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Extended

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 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

Doing Business As:

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

City or town, state or country, and ZIP + 4: BRISTOL TN 37621

D Employer identification number: 62-0721650

E Telephone number:

G Gross receipts $: 379,387

F Name and address of principal officer:

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1960

M State of legal domicile: TN

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: CHILDRENS HOME INCLUDING BOARD, LODGINC CLOTHING, EDUCATION AND MEDICAL CARE		
	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	12
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	13
	6	Total number of volunteers (estimate if necessary)	6	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	389,336	379,353
	9	Program service revenue (Part VIII, line 2g)	0	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	151	34
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	389,487	379,387
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	146,524	150,406
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 39,265		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	261,533	233,791
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	408,057	384,197
	19	Revenue less expenses Subtract line 18 from line 12	-18,570	-4,810

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	207,841	202,175
	21	Total liabilities (Part X, line 26)	2,913	2,057
	22	Net assets or fund balances. Subtract line 21 from line 20	204,928	200,118

SCANNED JUL 1 2012

RECEIVED JUN 18 2012 OGDEN, UT

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer: Rosa Emma Honeycutt - Rosa Emma Honeycutt Date: 6-14-12

Type or print name and title: Superintendent

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☒ if self-employed	PTIN
Mark S Durkee	Mark S Durkee	6/4/2012		P00043329

Firm's name ▶ Mark S Durkee, CPA — Firm's EIN ▶ 62-1293543

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

For Paperwork Reduction Act Notice, see the separate instructions.

(HTA)

Form **990** (2011)

14p

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

CHILDRENS HOME INCLUDING BOARD, LODGING, CLOTHING, EDUCATION AND MEDICAL CARE

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? . . . . . ☐ Yes ☒ No

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

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 $ 124,648 including grants of $ 0) (Revenue $ 379,353)

CHILDRENS HOME

4b (Code) (Expenses $ 0 including grants of $ 0) (Revenue $ 0)

4c (Code) (Expenses $ 0 including grants of $ 0) (Revenue $ 0)

4d Other program services. (Describe in Schedule O)

(Expenses $ 0 including grants of $ 0) (Revenue $ 0)

4e **Total program service expenses** ► 124,648

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		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*	20a		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)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to any government or organization 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, 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		X
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		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	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	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	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? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

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
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . .	1a	7		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return .	2a	13		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a			X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country ► ---------- See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? .	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? . .	12a			
b	If "Yes," *enter the amount of tax-exempt interest received or accrued during the year* .	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?	13a			
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . . .	14b			

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

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

Section A. Governing Body and Management

				Yes	No
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.	1a	12		
b	Enter the number of voting members included in line 1a, above, who are independent .	1b	12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . .	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
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?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
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? .	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a		X
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*	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c		X
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official.	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," 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 take steps to safeguard the organization's exempt status with respect to such arrangements?	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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made 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 made its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ MARK S. DURKEE, CPA (423) 538-0161
5577 HWY 11-E, PINEY FLATS, TN 37686

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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

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

(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total ▶								0	0	0
c Total from continuation sheets to Part VII, Section A ▶								0	0	0
d Total (add lines 1b and 1c) ▶								0	0	0

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 0

		Yes	No
3	Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		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*		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*		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
		0
		0
		0
		0
		0

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 0

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	0				
	b Membership dues	1b	0				
	c Fundraising events	1c	0				
	d Related organizations	1d	0				
	e Government grants (contributions)	1e	0				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	379,353				
	g Noncash contributions included in lines 1a-1f: $		0				
	h **Total.** Add lines 1a–1f			379,353			
Program Service Revenue		Business Code					
	2a			0			
	b			0			
	c			0			
	d			0			
	e			0			
	f All other program service revenue			0			
	g **Total.** Add lines 2a–2f			0			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			34			
	4 Income from investment of tax-exempt bond proceeds			0			
	5 Royalties			0			
		(i) Real	(ii) Personal				
	6a Gross rents						
	b Less: rental expenses						
	c Rental income or (loss)	0	0				
	d Net rental income or (loss)			0			
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory	0	0				
	b Less: cost or other basis and sales expenses	0	0				
	c Gain or (loss)	0	0				
	d Net gain or (loss)			0			
	8a Gross income from fundraising events (not including $ 0 of contributions reported on line 1c) See Part IV, line 18	a	0				
	b Less direct expenses	b	0				
	c Net income or (loss) from fundraising events			0			
	9a Gross income from gaming activities. See Part IV, line 19	a	0				
	b Less direct expenses	b	0				
	c Net income or (loss) from gaming activities			0			
	10a Gross sales of inventory, less returns and allowances	a	0				
	b Less. cost of goods sold	b	0				
	c Net income or (loss) from sales of inventory			0			
	Miscellaneous Revenue		Business Code				
	11a			0			
	b			0			
	c			0			
	d All other revenue			0			
	e **Total.** Add lines 11a–11d			0			
	12 **Total revenue.** See instructions			379,387	0	0	0

