

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2015
Open to Public Inspection

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning 09/01/15, and ending 08/31/16

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <p style="text-align: center;">SMOKY MOUNTAIN CHILDREN'S HOME</p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 4391 City or town, state or province, country, and ZIP or foreign postal code SEVIERVILLE TN 37864	D Employer identification number <p style="text-align: center;">23-7110635</p> E Telephone number <p style="text-align: center;">865-453-4644</p> G Gross receipts\$ 8,345,526
F Name and address of principal officer: DR. WALT MAULDIN P.O. BOX 4391 SEVIERVILLE TN 37864		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶
J Website: ▶ WWW.SMCH.ORG		L Year of formation: 1946
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		M State of legal domicile: TN

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> 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	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	172
	6 Total number of volunteers (estimate if necessary)	6	420
	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	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,547,379	1,876,238
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,425,477	6,396,852
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	12,582	72,436
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,985,438	8,345,526
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)	3,635,445	3,733,855
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 156,738		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	5,100,069	5,278,677
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	8,735,514	9,012,532	
19 Revenue less expenses. Subtract line 18 from line 12	-750,076	-667,006	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	8,807,572	8,137,837
	22 Net assets or fund balances. Subtract line 21 from line 20	578,494	575,765
		8,229,078	7,562,072

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 <p style="text-align: center;">DR. WALT MAULDIN</p> Type or print name and title	Date <p style="text-align: center;">EXECUTIVE DIRECTOR</p>
	Print/Type preparer's name SCOTT D. HALL, CPA	Preparer's signature SCOTT D. HALL, CPA
Paid Preparer Use Only	Check <input type="checkbox"/> if self-employed	PTIN P01476361
	Firm's name ▶ ARNETT, KIRKSEY, KIMSEY, SULLIVAN, LAY, HALL 4395 N OCOEE ST	Firm's EIN ▶ 62-0798554

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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 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 \$ **4,346,091** including grants of\$) (Revenue \$)

RESIDENTIAL - PROVIDE RESIDENTIAL CARE FOR DEPENDENT, NEGLECTED OR OTHER AT-RISK CHILDREN AND YOUTH, AGES 5 TO 17.

4b (Code:) (Expenses \$ **480,060** including grants of\$) (Revenue \$)

WIDOWS CENTER - PROVIDE SAFE RESIDENTIAL FACILITIES FOR WIDOWS AND ENCOURAGE CLOSE FRIENDSHIPS WITH THE BOYS AND GIRLS AT THE HOME.

4c (Code:) (Expenses \$ **3,052,327** including grants of\$) (Revenue \$)

FOSTER FAMILY CARE - ASSIST WITH PLACEMENT IN FOSTER HOMES AS NEEDED FOR SPECIAL NEEDS CHILDREN AND OTHER CHILDREN AS FACILITIES ARE AVAILABLE.

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

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

4e Total program service expenses ► **7,878,478**

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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		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		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		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		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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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		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		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	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		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		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		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	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 and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		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)		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		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		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		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		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		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, 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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1a	14		
1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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	172		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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 as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
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? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
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 or note to any line in this Part VI

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.		
	11		
b	Enter the number of voting members included in line 1a, above, who are independent		
	11		
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?		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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		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?		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?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	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		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?		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?	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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	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	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
15b		X	
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?		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 ► **TN**
- 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 Other (explain in Schedule O)
- 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 during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: ►

SMOKY MOUNTAIN CHILDREN'S HOME P.O. BOX 4391 SEVIERVILLE

TN 37862 865-453-4644

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

Check if Schedule O contains a response or note to any line 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 (list any hours for related organizations below dotted line)	(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) REVEREND RON K. MARTIN BOARD CHAIR	0.00 0.00	X					0	0	0	
(2) MRS. WENDY CORDER DIRECTOR	0.00 0.00	X					0	0	0	
(3) MRS. BETTY MADISON OGLE DIRECTOR	0.00 0.00	X					0	0	0	
(4) MRS. WANDA RABON DIRECTOR	0.00 0.00	X					0	0	0	
(5) MRS. YVETTE SANTANA DIRECTOR	0.00 0.00	X					0	0	0	
(6) MRS. TERI MOODY DIRECTOR	0.00 0.00	X					0	0	0	
(7) MRS. LORI LEWIS DIRECTOR	0.00 0.00	X					0	0	0	
(8) MRS. JANICE LOWERY DIRECTOR	0.00 0.00	X					0	0	0	
(9) REVEREND MARLON GREEN CHAIRMAN	0.00 0.00	X					0	0	0	
(10) REVEREND BRANDON BOHANNON DIRECTOR	0.00 0.00	X					0	0	0	
(11) REVEREND D. KENT MILLER DIRECTOR	0.00 0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
(12) DR. WALT MAULDIN	40.00									
EXECUTIVE DIRECTOR	0.00			X			57,842	0	60,809	
(13) DR. DONNIE SMITH	1.00									
EXECUTIVE ADMIN	39.00					X	0	116,020	33,200	
1b Sub-total							57,842	116,020	94,009	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							57,842	116,020	94,009	

