley Skyles	Chase Home Finance	496.06
7/1/11	5992	Shirley Wendland, Bonnie Sisk	TRAC	2,000.00
9/14/11	6242	Southeast Tenn Human Resour		2,000.00
1/16/12	6181	Southend Volunteer Fire Dept	Communications Electronics	1,500.00
2/15/12	6193	Steve Campbell	Oral Surgery Specialist fo Tn	412.00
2/27/12	6047	Susan Porter	Charles Green	475.00
2/27/12	6144	Tamara R Worley	Wal-mart	500.00
8/18/11	6158	Tammy Thomas		350.00
12/27/11	6173	Teresa Dodd	Church's Tire	365.36
5/14/12	6174	Teresa Dodd		86.66
11/9/11	6027	Thomas Johnson Family	Save A Lot	200.00
9/21/11	6131	Thomas William Henry		500.00
2/15/12	6237	ThomasHoltcamp, Gregory Cou	Lowes	518.10
1/10/12	6078	Tom Morrison		500.00
7/5/11	6061	Tony Cannon		250.00
7/8/11	6161	Tracy City Fire Department		788.46
8/11/11	6136	Tressie Cleek		100.00
1/3/12	5993	TroyRector	Brad Bryant	900.00
	5995	TroyRector	Brad Bryant	900.00
3/15/12	6024	Tussie Cleek		300.00
3/15/12	6132	United Way of Chattanooga		500.00
6/13/12	6011	West Valley Volunteer Fire Department		1,500.00
7/13/11	6188	Whitwell Mtn Vol Fire Depart	Communications Electronics	1,500.00
12/14/11	6189	Wilma Jane Dangler	Dunlap Dental Center	400.00

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10/11/11	6244	Women's Can Ctr Sequatchie Valley		750.00
10/11/11	6006	Worley & Slatton 529+635	Lowe's	1,164.00
10/11/11	6124	Zachary M Johnson	Low Vision Center	500.00
<b>TOTALS</b>				<b>157,509.56</b>