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 . . . . . ☐

	Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	0			
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	0			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	138,521	103,891	34,630	
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	11,885	8,914	2,971	
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	0			
c	Accounting	2,225		2,225	
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	0			
12	Advertising and promotion	30,908			30,908
13	Office expenses	803		803	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	35,121	26,340	8,781	
17	Travel	1,824	1,824		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	7,462	5,596	1,866	0
23	Insurance	0			
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	SEE ATTACHMENT A	155,448	124,648	22,443	8,357
b		0			
c		0			
d		0			
e	All other expenses	0			
25	**Total functional expenses.** Add lines 1 through 24e	384,197	271,213	73,719	39,265
26	**Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		15,422	1	11,644
	2	Savings and temporary cash investments		30,175	2	32,209
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		0	4	0
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)			6	
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D	10a 713,629			
	b	Less accumulated depreciation	10b 555,307	162,244	10c	158,322
	11	Investments—publicly traded securities		0	11	0
	12	Investments—other securities See Part IV, line 11		0	12	0
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets. See Part IV, line 11		0	15	0
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		207,841	16	202,175
Liabilities	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	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		2,913	25	2,057
	26	**Total liabilities.** Add lines 17 through 25		2,913	26	2,057
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		204,928	27	200,118
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		204,928	33	200,118
	34	Total liabilities and net assets/fund balances		207,841	34	202,175

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	379,387
2	Total expenses (must equal Part IX, column (A), line 25)	2	384,197
3	Revenue less expenses Subtract line 2 from line 1	3	-4,810
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	204,928
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	200,118

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 ☒ Cash ☐ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X	
b	Were the organization's financial statements audited by an independent accountant?	2b		X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	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		

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

2011

Open to Public Inspection

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

Form 990 Part VI Section B Line 11 FORM 990 IS DISCUSSED AT THE MEETING FOLLOWING COMPLETION

Form 990 Part VI Section C Line 19 ALL POLICIES ARE AVAILABLE UPON OFFICAL REQUEST TO OFFICE

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

ATTACHMENT A

TRI-STATE BAPTIST CHILDRENS HOME, INC. 12/31/11 Operatining Expenditures				
	TOTAL	PROGRAM	GENERAL	FUNDRASING
Advertising	-			-
Acct & Legal Fees	-		-	
Auto & Truck Expense	9,906 15	4,953 08	4,953 08	
Bank Charges	10 35		10 35	
Clothing	2,928 59	2,928 59		
Contibutions	-	-		
Depreciation	-	-	-	
Dues & Subscriptions	492.80		492.80	
Extra Help	100.00	100 00		
Education	50,800 00	50,800 00		
Food	26,121 01	26,121 01		
Insurance - Liability	10,321.00	7,740 75	2,580 25	
Insurance - Medical	18,503.95	13,877 96	4,625.99	
Janitorial	-		-	
Linen & Laundry	186 20	186 20		
Leased Equipment	176 00		176 00	
Maintenance	5,511.26	5,511 26		
Misc Expense	2,220 78	1,110 39	1,110 39	
Medical Expense	2,351 11	2,351.11		
Office Expense	-		-	-
Outside Services	350.00	350 00	-	
Payroll Taxes	-	-	-	
Postage & Freight	4,677 93		1,169.48	3,508 45
Promotion	1,187 97			1,187 97
Printing	3,660 88			3,660 88
Repairs	8,158.79	8,158 79		
Salaries & Wages	-	-	-	
Supplies	611.18	458.39	152 80	
Small Tools			-	
Special Assistance	-	-		
Taxes & Licenses	733 55		733 55	
Telephone	6,438 47		6,438.47	
Travel	-	-		
Utilities	-	-	-	
Total	155,447 97	124,647 52	22,443 15	8,357 30

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return.