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

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

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns 1a					
	b Membership dues 1b					
	c Fundraising events 1c					
	d Related organizations 1d					
	e Government grants (contributions) 1e					
	f All other contributions, gifts, grants, and similar amounts not included above 1f	1,876,238				
	g Noncash contributions included in lines 1a-1f: \$	57,795				
	h Total. Add lines 1a-1f	1,876,238				
Program Service Revenue	2a FOSTER PROGRAM	3,862,317	3,862,317			
	b BOARD-DCS (FOSTER TRANSFERS)	2,047,185	2,047,185			
	c RENT	170,219	170,219			
	d COTTAGE #10	45,186	45,186			
	e CHILDREN HOME MILLER PROJECTS	38,337	38,337			
	f All other program service revenue	233,608	233,608			
	g Total. Add lines 2a-2f	6,396,852				
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	70,136	70,136		
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
6a Gross rents		(i) Real				
		(ii) Personal				
b Less: rental exps.						
c Rental inc. or (loss)						
d Net rental income or (loss)						
7a Gross amount from sales of assets other than inventory		(i) Securities				
		(ii) Other	2,300			
b Less: cost or other basis & sales exps.						
c Gain or (loss)		2,300				
d Net gain or (loss)		2,300	2,300			
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		a				
b Less: direct expenses		b				
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Busn. Code					
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions		8,345,526	6,469,288	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).
Check if Schedule O contains a response or note to any line 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 domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,001,875	2,401,500	540,337	60,038
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	483,314	386,650	86,996	9,668
10 Payroll taxes	248,666	198,933	44,760	4,973
11 Fees for services (non-employees):				
a Management				
b Legal	122,653		122,653	
c Accounting	22,000		22,000	
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees	11,481	11,481		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	71,478			71,478
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	321,749	273,405	43,510	4,834
17 Travel	44,076	35,261	8,815	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	39,372		39,372	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	362,197	362,197		
23 Insurance	85,685	68,548	17,137	
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 FOSTER FAMILY CARE	3,052,327	3,052,327		
b WIDOWS MINISTRY CENTER	480,060	480,060		
c SUPPLIES	287,422	229,939	51,736	5,747
d SPECIAL PROJECTS	240,644	240,644		
e All other expenses	137,533	137,533		
25 Total functional expenses. Add lines 1 through 24e	9,012,532	7,878,478	977,316	156,738
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	1,236,074	1	968,118
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	535,062	4	557,978
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other 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). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 11,733,850		
	b Less: accumulated depreciation	10b 6,143,299	5,910,177	10c 5,590,551
	11 Investments—publicly traded securities	1,126,259	11	1,021,190
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)		8,807,572	16	8,137,837
Liabilities	17 Accounts payable and accrued expenses	101,244	17	127,143
	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 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	477,250	25	448,622
	26 Total liabilities. Add lines 17 through 25	578,494	26	575,765
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	8,048,665	27	7,321,257
	28 Temporarily restricted net assets	180,413	28	240,815
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	8,229,078	33	7,562,072	
34 Total liabilities and net assets/fund balances	8,807,572	34	8,137,837	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,345,526
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,012,532
3	Revenue less expenses. Subtract line 2 from line 1	3	-667,006
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,229,078
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	7,562,072

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	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.	X	
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?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE A
(Form 990 or 990-EZ)

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

SMOKY MOUNTAIN CHILDREN'S HOME

Employer identification number

23-7110635

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g 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 (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,812,429	1,726,612	1,763,904	1,547,379	1,876,238	8,726,562
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,812,429	1,726,612	1,763,904	1,547,379	1,876,238	8,726,562
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.						8,726,562

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	1,812,429	1,726,612	1,763,904	1,547,379	1,876,238	8,726,562
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	124,423	75,860	191,058	152,033	250,080	793,454
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						9,520,016

12 Gross receipts from related activities, etc. (see instructions) **12** 6,466,988

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 2015 (line 6, column (f) divided by line 11, column (f))	14	91.67%
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	93.82%

16a 33 1/3% support test—2015. 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—2014. 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—2015. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2014. 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 VI 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2015. 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—2014. 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 Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
3b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
4c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
5b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
9b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
9c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
10b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Schedule B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2015

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**

▶ **Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.**

Name of the organization	Employer identification number
SMOKY MOUNTAIN CHILDREN'S HOME	23-7110635

Organization type (check one):

- | | |
|--------------------|---|
| Filers of: | Section: |
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> 501(c)(3) (enter number) organization |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
| | <input type="checkbox"/> 527 political organization |
| Form 990-PF | <input type="checkbox"/> 501(c)(3) exempt private foundation |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | <input type="checkbox"/> 501(c)(3) taxable private foundation |

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization SMOKY MOUNTAIN CHILDREN'S HOME	Employer identification number 23-7110635
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 57,795	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 76,674	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 51,755	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 41,970	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 417,358	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

SMOKY MOUNTAIN CHILDREN'S HOME

Employer identification number

23-7110635

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	SUPPLIES	\$ 57,795	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

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Open to Public Inspection

Name of the organization

Employer identification number

SMOKY MOUNTAIN CHILDREN'S HOME

23-7110635

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, aggregate value of grants, and questions about donor informed status.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number of easements, acreage restricted, and monitoring expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting works of art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
 - a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
 - b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
 - b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
 - a** Board designated or quasi-endowment ▶ %
 - b** Permanent endowment ▶ %
 - c** Temporarily restricted endowment ▶ %
 The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		816,337		816,337
b Buildings		38,603	857	37,746
c Leasehold improvements				
d Equipment				
e Other		10,878,910	6,142,442	4,736,468
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				5,590,551

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SALARIES PAYABLE	332,676
(3) DUE TO FOSTER PARENTS	104,035
(4) CUSTODIAL FUNDS - CHILDRENS ACCT	11,911
(5) PAYROLL LIABILITIES	
(6) CASH OVERDRAFT - UBS ACCOUNT	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	448,622

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

SCHEDULE J
(Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**

▶ **Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

SMOKY MOUNTAIN CHILDREN ' S HOME

Employer identification number

23-7110635

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- First-class or charter travel
- Travel for companions
- Tax indemnification and gross-up payments
- Discretionary spending account
- Housing allowance or residence for personal use
- Payments for business use of personal residence
- Health or social club dues or initiation fees
- Personal services (e.g., maid, chauffeur, chef)

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- Compensation committee
- Independent compensation consultant
- Form 990 of other organizations
- Written employment contract
- Compensation survey or study
- Approval by the board or compensation committee

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
 - b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note: The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
DR. DONNIE SMITH	(i) 0	(ii) 0	(iii) 0	0	0	0	0
1 EXECUTIVE ADMIN	(ii) 116,020	0	0	0	66,400	182,420	0
2	(i)	(ii)	(iii)				
3	(i)	(ii)	(iii)				
4	(i)	(ii)	(iii)				
5	(i)	(ii)	(iii)				
6	(i)	(ii)	(iii)				
7	(i)	(ii)	(iii)				
8	(i)	(ii)	(iii)				
9	(i)	(ii)	(iii)				
10	(i)	(ii)	(iii)				
11	(i)	(ii)	(iii)				
12	(i)	(ii)	(iii)				
13	(i)	(ii)	(iii)				
14	(i)	(ii)	(iii)				
15	(i)	(ii)	(iii)				
16	(i)	(ii)	(iii)				

