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Extended

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than $200,000 and total assets less than $500,000 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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning , and ending

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

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 or town | state or country | ZIP + 4
BRISTOL | TN | 37621

D Employer identification number
62-0721650

E Telephone number

F Group Exemption Number ▶

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) ☐ 501(c) ( ) ◀ (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 $50,000
A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are $200,000 or more, or if total assets (Part II, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 389,487

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I . . . ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	389,336
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income		4	151
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	0
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a		
	b	Gross income from fundraising events (not including $ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b		
	c	Less direct expenses from gaming and fundraising events	6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	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 in Schedule O)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶	9	389,487
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	
	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 in Schedule O)		16	408,057
	17	**Total expenses.** Add lines 10 through 16	▶	17	408,057
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-18,570
	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	223,498
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20	▶	21	204,928

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(HTA)

P 15

Part II Balance Sheets. (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II . . . X

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	66,878	22	45,597
23	Land and buildings	159,289	23	162,244
24	Other assets (describe in Schedule O)		24	
25	**Total assets**	226,167	25	207,841
26	**Total liabilities** (describe in Schedule O)	2,669	26	2,913
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	223,498	27	204,928

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

Check if the organization used Schedule O to respond to any question in this Part III ☐

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

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

28	FULL TIME CARE FOR CHILDREN INCLUDING BOARD, LODGING, CLOTHING EDUCATION AND MEDICAL CARE		
	(Grants $) If this amount includes foreign grants, check here ▶ ☐	28a	292,236
29			
	(Grants $) If this amount includes foreign grants, check here ▶ ☐	29a	
30			
	(Grants $) If this amount includes foreign grants, check here ▶ ☐	30a	
31	Other program services (describe in Schedule O)		
	(Grants $) If this amount includes foreign grants, check here ▶ ☐	31a	
32	**Total program service expenses.** (add lines 28a through 31a) ▶	32	292,236

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

Check if the organization used Schedule O to respond to any question in this 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		
	Title Hr/WK 00	0		
	Title Hr/WK 00	0		
	Title Hr/WK 00	0		
	Title Hr/WK 00	0		
	Title Hr/WK 00	0		
	Title Hr/WK 00	0		
	Title Hr/WK 00	0		
	Title Hr/WK .00	0		
	Title Hr/WK 00	0		
	Title Hr/WK 00	0		
	Title Hr/WK .00	0		
	Title Hr/WK 00	0		

Part V **Other Information** (Note the statement requirements in the instructions for Part V)
Check if the organization used Schedule O to respond to any question in this Part V . . . ☐

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name Otherwise, explain the change on Schedule O (see instructions)	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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization 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 (see instructions)?	35b		X
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			
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 tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
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 ▶ _____ , section 4912 ▶ _____ , section 4955 ▶ _____			
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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its 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 ▶ _____			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
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 PINEY FLATS ST TN 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			
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		

			Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45		X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ	45a		X
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		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 47–49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI ☐

			Yes	No
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			
Name Str City ST ZIP	Title Hr/WK 00			
Name Str City ST ZIP	Title Hr/WK 00			
Name Str City ST ZIP	Title Hr/WK 00			
Name Str City ST ZIP	Title Hr/WK 00			

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

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 ▶

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ [X] Yes [ ] No

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

▶ Rosa Emma Honeycutt, Supt. Date 6-2-11
Signature of officer

▶ Rosa Emma Honeycutt, Superintendent
Type or print name and title

Paid Preparer's Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
Mark S. Durkee	Mark S Durkee	6/1/2011	[X]	
Firm's name ▶ Mark S Durkee, CPA				Firm's EIN ▶
Firm's address ▶ P.O. Box 624, Piney Flats, TN 37686				Phone no (423) 538-0161

May the IRS discuss this return with the preparer shown above? See instructions ▶ [ ] 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

2010

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	
(A)									0
(B)									0
(C)									0
(D)									0
(E)									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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	0					0
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0					0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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
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
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 2010 (line 6, column (f) divided by line 11, column (f))	14 0 00%
15	Public support percentage from 2009 Schedule A, Part II, line 14	15 0.00%

16a **33 1/3% support test–2010.** 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–2009.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test–2010.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test–2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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 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 year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	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
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
5 The value of services or facilities furnished by a governmental unit to the organization without charge	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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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
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 2010 (line 8, column (f) divided by line 13, column (f))	15	0 00%
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	0 00%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c, column (f) divided by line 13, column (f))	17	0 00%
18	Investment income percentage from **2009** Schedule A, Part III, line 17	18	0 00%

19a **33 1/3% support tests–2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests–2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

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

Form 990-EZ, Part I, Line 16, Other Expenses See attached schedule A 408,057

Form 990-EZ, Part II, Line 26, Liabilities Payroll Taxes Beginning of year 2,669, End of year 2,913

