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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $500,000 and total assets less than $1,250,000 at the end of the year may use this form

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

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning , and ending

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
TRI-STATE BAPTIST CHILDRENS HOME, INC.

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
P O BOX 888

City, town, or country | State | ZIP + 4
BRISTOL | TN | 37621

D Employer identification number
62-0721650

E Telephone number

F Group Exemption Number ▶

- *Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).*

G Accounting Method ☒ Cash ☐ Accrual
Other (specify) ▶

H Check ▶ ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶

J Tax-exempt status (check only one)— ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 353,264

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

	1	Contributions, gifts, grants, and similar amounts received		1	353,199
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income		4	65
	5a	Gross amount from sale of assets other than inventory	5a 0		
	b	Less: cost or other basis and sales expenses	5b 0		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	0
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from **gaming**, check here ▶ ☐			
	a	Gross revenue (not including $ 0 of contributions reported on line 1)	6a 0		
	b	Less direct expenses other than fundraising expenses	6b 0		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	0
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	0
	8	Other revenue (describe ▶)		8	0
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	353,264
Expenses	10	Grants and similar amounts paid (attach schedule)		10	0
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe ▶ See Attached Statement)		16	376,123
	17	**Total expenses.** Add lines 10 through 16 ▶		17	376,123
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-22,859
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	246,356
	20	Other changes in net assets or fund balances (attach explanation)		20	0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	223,497

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Part II Balance Sheets. If Total assets on line 25, column (B) are $1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	91,502	22	66,878
23	Land and buildings	157,272	23	159,289
24	Other assets (describe ▶)	0	24	0
25	**Total assets**	248,774	25	226,167
26	**Total liabilities** (describe ▶ Payroll Taxes)	2,418	26	2,669
27	**Net assets or fund balances** (line 27 of column (B) must agree with line 21).	246,356	27	223,498

Part III **Statement of Program Service Accomplishments** (See the instructions for Part III)

What is the organization's primary exempt purpose? HOME FOR CHILDREN

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28	FULL TIME CARE FOR CHILDREN INCLUDING BOARD, LODGING, CLOTHING EDUCATION AND MEDICAL CARE		
	(Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	28a	262,663
29			
	(Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	29a	0
30			
	(Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	30a	0
31	Other program services (attach schedule) (Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	31a	0
32	**Total program service expenses.** (add lines 28a through 31a) ▶	32	262,663

Part IV **List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (See the instructions for Part IV)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
N/A	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK .00	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part V.)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
a	Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 0			
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0 , section 4912 ▶ 0 ; section 4955 ▶ 0			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40b		X
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ 0			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed ▶			
42 a	The organization's books are in care of ▶ MARK S DURKEE CPA Telephone no ▶ (423) 538-0161			
	Located at ▶ 5577 HWY 11-E City ST ZIP + 4 ▶ 37686			
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)?	42b		X
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		X
	If "Yes," enter the name of the foreign country ▶			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A			
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51.

			Yes	No
46	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	46		X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49 a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization If there is none, enter "None "

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name None Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0

f Total number of other employees paid over $100,000 . ▶ 0

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization If there is none, enter "None "

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
Name None Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		

d Total number of other independent contractors each receiving over $100,000 . . ▶ 0

Sign Here

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

▶ Rosa Emma Honeycutt — Signature of officer — Date 7-1-10

▶ Rosa Emma Honeycutt — Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed	Preparer's identifying number (See instructions)
Mark S. Durkee	6/28/2010	▶ X	P00043329

Firm's name (or yours if self-employed), address, and ZIP + 4: Mark S. Durkee, CPA, P.O Box 624, Piney Flats, TN 37686 — EIN ▶ 62-1293543 — Phone no ▶ (423) 538-0161

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶ X Yes ☐ No

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

2009

Open to Public Inspection

Name of the organization	Employer identification number
TRI-STATE BAPTIST CHILDRENS HOME, INC	62-0721650