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2015

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization

SMOKY MOUNTAIN CHILDREN'S HOME

Employer identification number

23-7110635

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (SUPPLIES)	X	1	57,795	FMV
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

2015

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

SMOKY MOUNTAIN CHILDREN'S HOME

Employer identification number

23-7110635

FORM 990 - ORGANIZATION'S MISSION

SMOKY MOUNTAIN CHILDREN'S HOME IS A MULTI-SERVICE AGENCY THAT PROVIDES PROFESSIONAL CARE AND TREATMENT FOR BOYS AND GIRLS REFERRED FOR OUR SERVICES DUE TO EMOTIONAL, BEHAVIORAL AND LIFE SITUATIONS. A CONTINUUM OF QUALITY PROGRAMS IS OFFERED TO MEET THE UNIQUE NEEDS OF THE CHILDREN OF DIFFERENT AGES, CAPACITIES, RACES AND CREEDS AND THEIR FAMILIES.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
FORM IS REVIEWED BY THE MINISTRY'S DIRECTOR AND CARE CAMPUS DIRECTOR, THEN GIVEN TO THE BOARD OF DIRECTORS AT THE NEXT BOARD MEETING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
THE SMOKY MOUNTAIN CHILDREN'S HOME POLICY IS IN PLACE AND MONITORED THROUGH STAFF GRIEVANCE AND PROTOCOL. THE PROGRAM QUALITY COORDINATOR MONITORS ON A WEEKLY BASIS.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
DIRECTORS' WAGES ARE SET BY THE CHURCH OF GOD INTERNATIONAL OFFICES IN CLEVELAND, TENNESSEE. THE TOP PAID DIRECTOR'S SALARY IS FUNDED BY THE CHURCH OF GOD INTERNATIONAL OFFICES AND PAID MONTHLY TO SMOKY MOUNTAIN CHILDREN'S HOME.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS
SOME SALARIES ARE BASED ON A TIER PROGRAM WHILE OTHER ARE SET BY MANAGEMENT OF SMOKY MOUNTAIN CHILDREN'S HOME.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990.
- ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

SMOKY MOUNTAIN CHILDREN'S HOME

Employer identification number
23-7110635

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) CHURCH OF GOD INTERNATIONAL OFFICES 2490 KEITH STREET CLEVELAND TN 37311	CHURCH	TN	501C3	1	N/A		X
(2)							
(3)							
(4)							
(5)							

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate alloc.?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CHURCH OF GOD INTERNATIONAL OFFICES	C	430,000	
(2) CHURCH OF GOD INTERNATIONAL OFFICES	O	149,220	
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization (Including Information on Listed Property)

▶ Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

OMB No. 1545-0172

2015

Attachment Sequence No. **179**

Name(s) shown on return

SMOKY MOUNTAIN CHILDREN'S HOME

Identifying number

23-7110635

Business or activity to which this form relates

INDIRECT DEPRECIATION

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	
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	
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 2014 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
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 2016. 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	362,196

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 2015	17	0
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	<input type="checkbox"/>	

Section B—Assets Placed in Service During 2015 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						
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 2015 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	362,196
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	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2015)