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

ATTACHMENT A

TRI-STATE BAPTIST CHILDRENS HOME, INC 12/31/10 Operatining Expenditures				
	TOTAL	PROGRAM	GENERAL	FUNDRASING
Advertising	33,186 74			33,186 74
Acct & Legal Fees	2,205 00		2,205.00	
Auto & Truck Expense	9,799 20	4,899 60	4,899 60	
Bank Charges	28 48		28 48	
Clothing	2,766.12	2,766 12		
Contibutions	-	-		
Depreciation	9,320.00	6,990 00	2,330 00	
Dues & Subscriptions	490 80		490 80	
Extra Help	-	-		
Education	52,081.00	52,081 00		
Food	22,650.51	22,650 51		
Insurance - Liability	13,327.20	9,995 40	3,331 80	
Insurance - Medical	16,465 47	12,349 10	4,116 37	
Janitorial	597.51		597 51	
Linen & Laundry	259.34	259 34		
Leased Equipment	873.41		873 41	
Maintenance	7,020.87	7,020 87		
Misc Expense	2,080.00	1,040 00	1,040.00	
Medical Expense	3,078.86	3,078 86		
Office Expense	701.82		350.91	350.91
Outside Services	17,892 90	17,892 90	-	
Payroll Taxes	11,494 75	8,621 06	2,873 69	
Postage & Freight	4,224 01		1,056 00	3,168.01
Promotion	697 65			697 65
Printing	3,563 13			3,563.13
Repairs	9,859.43	9,859 43		
Salaries & Wages	135,028.55	101,271.41	33,757.14	
Supplies	3,089.16	2,316 87	772.29	
Small Tools			-	
Special Assistance	-	-		
Taxes & Licenses	607 65		607.65	
Telephone	6,006 93		6,006.93	
Travel	591.16	591 16		
Utilities	38,069 65	28,552 24	9,517.41	
Total	408,057 30	292,235 88	74,854 99	40,966 44

Tri-State Childrens Home
Federal ID #:
Asset Summary - Federal Tax Basis
Period Ended 12/31/10

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	10,835 06	416 67	11,251 73
2	1	New Building	12/22/06	R	MCRS SL	31 5	6,500 45	0 00	0 00	627 68	206 36	834 04
3	1	Building Improvements	06/10/10	R	MCRS SL	31 5	11,578 46	0 00	0 00	0 00	199 10	199 10
					Group # 1 Total		30,578 91	0 00	0 00	11,462 74	822 13	12 284 87
Group # 2 Building Improvements												
1	1	Improvements	07/01/84	R	OPT SL	25	1,760 00	0 00	0 00	1,760 00	0 00	1,760 00
2	1	Improvements	07/01/85	R	OPT SL	25	31,262 00	0 00	0 00	31,258 64	3 36	31,262 00
3	1	Improvements	07/01/86	R	OPT SL	25	2,220 00	0 00	0 00	2,132 40	87 60	2,220 00
4	1	Improvements	07/01/87	R	MCRS SL	31 5	3,539 00	0 00	0 00	2,444 30	112 35	2,556 65
5	1	Improvements	07/01/88	R	MCRS SL	31 5	2,949 00	0 00	0 00	2,018 16	93 62	2,111 78
6	1	Improvements	07/01/89	R	MCRS SL	31 5	4,623 00	0 00	0 00	3,008 68	146 76	3,155 44
7	1	Improvements	07/01/90	R	MCRS SL	31 5	11,224 00	0 00	0 00	6,962 76	356 32	7,319 08
8	1	Improvements	07/01/91	R	MCRS SL	31 5	3,597 00	0 00	0 00	2,117 42	114 19	2,231 61
9	1	Improvements	06/30/92	R	MCRS SL	31 5	10,659 00	0 00	0 00	5,935 75	338 38	6,274 13
10	1	Improvements	07/01/93	R	MCRS SL	39 5	18,759 97	0 00	0 00	7,816 72	474 94	8,291 66
11	1	HVAC System	10/16/95	N	MCRS SL	15	7,500 00	0 00	0 00	7,062 50	437 50	7,500 00
12	1	Improvements	07/01/97	N	MCRS SL	39 5	9,966 72	0 00	0 00	3,154 00	252 32	3,406 32
13	1	Building Improvements	07/01/98	R	MCRS SL	39 5	8,873 43	0 00	0 00	2,574 00	224 64	2,798 64
14	1	Security & Fire Sys	05/18/00	N	MCRS SL	10	7,782 00	0 00	0 00	7,392 90	389 10	7,782 00
15	1	Improvements	07/01/01	R	MCRS SL	31 5	9,521 49	0 00	0 00	2,556 70	302 27	2.858 97
16	1	Improvements	07/01/02	R	MCRS SL	39 5	16,416 76	0 00	0 00	3,099 76	415 61	3,515 37
17	1	Improvements	07/01/03	R	MCRS SL	39 5	14,292 00	0 00	0 00	2,336 76	361 82	2,698 58
18	1	Improvements	07/01/04	R	MCRS SL	31 5	9,778 95	0 00	0 00	1,694 49	310 44	2,004 93
19	1	Improvements	08/04/06	R	MCRS SL	31 5	6,609 97	0 00	0 00	708 21	209 84	918 05
20	1	Concrete	04/23/07	R	MCRS SL	31 5	1,504 37	0 00	0 00	129 35	47 76	177 11
21	1	HVAC	10/31/09	N	MACRS	10	9,686 00	0 00	0 00	242 15	1,888 77	2,130 92
22	1	Firelite Sys5zone	08/20/10	R	MCRS SL	31 5	696 90	0 00	0 00	0 00	8 30	8 30
					Group # 2 Total		193,221 56	0 00	0 00	96,405 65	6,575 89	102,981 54
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	428 35	25 51	453 86
					Group # 3 Total		4,257 59	0 00	0 00	3,678 35	25 51	3,703 86
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