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

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

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

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

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

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

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

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

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

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

11 [ ] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box 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 it 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
(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?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	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 col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
									0
									0
									0
									0
									0
Total									0

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)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	0	0				0
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0				0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0				0
4 **Total.** Add lines 1 through 3	0	0	0	0	0	0
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.						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	0	0	0	0	0	0
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0				0
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0				0
11 **Total support.** Add lines 7 through 10						0
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** ► ☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	0 00%
15	Public support percentage from 2008 Schedule A, Part II, line 14	15	0 00%

16a **33 1/3% support test–2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

b **33 1/3% support test–2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

17a **10%-facts-and-circumstances test–2009.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► ☐

b **10%-facts-and-circumstances test–2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► ☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0	0				0
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	0	0				0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0				0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0				0
6 **Total.** Add lines 1 through 5	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 **Public support** (Subtract line 7c from line 6)						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0	0				0
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	0	0	0	0	0	0

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 2009 (line 8, column (f) divided by line 13, column (f))	15	0 00%
16	Public support percentage from 2008 Schedule A, Part III, line 15	16	0.00%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	0.00%
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18	0.00%

19a **33 1/3% support tests–2009.** 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–2008.** 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 Provide any other additional information. See instructions

Part I, Line 16 (990-EZ) - Other Expenses

376,123

1	Travel	1	
2	Meals and entertainment	2	
3	Fundraising	3	
4	Amortization	4	0
5	Conferences, conventions, and meetings	5	
6	Depreciation	6	0
7	Depletion	7	
8	Equipment rental and maintenance	8	
9	Interest	9	
10	Supplies	10	
11	Telephone	11	
12	Unrelated business income taxes	12	0
13	See attached schedule A	13	376,123
14		14	
15		15	
16		16	
17		17	
18		18	
19		19	
20		20	
21		21	
22		22	
23		23	
24		24	
25		25	
26		26	
27		27	
28		28	
29		29	

Part II, Line 26 (990-EZ) - Liabilities

2,418 2,669

	Description	Beginning	End
1	Payroll Taxes	2,418	2,669
2			
3			
4			
5			
6			
7			
8			
9			
10			

ATTACHMENT A

TRI-STATE BAPTIST CHILDRENS HOME, INC				
12/31/09				
Operatining Expenditures				
	TOTAL	PROGRAM	GENERAL	FUNDRASING
Advertising	31,031 12			31,031 12
Acct & Legal Fees	2,155 00		2,155 00	
Auto & Truck Expense	11,789 24	5,894 62	5,894 62	
Bank Charges	47 92		47.92	
Clothing	3,471 10	3,471.10		
Contibutions	-	-		
Depreciation	10,877.45	8,158 09	2,719 36	
Dues & Subscriptions	429.40		429 40	
Extra Help	100 00	100 00		
Education	54,200 00	54,200 00		
Food	22,853 43	22,853 43		
Insurance - Liability	12,952 92	9,714.69	3,238 23	
Insurance - Medical	14,385.58	10,789 19	3,596 40	
Janitorial	-		-	
Linen & Laundry	233.75	233 75		
Leased Equipment	176 00		176 00	
Maintenance	6,627.48	6,627 48		
Misc Expense	400.00	200 00	200 00	
Medical Expense	3,692 29	3,692 29		
Office Expense	1,419 05		709 53	709 53
Outside Services	500 00	500 00	-	
Payroll Taxes	9,985 22	7,488 92	2,496.31	
Postage & Freight	5,274.00		1,318 50	3,955.50
Promotion	2,777 11			2,777.11
Printing	5,841.68			5,841 68
Repairs	6,846.72	6,846.72		
Salaries & Wages	116,160 49	87,120 37	29,040 12	
Supplies	9,440.39	7,080.29	2,360.10	
Small Tools			-	
Special Assistance	-	-		
Taxes & Licenses	658.55		658.55	
Telephone	5,947.95		5,947 95	
Travel	3,220.75	3,220 75		
Utilities	32,628.58	24,471 44	8,157.15	
Total	376,123.17	262,663 11	69,145 12	44,314.94