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Basis for Depr	PerConv	Meth	Prior	Current
Other Depreciation:										
15	W/C-Building	8/31/04	4,505,995			4,505,995	39	MO S/L	1,270,922	115,538
16	Furniture -W/C	2/28/05	5,474			5,474	5	MO S/L	5,474	0
17	Furniture-W/C	9/12/03	7,163			7,163	5	MO S/L	7,163	0
18	Computers	3/03/04	7,160			7,160	5	MO S/L	7,160	0
19	Furniture-W/C	2/15/03	24,051			24,051	5	MO S/L	24,051	0
20	SMCH - Furniture	3/01/05	858			858	5	MO S/L	858	0
21	SMCH - F&E	3/01/05	28,251			28,251	5	MO S/L	28,251	0
22	SMCH-Furniture	2/07/03	16,695			16,695	5	MO S/L	16,695	0
23	SMCH-Furniture	2/01/02	32,323			32,323	10	MO S/L	32,323	0
24	SMCH-F&E	8/31/02	45,054			45,054	5	MO S/L	45,054	0
25	SMCH-F&E	8/31/01	58,052			58,052	5	MO S/L	58,052	0
26	SMCH-F&E	8/31/01	26,326			26,326	5	MO S/L	26,326	0
27	SMCH-F&E	8/31/00	4,701			4,701	5	MO S/L	4,701	0
28	Office Equipment	12/01/99	1,616			1,616	5	MO S/L	1,616	0
29	SMCH-Improvements	3/31/05	32,486			32,486	15	MO S/L	25,210	2,166
30	SMCH-Gym Improvements	2/10/05	41,395			41,395	15	MO S/L	28,977	2,759
31	SMCH-Improvements	3/31/02	21,116			21,116	15	MO S/L	19,004	1,408
32	SMCH-Improvements	2/01/02	55,686			55,686	10	MO S/L	55,686	0
33	SMCH-Improvements	2/01/02	90,335			90,335	15	MO S/L	81,804	6,022
34	SMCH-Dist Center	2/01/02	376,929			376,929	30	MO S/L	199,218	12,564
35	SMCH-Improvements	8/31/01	49,919			49,919	10	MO S/L	49,919	0
36	SMCH-Auditorium	8/31/00	12,542			12,542	15	MO S/L	12,542	0
37	SMCH-Improvements	8/31/00	80,731			80,731	15	MO S/L	80,731	0
38	SMCH-Improvements	8/31/00	17,749			17,749	15	MO S/L	17,749	0
39	SMCH-Landscaping	8/31/00	20,000			20,000	10	MO S/L	20,000	0
40	SMCH-Improvements	8/31/00	86,390			86,390	20	MO S/L	67,750	4,319
41	SMCH-Improvements	8/31/00	38,078			38,078	15	MO S/L	38,078	0
42	SMCH-Admin Entrance	10/15/99	26,682			26,682	10	MO S/L	26,682	0
43	SMCH-Gym Improvments	9/08/99	5,172			5,172	10	MO S/L	5,172	0
44	SMCH-Improvements	8/31/99	142,791			142,791	20	MO S/L	112,863	7,139
45	SMCH-Front Entrance	7/01/99	46,335			46,335	20	MO S/L	38,226	2,317
46	SMCH-Improvements	8/31/99	588,297			588,297	20	MO S/L	405,140	29,414
47	SMCH- Improvements	8/31/00	52,468			52,468	20	MO S/L	41,975	2,623
48	SMCH- Improvements	4/28/99	57,562			57,562	20	MO S/L	47,489	2,878
50	SMCH- Improvements	8/31/98	694,471			694,471	30	MO S/L	437,180	23,149
51	SMCH-Improvements	8/31/97	130,248			130,248	30	MO S/L	80,320	4,341
53	SMCH- Cottage 11	2/01/96	216,597			216,597	30	MO S/L	141,390	7,219
54	SMCH-Improvements	2/01/95	65,415			65,415	20	MO S/L	65,415	0
55	SMCH-Improvements	8/31/94	30,547			30,547	30	MO S/L	21,705	1,019
56	SMCH-Improvements	8/31/93	32,165			32,165	30	MO S/L	24,207	1,073
57	Improvements	8/31/92	172,791			172,791	30	MO S/L	138,164	5,760
58	Improvements	8/31/92	18,052			18,052	30	MO S/L	14,141	601
59	Building	8/31/91	21,265			21,265	30	MO S/L	21,265	0
60	Cafeteria	8/31/90	372,110			372,110	30	MO S/L	154,479	12,404
62	Building	8/31/89	373,326			373,326	30	MO S/L	373,326	0
64	Cottages	8/31/90	521,350			521,350	30	MO S/L	521,350	0
65	Building - Sev	8/31/90	208,293			208,293	30	MO S/L	208,293	0
66	Building	8/31/91	22,773			22,773	15	MO S/L	16,700	1,518
71	Ford (2)	7/15/04	10,622			10,622	5	MO S/L	10,622	0
75	Housing Equipment	3/01/06	8,005			8,005	5	MO S/L	8,005	0
76	Computers, etc	12/01/05	23,506			23,506	5	MO S/L	23,506	0
80	Land-Bldg #59	8/31/91	11,500			11,500	0	-- Land	0	0
82	Land-Bldg #62	8/31/89	75,000			75,000	0	-- Land	0	0
83	Land-Sevierville	8/31/85	380,837			380,837	0	-- Land	0	0
84	Leased Telephone System	2/28/05	110,324			110,324	5	MO S/L	110,324	0
86	Cottage 10 Refresh	4/30/06	116,603			116,603	15	MO S/L	72,553	7,773
90	2007 Chevy Van (CTC)	4/17/07	18,800			18,800	5	MO S/L	18,800	0
91	2007 Chevy Van (CTC)	5/01/07	18,500			18,500	5	MO S/L	18,500	0
92	2006 Chevy Suburban	10/02/07	36,500			36,500	5	MO S/L	36,500	0
93	2006 Chevy Van	10/31/07	20,390			20,390	5	MO S/L	20,390	0
94	2007 Chevy Silverado	11/15/07	17,341			17,341	5	MO S/L	17,341	0
95	2007 Chevy Silverado	11/15/07	21,260			21,260	5	MO S/L	21,260	0
96	2007 Kia Tan	12/12/07	14,389			14,389	5	MO S/L	14,389	0
	Sold/Scrapped: 11/18/15									
97	2007 Kia White	12/12/07	14,389			14,389	5	MO S/L	14,389	0
98	2007 Kia Blue	8/25/08	17,400			17,400	5	MO S/L	17,400	0
101	2006 Chevy Van	10/31/07	20,390			20,390	5	MO S/L	20,390	0
102	Building Improvment	8/31/87	15,136			15,136	20	MO S/L	15,136	0

Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
104	2008 Kia Foster Care	1/12/09	17,503			17,503	5 MO S/L	17,503	0
105	Improvement - Ogle Services	12/31/08	33,162			33,162	15 MO S/L	14,739	2,211
106	Computer Equipment	7/31/10	7,194			7,194	5 MO S/L	7,194	0
107	Foster Care Office	2/28/10	32,146			32,146	10 MO S/L	17,680	3,215
108	Foster Care F&E	2/28/10	10,906			10,906	5 MO S/L	10,906	0
109	Roof-W/C	7/23/10	70,780			70,780	10 MO S/L	35,980	7,078
110	W/C-Security System	9/28/10	9,676			9,676	10 MO S/L	4,758	967
111	W/C-Sound System	1/31/11	2,977			2,977	5 MO S/L	2,729	248
112	W/C-Freezer	1/31/11	3,377			3,377	5 MO S/L	3,096	281
114	2013 Kia Sorento - SMCH	8/24/12	28,451			28,451	5 MO S/L	18,065	5,690
117	W/C-Kitchen Remodel	11/01/11	18,950			18,950	15 MO S/L	4,843	1,263
118	2013 Kia Sorento - SMCH	8/24/12	28,422			28,422	5 MO S/L	17,053	5,685
119	Ford Van - Cottage #6	8/27/12	22,343			22,343	5 MO S/L	13,406	4,468
120	Canon 5d Mark II Camera	12/03/12	2,798			2,798	5 MO S/L	1,539	559
121	Admin Bldg Addition	5/02/13	25,000			25,000	10 MO S/L	5,833	2,500
122	Apartment and Cottage Remodel	8/22/13	25,226			25,226	10 MO S/L	5,045	2,523
123	2011 Ford E350 Work Van	7/08/13	18,539			18,539	10 MO S/L	4,017	1,854
124	2008 Chevy Van	12/17/12	12,500			12,500	10 MO S/L	3,333	1,250
125	2002 Ford Box Truck	12/17/12	11,000			11,000	5 MO S/L	5,867	2,200
126	2012 Mercedes Benz GL 450	3/19/14	49,000			49,000	5 MO S/L	13,883	9,800
127	File Cabinet	10/23/13	4,706			4,706	7 MO S/L	1,233	672
128	Computers, Printers, IT equipment	4/23/14	3,527			3,527	5 MO S/L	941	705
129	Keyboard-Auditorium	9/03/13	2,500			2,500	5 MO S/L	1,000	500
130	3 ton Furnace	3/17/14	5,300			5,300	7 MO S/L	1,073	757
131	A/C Unit	6/26/14	5,025			5,025	7 MO S/L	838	717
132	Light Fixtures	3/05/14	5,200			5,200	7 MO S/L	1,114	743
133	SMCH - Improvements	10/03/13	2,880			2,880	15 MO S/L	368	192
134	Improvements - Cottage #9	1/15/14	12,307			12,307	15 MO S/L	1,367	821
135	Improvements	5/08/14	55,837			55,837	15 MO S/L	4,963	3,723
136	2014 Dodge Ram	8/08/15	55,504			55,504	5 MO S/L	925	11,101
137	2015 Dodge Caravan	8/25/15	27,618			27,618	5 MO S/L	0	5,524
138	Hot Water Heater	8/05/15	12,000			12,000	7 MO S/L	143	1,714
139	A/C Unit- 2.5 ton	9/12/14	2,650			2,650	7 MO S/L	379	378
140	5 ton - Gas Furnace	12/31/14	3,250			3,250	7 MO S/L	310	464
141	Walk In Freezer	12/18/14	22,750			22,750	7 MO S/L	2,167	3,250
142	Volleyball Court	12/02/14	24,900			24,900	15 MO S/L	1,245	1,660
143	15 ton Commercial A/C Unit	11/13/14	23,750			23,750	7 MO S/L	2,827	3,393
144	Improvements	11/20/14	18,950			18,950	15 MO S/L	948	1,263
145	5 A/C Units	6/19/15	38,151			38,151	7 MO S/L	908	5,450
146	A/C Unit	5/11/15	3,000			3,000	7 MO S/L	143	428
147	Boiler -WMC	2/09/15	23,875			23,875	7 MO S/L	1,990	3,410
148	A/C Compressor	6/21/15	3,975			3,975	7 MO S/L	95	568
149	SMCH - Improvements	1/23/15	25,950			25,950	15 MO S/L	1,009	1,730
150	Improvements - Cottage 9	3/12/15	14,860			14,860	15 MO S/L	495	991
151	SMCH-Improvements	8/12/15	37,604			37,604	15 MO S/L	209	2,507
152	Flooring - Cottage 5	12/29/14	23,937			23,937	27 MO S/L	580	871
153	Furniture	4/02/15	5,870			5,870	7 MO S/L	349	839
154	Improvements	4/16/15	4,580			4,580	15 MO S/L	102	305
155	Cottage 1 - Flooring	8/10/15	19,578			19,578	27 MO S/L	0	712
156	Floy Bell Land	1/01/14	349,000			349,000	0 -- Land	0	0
157	Improvements - Cottage 1	9/18/15	20,403			20,403	27 MO S/L	0	680
159	Aluminum Canopy - Cottage 6	3/29/16	2,470			2,470	15 MO S/L	0	69
160	Flooring Installation - Cottage 8	7/25/16	6,100			6,100	27 MO S/L	0	18
161	Improvements - Cottage 8	7/21/16	6,480			6,480	27 MO S/L	0	20
164	A/C Unit	5/12/16	3,150			3,150	15 MO S/L	0	70
165	Gas Unit and Line	2/15/16	3,975			3,975	15 MO S/L	0	155
Total Other Depreciation			<u>11,748,239</u>			<u>11,748,239</u>		<u>5,795,491</u>	<u>362,196</u>
Total ACRS and Other Depreciation			<u>11,748,239</u>			<u>11,748,239</u>		<u>5,795,491</u>	<u>362,196</u>
Grand Totals			11,748,239			11,748,239		5,795,491	362,196
Less: Dispositions and Transfers			14,389			14,389		14,389	0
Less: Start-up/Org Expense			0			0		0	0
Net Grand Totals			<u>11,733,850</u>			<u>11,733,850</u>		<u>5,781,102</u>	<u>362,196</u>