OMB No 1545-0172

2011

Attachment Sequence No **179**

Name(s) shown on return

Tri-State Childrens Home

Identifying number

-

Business or activity to which this form relates

Part I Election To Expense Certain Property Under Section 179

Note: *If you have any listed property, complete Part V before you complete Part I*

1	Maximum amount (see instructions)	1	500,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000.
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	0.
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	500,000.

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property Enter the amount from line 29	7		
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7		8	
9	Tentative deduction Enter the **smaller** of line 5 or line 8		9	
10	Carryover of disallowed deduction from line 13 of your 2010 Form 4562		10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instrs)		11	500,000.
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11		12	
13	Carryover of disallowed deduction to 2012 Add lines 9 and 10, less line 12 ►	13		

Note: *Do not use Part II or Part III below for listed property Instead, use Part V*

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	417.

Part III MACRS Depreciation (Do not include listed property) (See instructions)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2011		17	6,896.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ► ☐			

Section B — Assets Placed in Service During 2011 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property		3,539.	5 yr	MQ	S/L	149.
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs		S/L	
h	Residential rental property			27.5 yrs	MM	S/L	
				27.5 yrs	MM	S/L	
i	Nonresidential real property			39 yrs	MM	S/L	
					MM	S/L	

Section C — Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs		S/L	
c	40-year		40 yrs	MM	S/L	

Part IV Summary (See instructions)

21	Listed property Enter amount from line 28	21	
22	**Total** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations — see instructions	22	7,462.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Tri-State Childrens Home
Federal ID #:
Asset Summary - Federal Tax Basis
Period Ended 12/31/11

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	11,251 73	416 67	11,668 40
2	1	New Building	12/22/06	R	MCRS SL	31 5	6,500 45	0 00	0 00	834 04	206 36	1,040 40
3	1	Building Improvements	06/10/10	R	MCRS SL	31 5	11,578 46	0 00	0 00	199 10	367 57	566 67
					Group # 1 Total		30,578 91	0 00	0 00	12,284 87	990 60	13,275 47
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	31,262 00	0 00	31,262 00
3	1	Improvements	07/01/86	R	OPT SL	25	2,220 00	0 00	0 00	2,220 00	0 00	2,220 00
4	1	Improvements	07/01/87	R	MCRS SL	31 5	3,539 00	0 00	0 00	2,556 65	112 35	2,669 00
5	1	Improvements	07/01/88	R	MCRS SL	31 5	2,949 00	0 00	0 00	2,111 78	93 62	2,205 40
6	1	Improvements	07/01/89	R	MCRS SL	31 5	4,623 00	0 00	0 00	3,155 44	146 76	3,302 20
7	1	Improvements	07/01/90	R	MCRS SL	31 5	11,224 00	0 00	0 00	7,319 08	356 32	7,675 40
8	1	Improvements	07/01/91	R	MCRS SL	31 5	3,597 00	0 00	0 00	2,231 61	114 19	2,345 80
9	1	Improvements	06/30/92	R	MCRS SL	31 5	10,659 00	0 00	0 00	6,274 13	338 38	6,612 51
10	1	Improvements	07/01/93	R	MCRS SL	39 5	18,759 97	0 00	0 00	8,291 66	474 94	8,766 60
11	1	HVAC System	10/16/95	N	MCRS SL	15	7,500 00	0 00	0 00	7,500 00	0 00	7,500 00
12	1	Improvements	07/01/97	N	MCRS SL	39 5	9,966 72	0 00	0 00	3,406 32	252 32	3,658 64
13	1	Building Improvements	07/01/98	R	MCRS SL	39 5	8,873 43	0 00	0 00	2,798 64	224 64	3,023 28
14	1	Security & Fire Sys	05/18/00	N	MCRS SL	10	7,782 00	0 00	0 00	7,782 00	0 00	7,782 00
15	1	Improvements	07/01/01	R	MCRS SL	31 5	9,521 49	0 00	0 00	2,858 97	302 27	3,161 24
16	1	Improvements	07/01/02	R	MCRS SL	39 5	16,416 76	0 00	0 00	3,515 37	415 61	3,930 98
17	1	Improvements	07/01/03	R	MCRS SL	39 5	14,292 00	0 00	0 00	2,698 58	361 82	3,060 40
18	1	Improvements	07/01/04	R	MCRS SL	31 5	9,778 95	0 00	0 00	2,004 93	310 44	2,315 37
19	1	Improvements	08/04/06	R	MCRS SL	31 5	6,609 97	0 00	0 00	918 05	209 84	1,127 89
20	1	Concrete	04/23/07	R	MCRS SL	31 5	1,504 37	0 00	0 00	177 11	47 76	224 87
21	1	HVAC	10/31/09	N	MACRS	10	9,686 00	0 00	0 00	2,130 92	1,511 02	3,641 94
22	1	Firelite Sys5zone	08/20/10	R	MCRS SL	31 5	696 90	0 00	0 00	8 30	22 12	30 42
					Group # 2 Total		193,221 56	0 00	0 00	102,981 54	5,294 40	108,275 94
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	453 86	25 51	479 37
					Group # 3 Total		4,257 59	0 00	0 00	3,703 86	25 51	3,729 37
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