Tri-State Childrens Home
Federal ID #:
Asset Summary - Federal Tax Basis
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Num	Loc	Property Description	Acquired	T	Method	Life	Cost/Basis	179 Exp/AFD	Add SDA	Prior Depr.	Current Depr.	Ending Depr.
Group # 1 Buildings												
1	1	Building	07/01/84	R	OPT. SL	30	12,500 00	0 00	0 00	10.418 39	416 67	10 835 06
2	1	New Building	12/22/06	R	MCRS SL	31 5	6,500 45	0 00	0 00	421 32	206 36	627 68
					Group # 1 Total		19,000 45	0 00	0 00	10,839 71	623 03	11,462 74
Group # 2 Building Improvements												
1	1	Improvements	07/01/84	R	OPT SL	25	1,760 00	0 00	0 00	1,757 80	2 20	1,760 00
2	1	Improvements	07/01/85	R	OPT SL	25	31,262 00	0 00	0 00	30,008 16	1,250 48	31,258 64
3	1	Improvements	07/01/86	R	OPT SL	25	2,220 00	0 00	0 00	2,043 60	88 80	2.132 40
4	1	Improvements	07/01/87	R	MCRS SL	31 5	3,539 00	0 00	0 00	2,331 95	112 35	2,444 30
5	1	Improvements	07/01/88	R	MCRS SL	31 5	2,949 00	0 00	0 00	1.924.54	93 62	2,018 16
6	1	Improvements	07/01/89	R	MCRS SL	31 5	4,623 00	0 00	0 00	2,861 92	146 76	3,008 68
7	1	Improvements	07/01/90	R	MCRS SL	31.5	11,224 00	0 00	0 00	6,606 44	356 32	6,962 76
8	1	Improvements	07/01/91	R	MCRS SL	31 5	3,597 00	0 00	0 00	2,003 23	114 19	2,117 42
9	1	Improvements	06/30/92	R	MCRS SL	31 5	10,659 00	0 00	0 00	5,597 37	338 38	5.935 75
10	1	Improvements	07/01/93	R	MCRS SL	39.5	18,759 97	0 00	0 00	7,341 78	474 94	7,816 72
11	1	HVAC System	10/16/95	N	MCRS SL	15	7,500 00	0 00	0 00	6,562 50	500 00	7,062 50
12	1	Improvements	07/01/97	N	MCRS SL	39 5	9,966 72	0 00	0 00	2.901 68	252 32	3,154 00
13	1	Building Improvements	07/01/98	R	MCRS SL	39 5	8,873 43	0 00	0 00	2,349 36	224 64	2.574 00
14	1	Security & Fire Sys	05/18/00	N	MCRS SL	10	7,782 00	0 00	0 00	6.614 70	778 20	7,392 90
15	1	Improvements	07/01/01	R	MCRS SL	31 5	9,521 49	0 00	0 00	2,254 43	302 27	2,556 70
16	1	Improvements	07/01/02	R	MCRS SL	39.5	16,416 76	0 00	0 00	2,684 15	415 61	3,099 76
17	1	Improvements	07/01/03	R	MCRS SL	39 5	14,292 00	0 00	0 00	1,974 94	361 82	2,336 76