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
15-year GDS Property:											
159	Aluminum Canopy - Cottage 6	3/29/16	0			X	0	15	HY 150DB	0	1,297
			<u>0</u>				<u>0</u>			<u>0</u>	<u>1,297</u>
Prior MACRS:											
155	Cottage 1 - Flooring	8/10/15	19,578				19,578	27	MMS/L	30	712
			<u>19,578</u>				<u>19,578</u>			<u>30</u>	<u>712</u>
Other Depreciation:											
15	W/C-Building	8/31/04	0				0	0	HY	0	0
16	Furniture -W/C	2/28/05	0				0	0	HY	0	0
17	Furniture-W/C	9/12/03	0				0	0	HY	0	0
18	Computers	3/03/04	0				0	0	HY	0	0
19	Furniture-W/C	2/15/03	0				0	0	HY	0	0
20	SMCH - Furniture	3/01/05	0				0	0	HY	0	0
21	SMCH - F&E	3/01/05	0				0	0	HY	0	0
22	SMCH-Furniture	2/07/03	0				0	0	HY	0	0
23	SMCH-Furniture	2/01/02	0				0	0	HY	0	0
24	SMCH-F&E	8/31/02	0				0	0	HY	0	0
25	SMCH-F&E	8/31/01	0				0	0	HY	0	0
26	SMCH-F&E	8/31/01	0				0	0	HY	0	0
27	SMCH-F&E	8/31/00	0				0	0	HY	0	0
28	Office Equipment	12/01/99	0				0	0	HY	0	0
29	SMCH-Improvements	3/31/05	0				0	0	HY	0	0
30	SMCH-Gym Improvements	2/10/05	0				0	0	HY	0	0
31	SMCH-Improvements	3/31/02	0				0	0	HY	0	0
32	SMCH-Improvements	2/01/02	0				0	0	HY	0	0
33	SMCH-Improvements	2/01/02	0				0	0	HY	0	0
34	SMCH-Dist Center	2/01/02	0				0	0	HY	0	0
35	SMCH-Improvements	8/31/01	0				0	0	HY	0	0
36	SMCH-Auditorium	8/31/00	0				0	0	HY	0	0
37	SMCH-Improvements	8/31/00	0				0	0	HY	0	0
38	SMCH-Improvements	8/31/00	0				0	0	HY	0	0
39	SMCH-Landscaping	8/31/00	0				0	0	HY	0	0
40	SMCH-Improvements	8/31/00	0				0	0	HY	0	0
41	SMCH-Improvements	8/31/00	0				0	0	HY	0	0
42	SMCH-Admin Entrance	10/15/99	0				0	0	HY	0	0
43	SMCH-Gym Improvements	9/08/99	0				0	0	HY	0	0
44	SMCH-Improvements	8/31/99	0				0	0	HY	0	0
45	SMCH-Front Entrance	7/01/99	0				0	0	HY	0	0
46	SMCH-Improvements	8/31/99	0				0	0	HY	0	0
47	SMCH- Improvements	8/31/00	0				0	0	HY	0	0
48	SMCH- Improvements	4/28/99	0				0	0	HY	0	0
50	SMCH- Improvements	8/31/98	0				0	0	HY	0	0
51	SMCH-Improvements	8/31/97	0				0	0	HY	0	0
53	SMCH- Cottage 11	2/01/96	0				0	0	HY	0	0
54	SMCH-Improvements	2/01/95	0				0	0	HY	0	0
55	SMCH-Improvements	8/31/94	0				0	0	HY	0	0
56	SMCH-Improvements	8/31/93	0				0	0	HY	0	0
57	Improvements	8/31/92	0				0	0	HY	0	0
58	Improvements	8/31/92	0				0	0	HY	0	0
59	Building	8/31/91	0				0	0	HY	0	0
60	Cafeteria	8/31/90	0				0	0	HY	0	0
62	Building	8/31/89	0				0	0	HY	0	0
64	Cottages	8/31/90	0				0	0	HY	0	0
65	Building - Sev	8/31/90	0				0	0	HY	0	0
66	Building	8/31/91	0				0	0	HY	0	0
71	Ford (2)	7/15/04	0				0	0	HY	0	0
75	Housing Equipment	3/01/06	0				0	0	HY	0	0
76	Computers, etc	12/01/05	0				0	0	HY	0	0
80	Land-Bldg #59	8/31/91	0				0	0	HY	0	0
82	Land-Bldg #62	8/31/89	0				0	0	HY	0	0
83	Land-Sevierville	8/31/85	0				0	0	HY	0	0
84	Leased Telephone System	2/28/05	0				0	0	HY	0	0
86	Cottage 10 Refresh	4/30/06	0				0	0	HY	0	0
90	2007 Chevy Van (CTC)	4/17/07	0				0	0	HY	0	0

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv	Meth	Prior	Current	
91	2007 Chevy Van (CTC)	5/01/07	0			0	0	HY	0	0	
92	2006 Chevy Suburban	10/02/07	0			0	0	HY	0	0	
93	2006 Chevy Van	10/31/07	0			0	0	HY	0	0	
94	2007 Chevy Silverado	11/15/07	0			0	0	HY	0	0	
95	2007 Chevy Silverado	11/15/07	0			0	0	HY	0	0	
96	2007 Kia Tan	12/12/07	0			0	0	HY	0	0	
	Sold/Scrapped: 11/18/15										
97	2007 Kia White	12/12/07	0			0	0	HY	0	0	
98	2007 Kia Blue	8/25/08	0			0	0	HY	0	0	
101	2006 Chevy Van	10/31/07	0			0	0	HY	0	0	
102	Building Improvement	8/31/87	0			0	0	HY	0	0	
104	2008 Kia Foster Care	1/12/09	0			0	0	HY	0	0	
105	Improvement - Ogle Services	12/31/08	0			0	0	HY	0	0	
106	Computer Equipment	7/31/10	0			0	0	HY	0	0	
107	Foster Care Office	2/28/10	0			0	0	HY	0	0	
108	Foster Care F&E	2/28/10	0			0	0	HY	0	0	
109	Roof-W/C	7/23/10	0			0	0	HY	0	0	
110	W/C-Security System	9/28/10	0			0	0	HY	0	0	
111	W/C-Sound System	1/31/11	0			0	0	HY	0	0	
112	W/C-Freezer	1/31/11	0			0	0	HY	0	0	
114	2013 Kia Sorento - SMCH	8/24/12	0			0	0	HY	0	0	
117	W/C-Kitchen Remodel	11/01/11	0			0	0	HY	0	0	
118	2013 Kia Sorento - SMCH	8/24/12	0			0	0	HY	0	0	
119	Ford Van - Cottage #6	8/27/12	0			0	0	HY	0	0	
120	Canon 5d Mark II Camera	12/03/12	0			0	0	HY	0	0	
121	Admin Bldg Addition	5/02/13	0			0	0	HY	0	0	
122	Apartment and Cottage Remodel	8/22/13	0			0	0	HY	0	0	
123	2011 Ford E350 Work Van	7/08/13	0			0	0	HY	0	0	
124	2008 Chevy Van	12/17/12	0			0	0	HY	0	0	
125	2002 Ford Box Truck	12/17/12	0			0	0	HY	0	0	
126	2012 Mercedes Benz GL 450	3/19/14	0			0	0	HY	0	0	
127	File Cabinet	10/23/13	0			0	0	HY	0	0	
128	Computers, Printers, IT equipment	4/23/14	0			0	0	HY	0	0	
129	Keyboard-Auditorium	9/03/13	0			0	0	HY	0	0	
130	3 ton Furnace	3/17/14	0			0	0	HY	0	0	
131	A/C Unit	6/26/14	0			0	0	HY	0	0	
132	Light Fixtures	3/05/14	0			0	0	HY	0	0	
133	SMCH - Improvements	10/03/13	0			0	0	HY	0	0	
134	Improvements - Cottage #9	1/15/14	0			0	0	HY	0	0	
135	Improvements	5/08/14	0			0	0	HY	0	0	
136	2014 Dodge Ram	8/08/15	0			0	0	HY	0	0	
137	2015 Dodge Caravan	8/25/15	0			0	0	HY	0	0	
138	Hot Water Heater	8/05/15	0			0	0	HY	0	0	
139	A/C Unit- 2.5 ton	9/12/14	0			0	0	HY	0	0	
140	5 ton - Gas Furnace	12/31/14	0			0	0	HY	0	0	
141	Walk In Freezer	12/18/14	0			0	0	HY	0	0	
142	Volleyball Court	12/02/14	24,900			24,900	15	MO S/L	1,245	1,660	
143	15 ton Commercial A/C Unit	11/13/14	0			0	0	HY	0	0	
144	Improvements	11/20/14	0			0	0	HY	0	0	
145	5 A/C Units	6/19/15	0			0	0	HY	0	0	
146	A/C Unit	5/11/15	0			0	0	HY	0	0	
147	Boiler -WMC	2/09/15	23,875			23,875	7	MO S/L	1,990	3,410	
148	A/C Compressor	6/21/15	0			0	0	HY	0	0	
149	SMCH - Improvements	1/23/15	0			0	0	HY	0	0	
150	Improvements - Cottage 9	3/12/15	0			0	0	HY	0	0	
151	SMCH-Improvements	8/12/15	0			0	0	HY	0	0	
152	Flooring - Cottage 5	12/29/14	0			0	0	HY	0	0	
153	Furniture	4/02/15	0			0	0	HY	0	0	
154	Improvements	4/16/15	0			0	0	HY	0	0	
156	Floy Bell Land	1/01/14	0			0	0	HY	0	0	
157	Improvements - Cottage 1	9/18/15	0			0	0	HY	0	0	
160	Flooring Installation - Cottage 8	7/25/16	0			0	0	HY	0	0	
161	Improvements - Cottage 8	7/21/16	0			0	0	HY	0	0	
164	A/C Unit	5/12/16	0			0	0	HY	0	0	
165	Gas Unit and Line	2/15/16	0			0	0	HY	0	0	
	Total Other Depreciation		<u>48,775</u>			<u>48,775</u>			<u>3,235</u>	<u>5,070</u>	
	Total ACRS and Other Depreciation		<u>48,775</u>			<u>48,775</u>			<u>3,235</u>	<u>5,070</u>	