Tri-State Childrens Home
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Asset Summary - Federal Tax Basis
Period Ended 12/31/10

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)												
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
19	1	2004 Chevy Impala	09/24/04	N	MCRS SL	5	13,500 00	0 00	0 00	13,500 00	0 00	13,500 00
20	1	Used Car - C Honeycutt	09/30/04	N	MCRS SL	5	850 00	0 00	0 00	850 00	0 00	850 00
21	1	Used Car	08/04/06	N	MACRS	5	1,095 24	0 00	0 00	905 98	126 17	1,032 15
					Group # 4 Total		78,363 47	0 00	0 00	78,174 21	126 17	78,300 38
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	548 41	99 71	648 12
36	1	Mower - Richards Small	09/30/04	N	MCRS SL	5	749 00	0 00	0 00	749 00	0 00	749 00
37	1	Maytag Washer	02/03/05	N	MACRS	5	99 00	0 00	0 00	93 30	5 70	99 00
38	1	Mattress & Frame	04/30/05	N	MACRS	5	734 97	0 00	0 00	692 64	42 33	734 97
39	1	Freezer	05/23/05	N	MACRS	5	42 40	0 00	0 00	39 96	2 44	42 40
40	1	Washing Machine	06/02/05	N	MACRS	5	414 00	0 00	0 00	390 15	23 85	414 00
41	1	Chairs	06/02/05	N	MACRS	5	203 16	0 00	0 00	191 46	11 70	203 16
42	1	Alarm System	07/09/05	N	MACRS	5	705 00	0 00	0 00	664 39	40 61	705 00
43	1	Fridge	10/01/05	N	MACRS	5	150 00	0 00	0 00	141 36	8 64	150 00
44	1	Chair & Lamp	07/14/05	N	MACRS	5	520 07	0 00	0 00	490 11	29 96	520 07
45	1	Matresses	09/08/05	N	MACRS	5	757 00	0 00	0 00	713 40	43 60	757 00
46	1	Mattress	10/21/05	N	MACRS	5	800 00	0 00	0 00	753 92	46 08	800 00
47	1	Mattress	10/10/06	N	MACRS	5	268 99	0 00	0 00	222 51	30 99	253 50

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)												
48	1	Vacuum Cleaner	05/15/07	N	MACRS	7	1,999 95	0 00	0 00	1,125 34	249 89	1,375 23
49	1	Mattress	05/17/07	N	MACRS	7	654 29	0 00	0 00	368 15	81 75	449 90
50	1	DVD Recorder	12/04/07	N	MACRS	7	585 00	0 00	0 00	329 17	73 09	402 26
51	1	Floor Steamer	01/06/09	N	MACRS	5	92 23	0 00	0 00	32 28	23 98	56 26
52	1	Walk in Cooler	06/16/09	N	MACRS	5	2,321 72	0 00	0 00	580 43	696 52	1,276 95
53	1	Weed Trimmer	09/09/09	N	MACRS	5	290 79	0 00	0 00	43 62	98 87	142 49
54	1	Mattress Set	05/21/09	N	MACRS	5	308 00	0 00	0 00	77 00	92 40	169 40
55	1	Desk Set	07/09/09	N	MACRS	5	195 00	0 00	0 00	29 25	66 30	95 55
					Group # 5 Total		352,863 88	0 00	0 00	348,551 16	1,768 41	350,319 57
					Grand Total		659,285.41	0.00	0.00	538,272.11	9,318.11	547,590.22