18	1	Improvements	07/01/04	R	MCRS SL	31 5	9,778 95	0 00	0 00	1,384 05	310 44	1,694 49
19	1	Improvements	08/04/06	R	MCRS SL	31 5	6,609 97	0 00	0 00	498 37	209 84	708 21
20	1	Concrete	04/23/07	R	MCRS SL	31 5	1,504 37	0 00	0 00	81 59	47 76	129 35
21	1	HVAC	10/31/09	N	MACRS	10	9,686 00	0 00	0 00	0 00	242 15	242 15
					Group # 2 Total		192,524 66	0 00	0 00	89,782 56	6,623 09	96,405 65
Group # 3 Trailers												
1	1	Trailer	07/01/84	N	OPT SL	10	3,250 00	0 00	0 00	3,250 00	0 00	3,250 00
2	1	Siding	03/29/93	R	MCRS SL	39 5	1,007 59	0 00	0 00	402 84	25 51	428 35
					Group # 3 Total		4,257 59	0 00	0 00	3,652 84	25 51	3,678 35
Group # 4 Vehicles												
1	1	Auto	07/01/82	N	OPT SL	5	1,515 00	0 00	0 00	1,515 00	0 00	1.515 00
2	1	Auto	07/01/83	N	OPT SL	5	400 00	0 00	0 00	400.00	0 00	400 00
3	1	Auto	07/01/85	N	OPT. SL	5	1,000 00	0 00	0 00	1,000 00	0 00	1,000 00
4	1	Auto	07/01/87	N	MCRS SL	5	7,050 00	0 00	0 00	7,050 00	0 00	7,050 00
5	1	Auto	07/01/88	N	MCRS SL	5	5,746 00	0 00	0 00	5,746 00	0 00	5,746 00
6	1	Auto	07/01/91	N	MCRS SL	5	700 00	0 00	0 00	700 00	0 00	700 00
7	1	1986 Dodge Van	12/22/95	N	MCRS SL	5	950 00	0 00	0 00	950 00	0 00	950 00
8	1	Used Car	08/19/96	U	MCRS SL	5	3,500 00	0 00	0 00	3,500 00	0 00	3,500 00
9	1	Trailer	10/02/97	N	MCRS SL	5	575 75	0.00	0 00	575 75	0 00	575 75
10	1	Van - Jay Johnson	05/21/98	N	MCRS SL	5	18,231 48	0 00	0 00	18,231 48	0 00	18.231 48
11	1	Tractor & Blade	06/01/98	N	MCRS SL	5	4,250 00	0.00	0 00	4,250 00	0 00	4,250 00
12	1	Van - Charity Baptist	12/06/99	N	MCRS SL	5	800 00	0 00	0 00	800 00	0 00	800 00
13	1	1988 Dodge Van	07/05/00	U	MCRS SL	5	500 00	0 00	0 00	500 00	0 00	500 00
14	1	Wheelers Auto	09/20/00	U	MCRS SL	5	2,200 00	0 00	0 00	2,200 00	0 00	2,200 00
15	1	Bill Gatton	10/19/00	U	MCRS SL	5	6,500 00	0 00	0 00	6,500.00	0 00	6,500 00
16	1	Honda - Webb	01/01/00	U	MCRS SL	5	5,000 00	0.00	0 00	5,000 00	0 00	5,000 00
17	1	Car - Tommy Carver	06/03/02	N	MCRS SL	5	2,000 00	0 00	0 00	2,000 00	0 00	2,000 00
18	1	Used car	03/24/03	U	MCRS SL	5	2,000 00	0 00	0 00	2,000 00	0 00	2,000 00