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
	Grand Totals		68,353			68,353		3,265	7,079
	Less: Dispositions and Transfers		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>68,353</u>			<u>68,353</u>		<u>3,265</u>	<u>7,079</u>

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
There are no assets that meet the criteria of this report						

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
15	W/C-Building	8/31/04	4,505,995	115,538	0
16	Furniture -W/C	2/28/05	5,474	0	0
17	Furniture-W/C	9/12/03	7,163	0	0
18	Computers	3/03/04	7,160	0	0
19	Furniture-W/C	2/15/03	24,051	0	0
20	SMCH - Furniture	3/01/05	858	0	0
21	SMCH - F&E	3/01/05	28,251	0	0
22	SMCH-Furniture	2/07/03	16,695	0	0
23	SMCH-Furniture	2/01/02	32,323	0	0
24	SMCH-F&E	8/31/02	45,054	0	0
25	SMCH-F&E	8/31/01	58,052	0	0
26	SMCH-F&E	8/31/01	26,326	0	0
27	SMCH-F&E	8/31/00	4,701	0	0
28	Office Equipment	12/01/99	1,616	0	0
29	SMCH-Improvements	3/31/05	32,486	2,165	0
30	SMCH-Gym Improvements	2/10/05	41,395	2,760	0
31	SMCH-Improvements	3/31/02	21,116	704	0
32	SMCH-Improvements	2/01/02	55,686	0	0
33	SMCH-Improvements	2/01/02	90,335	2,509	0
34	SMCH-Dist Center	2/01/02	376,929	12,565	0
35	SMCH-Improvements	8/31/01	49,919	0	0
36	SMCH-Auditorium	8/31/00	12,542	0	0
37	SMCH-Improvements	8/31/00	80,731	0	0
38	SMCH-Improvements	8/31/00	17,749	0	0
39	SMCH-Landscaping	8/31/00	20,000	0	0
40	SMCH-Improvements	8/31/00	86,390	4,320	0
41	SMCH-Improvements	8/31/00	38,078	0	0
42	SMCH-Admin Entrance	10/15/99	26,682	0	0
43	SMCH-Gym Improvements	9/08/99	5,172	0	0
44	SMCH-Improvements	8/31/99	142,791	7,140	0
45	SMCH-Front Entrance	7/01/99	46,335	2,317	0
46	SMCH-Improvements	8/31/99	588,297	29,415	0
47	SMCH- Improvements	8/31/00	52,468	2,623	0
48	SMCH- Improvements	4/28/99	57,562	2,878	0
50	SMCH- Improvements	8/31/98	694,471	23,149	0
51	SMCH-Improvements	8/31/97	130,248	4,342	0
53	SMCH- Cottage 11	2/01/96	216,597	7,220	0
54	SMCH-Improvements	2/01/95	65,415	0	0
55	SMCH-Improvements	8/31/94	30,547	1,018	0
56	SMCH-Improvements	8/31/93	32,165	1,072	0
57	Improvements	8/31/92	172,791	5,759	0
58	Improvements	8/31/92	18,052	602	0
59	Building	8/31/91	21,265	0	0
60	Cafeteria	8/31/90	372,110	12,403	0
62	Building	8/31/89	373,326	0	0
64	Cottages	8/31/90	521,350	0	0
65	Building - Sev	8/31/90	208,293	0	0
66	Building	8/31/91	22,773	1,518	0
71	Ford (2)	7/15/04	10,622	0	0
75	Housing Equipment	3/01/06	8,005	0	0
76	Computers, etc	12/01/05	23,506	0	0
80	Land-Bldg #59	8/31/91	11,500	0	0
82	Land-Bldg #62	8/31/89	75,000	0	0
83	Land-Sevierville	8/31/85	380,837	0	0
84	Leased Telephone System	2/28/05	110,324	0	0
86	Cottage 10 Refresh	4/30/06	116,603	7,774	0
90	2007 Chevy Van (CTC)	4/17/07	18,800	0	0
91	2007 Chevy Van (CTC)	5/01/07	18,500	0	0
92	2006 Chevy Suburban	10/02/07	36,500	0	0
93	2006 Chevy Van	10/31/07	20,390	0	0
94	2007 Chevy Silverado	11/15/07	17,341	0	0
95	2007 Chevy Silverado	11/15/07	21,260	0	0
97	2007 Kia White	12/12/07	14,389	0	0
98	2007 Kia Blue	8/25/08	17,400	0	0
101	2006 Chevy Van	10/31/07	20,390	0	0
102	Building Improvement	8/31/87	15,136	0	0
104	2008 Kia Foster Care	1/12/09	17,503	0	0