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	1,032 15	63 09	1,095 24
					Group # 4 Total		78,363 47	0 00	0 00	78,300 38	63 09	78,363 47
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	648 12	49 88	698 00
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	99 00	0 00	99 00
38	1	Mattress & Frame	04/30/05	N	MACRS	5	734 97	0 00	0 00	734 97	0 00	734 97
39	1	Freezer	05/23/05	N	MACRS	5	42 40	0 00	0 00	42 40	0 00	42 40
40	1	Washing Machine	06/02/05	N	MACRS	5	414 00	0 00	0 00	414 00	0 00	414 00
41	1	Chairs	06/02/05	N	MACRS	5	203 16	0 00	0 00	203 16	0 00	203 16
42	1	Alarm System	07/09/05	N	MACRS	5	705 00	0 00	0 00	705 00	0 00	705 00
43	1	Fridge	10/01/05	N	MACRS	5	150 00	0 00	0 00	150 00	0 00	150 00
44	1	Chair & Lamp	07/14/05	N	MACRS	5	520 07	0 00	0 00	520 07	0 00	520 07
45	1	Matresses	09/08/05	N	MACRS	5	757 00	0 00	0 00	757 00	0 00	757 00
46	1	Mattress	10/21/05	N	MACRS	5	800 00	0 00	0 00	800 00	0 00	800 00
47	1	Mattress	10/10/06	N	MACRS	5	268 99	0 00	0 00	253 50	15 49	268 99

Tri-State Childrens Home
Federal ID #:
Asset Summary - Federal Tax Basis
Period Ended 12/31/11

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	1,375 23	178 49	1,553 72
49	1	Mattress	05/17/07	N	MACRS	7	654 29	0 00	0 00	449 90	58 40	508 30
50	1	DVD Recorder	12/04/07	N	MACRS	7	585 00	0 00	0 00	402 26	52 21	454 47
51	1	Floor Steamer	01/06/09	N	MACRS	5	92 23	0 00	0 00	56 26	14 39	70 65
52	1	Walk in Cooler	06/16/09	N	MACRS	5	2,321 72	0 00	0 00	1,276 95	417 91	1,694 86
53	1	Weed Trimmer	09/09/09	N	MACRS	5	290 79	0 00	0 00	142 49	59 32	201 81
54	1	Mattress Set	05/21/09	N	MACRS	5	308 00	0 00	0 00	169 40	55 44	224 84
55	1	Desk Set	07/09/09	N	MACRS	5	195 00	0 00	0 00	95 55	39 78	135 33
56	1	Lawnmower	04/14/11	N	MCRS SL	5	600 00	0 00	0 00	0 00	75 00	75 00
57	1	Computer	11/20/11	N	MCRS SL	5	200 00	0 00	0 00	0 00	5 00	5 00
58	1	Office Chair	11/19/11	N	MCRS SL	5	239 48	0 00	0 00	0 00	5 99	5 99
59	1	Dryer	12/30/11	N	MCRS SL	5	2,500 00	0 00	0 00	0 00	62 50	62 50
					Group # 5 Total		356,403 36	0 00	0 00	350,319 57	1,089 80	351,409 37
					Grand Total		662,824.89	0.00	0.00	547,590.22	7,463.40	555,053.62