Tri-State Childrens Home
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Asset Summary - Federal Tax Basis
Period Ended 12/31/09

Num	Loc	Property Description	Acquired	T	Method	Life	Cost/Basis	179 Exp/AFD	Add SDA	Prior Depr.	Current Depr.	Ending Depr.
Group # 4 Vehicles (Continued)												
19	1	2004 Chevy Impala	09/24/04	N	MCRS SL	5	13,500 00	0 00	0 00	12,150 00	1,350 00	13,500 00
20	1	Used Car - C Honeycutt	09/30/04	N	MCRS SL	5	850 00	0 00	0 00	765 00	85 00	850 00
21	1	Used Car	08/04/06	N	MACRS	5	1,095 24	0 00	0 00	779 81	126 17	905 98
					Group # 4 Total		78,363 47	0 00	0 00	76,613 04	1,561 17	78,174 21
Group # 5 Furniture & Fixtures												
1	1	Furniture	07/01/80	N	SL	5	225,761 00	0 00	0 00	225,761 00	0 00	225,761 00
2	1	Furniture	07/01/81	N	OPT SL	5	46,124 00	0 00	0 00	46,124 00	0 00	46,124 00
3	1	Furniture	07/01/82	N	OPT SL	5	7,195 00	0 00	0 00	7,195 00	0 00	7,195 00
4	1	Furniture	07/01/83	N	OPT SL	5	9,786 00	0 00	0 00	9,786 00	0 00	9,786 00
5	1	Furniture	07/01/84	N	OPT SL	5	7,435 00	0 00	0 00	7,435 00	0 00	7,435 00
6	1	Furniture	07/01/85	N	OPT SL	5	2,786 00	0 00	0 00	2,786 00	0 00	2,786 00
7	1	Furniture	07/01/86	N	OPT SL	5	3,382 00	0 00	0 00	3,382 00	0 00	3,382 00
8	1	Furniture	07/01/87	N	MCRS SL	7	3,494.00	0 00	0 00	3,494 00	0 00	3,494 00
9	1	Furniture	07/01/88	N	MCRS SL	7	1,683 00	0.00	0 00	1,683 00	0 00	1,683 00
10	1	Furniture	07/01/89	N	MCRS SL	5	3,155 00	0 00	0 00	3,155 00	0 00	3,155 00
11	1	Furniture	07/01/91	N	MCRS SL	7	3,637 00	0 00	0 00	3,637 00	0 00	3,637 00
12	1	Duplicator	06/14/93	N	MCRS SL	7	1,401 50	0 00	0 00	1,401 50	0 00	1,401 50
13	1	File Cabinet	04/15/95	N	MCRS SL	7	639 88	0 00	0 00	639 88	0 00	639 88
14	1	Lawnmower	05/26/95	N	MCRS SL	5	1,215 00	0 00	0 00	1,215 00	0 00	1,215 00
15	1	Air Conditioner	05/23/97	N	MCRS SL	5	559.00	0 00	0 00	559 00	0 00	559 00
16	1	Lawn Mower	06/28/97	N	MCRS SL	5	650 00	0 00	0 00	650 00	0 00	650 00
17	1	Washers & Dryers - 2	09/05/97	N	MCRS SL	5	1,569 80	0 00	0 00	1,569 80	0 00	1,569 80
18	1	Washing Machine	12/12/97	N	MCRS SL	5	429 00	0 00	0 00	429 00	0 00	429 00
19	1	Furniture	03/10/98	N	MCRS SL	7	678 94	0 00	0 00	678 94	0 00	678 94
20	1	Freezer - Pete Moore	12/09/99	N	MCRS SL	5	800 00	0 00	0 00	800 00	0 00	800 00
21	1	Refridgerator	02/25/99	N	MCRS SL	5	895 00	0 00	0 00	895 00	0 00	895 00
22	1	Couch - Wheatty	04/06/99	N	MCRS SL	5	525 00	0 00	0 00	525 00	0 00	525 00
23	1	Freezer	01/11/00	N	MCRS SL	7	400 00	0 00	0 00	400 00	0 00	400 00
24	1	Snow Blower	01/31/00	N	MACRS	5	750.00	0 00	0 00	750 00	0 00	750 00
25	1	Freezer	06/05/00	N	MACRS	7	1,000 00	0 00	0 00	1,000 00	0 00	1,000 00
26	1	Computers	11/17/00	N	MCRS SL	5	3,089 82	0.00	0 00	3,089 82	0 00	3,089 82
27	1	Ice Maker	02/17/01	N	MCRS SL	5	2,846 55	0.00	0 00	2,846 55	0.00	2,846 55
28	1	Furniture	11/26/01	N	MCRS SL	7	1,179 85	0 00	0 00	1,179.85	0 00	1,179 85
29	1	Refrigerator	06/25/02	N	MCRS SL	5	399 00	0 00	0 00	399 00	0 00	399 00
30	1	Sears Lawn Mower	10/07/02	N	MCRS SL	5	1,299 99	0 00	0 00	1,299 99	0 00	1,299 99
31	1	Laser Printer	01/09/03	N	MCRS SL	5	2,199 98	0 00	0 00	2,199 98	0.00	2,199 98
32	1	Couch & Chairs	01/20/03	N	MCRS SL	5	1,592.00	0.00	0 00	1,592 00	0 00	1,592 00
33	1	Copier	05/08/03	N	MCRS SL	5	1,399 00	0.00	0 00	1,399 00	0 00	1,399 00
34	1	Folding Set	05/31/03	N	MCRS SL	5	318 00	0 00	0 00	318 00	0 00	318 00
35	1	Couch & Sofa	01/29/04	N	MCRS SL	7	698 00	0 00	0 00	448 70	99.71	548 41
36	1	Mower - Richards Small	09/30/04	N	MCRS SL	5	749 00	0 00	0 00	674 10	74 90	749 00
37	1	Maytag Washer	02/03/05	N	MACRS	5	99 00	0 00	0 00	81 89	11 41	93 30
38	1	Mattress & Frame	04/30/05	N	MACRS	5	734 97	0.00	0.00	607 97	84 67	692 64
39	1	Freezer	05/23/05	N	MACRS	5	42 40	0 00	0 00	35 07	4 89	39 96
40	1	Washing Machine	06/02/05	N	MACRS	5	414 00	0 00	0 00	342 46	47.69	390 15
41	1	Chairs	06/02/05	N	MACRS	5	203 16	0 00	0 00	168.05	23 41	191 46
42	1	Alarm System	07/09/05	N	MACRS	5	705.00	0.00	0 00	583 18	81 21	664 39
43	1	Fridge	10/01/05	N	MACRS	5	150 00	0.00	0 00	124.08	17.28	141 36
44	1	Chair & Lamp	07/14/05	N	MACRS	5	520 07	0.00	0 00	430 20	59.91	490 11
45	1	Matresses	09/08/05	N	MACRS	5	757 00	0 00	0 00	626 19	87 21	713 40
46	1	Mattress	10/21/05	N	MACRS	5	800 00	0.00	0 00	661 76	92 16	753 92
47	1	Mattress	10/10/06	N	MACRS	5	268.99	0 00	0 00	191 52	30 99	222 51
48	1	Vacuum Cleaner	05/15/07	N	MACRS	7	1,999.95	0 00	0 00	775 49	349 85	1,125.34
49	1	Mattress	05/17/07	N	MACRS	7	654 29	0 00	0 00	253 70	114 45	368 15

Num	Loc	Property Description	Acquired	T	Method	Life	Cost/Basis	179 Exp/AFD	Add SDA	Prior Depr.	Current Depr.	Ending Depr.
Group # 5 Furniture & Fixtures (Continued)												
50	1	DVD Recorder	12/04/07	N	MACRS	7	585 00	0 00	0 00	226 84	102 33	329 17
51	1	Floor Steamer	01/06/09	N	MACRS	5	92 23	0 00	0 00	0 00	32 28	32 28
52	1	Walk in Cooler	06/16/09	N	MACRS	5	2,321 72	0 00	0 00	0 00	580 43	580 43
53	1	Weed Trimmer	09/09/09	N	MACRS	5	290 79	0 00	0 00	0 00	43 62	43 62
54	1	Mattress Set	05/21/09	N	MACRS	5	308 00	0 00	0 00	0 00	77 00	77 00
55	1	Desk Set	07/09/09	N	MACRS	5	195 00	0 00	0 00	0 00	29 25	29 25
					Group # 5 Total		352,863 88	0 00	0 00	346,506 51	2,044 65	348,551 16
					Grand Total		647,010.05	0.00	0.00	527,394.66	10,877.45	538,272.11