Asset	Description	Date In Service	Cost	Tax	AMT
105	Improvement - Ogle Services	12/31/08	33,162	2,210	0
106	Computer Equipment	7/31/10	7,194	0	0
107	Foster Care Office	2/28/10	32,146	3,214	0
108	Foster Care F&E	2/28/10	10,906	0	0
109	Roof-W/C	7/23/10	70,780	7,078	0
110	W/C-Security System	9/28/10	9,676	968	0
111	W/C-Sound System	1/31/11	2,977	0	0
112	W/C-Freezer	1/31/11	3,377	0	0
114	2013 Kia Sorento - SMCH	8/24/12	28,451	4,696	0
117	W/C-Kitchen Remodel	11/01/11	18,950	1,263	0
118	2013 Kia Sorento - SMCH	8/24/12	28,422	5,684	0
119	Ford Van - Cottage #6	8/27/12	22,343	4,469	0
120	Canon 5d Mark II Camera	12/03/12	2,798	560	0
121	Admin Bldg Addition	5/02/13	25,000	2,500	0
122	Apartment and Cottage Remodel	8/22/13	25,226	2,522	0
123	2011 Ford E350 Work Van	7/08/13	18,539	1,853	0
124	2008 Chevy Van	12/17/12	12,500	1,250	0
125	2002 Ford Box Truck	12/17/12	11,000	2,200	0
126	2012 Mercedes Benz GL 450	3/19/14	49,000	9,800	0
127	File Cabinet	10/23/13	4,706	672	0
128	Computers, Printers, IT equipment	4/23/14	3,527	705	0
129	Keyboard-Auditorium	9/03/13	2,500	500	0
130	3 ton Furnace	3/17/14	5,300	757	0
131	A/C Unit	6/26/14	5,025	718	0
132	Light Fixtures	3/05/14	5,200	743	0
133	SMCH - Improvements	10/03/13	2,880	192	0
134	Improvements - Cottage #9	1/15/14	12,307	820	0
135	Improvements	5/08/14	55,837	3,722	0
136	2014 Dodge Ram	8/08/15	55,504	11,101	0
137	2015 Dodge Caravan	8/25/15	27,618	5,523	0
138	Hot Water Heater	8/05/15	12,000	1,714	0
139	A/C Unit- 2.5 ton	9/12/14	2,650	379	0
140	5 ton - Gas Furnace	12/31/14	3,250	464	0
141	Walk In Freezer	12/18/14	22,750	3,250	0
142	Volleyball Court	12/02/14	24,900	1,660	1,660
143	15 ton Commercial A/C Unit	11/13/14	23,750	3,393	0
144	Improvements	11/20/14	18,950	1,263	0
145	5 A/C Units	6/19/15	38,151	5,451	0
146	A/C Unit	5/11/15	3,000	429	0
147	Boiler -WMC	2/09/15	23,875	3,411	3,411
148	A/C Compressor	6/21/15	3,975	567	0
149	SMCH - Improvements	1/23/15	25,950	1,730	0
150	Improvements - Cottage 9	3/12/15	14,860	991	0
151	SMCH-Improvements	8/12/15	37,604	2,507	0
152	Flooring - Cottage 5	12/29/14	23,937	870	0
153	Furniture	4/02/15	5,870	839	0
154	Improvements	4/16/15	4,580	305	0
155	Cottage 1 - Flooring	8/10/15	19,578	712	712
156	Floy Bell Land	1/01/14	349,000	0	0
157	Improvements - Cottage 1	9/18/15	20,403	742	0
159	Aluminum Canopy - Cottage 6	3/29/16	2,470	164	0
160	Flooring Installation - Cottage 8	7/25/16	6,100	222	0
161	Improvements - Cottage 8	7/21/16	6,480	235	0
164	A/C Unit	5/12/16	3,150	210	0
165	Gas Unit and Line	2/15/16	3,975	265	0
	Total Other Depreciation		<u>11,733,850</u>	<u>357,284</u>	<u>5,783</u>
	Total ACRS and Other Depreciation		<u>11,733,850</u>	<u>357,284</u>	<u>5,783</u>
	Grand Totals		<u>11,733,850</u>	<u>357,284</u>	<u>5,783</u>

Form 990	Two Year Comparison Report	2014 & 2015
For calendar year 2015, or tax year beginning 09/01/15 , ending 08/31/16		

Name

Taxpayer Identification Number

SMOKY MOUNTAIN CHILDREN'S HOME**23-7110635**

		2014	2015	Differences
Revenue	1. Contributions, gifts, grants	1,547,379	1,876,238	328,859
	2. Membership dues and assessments			
	3. Government contributions and grants			
	4. Program service revenue	6,425,477	6,396,852	-28,625
	5. Investment income	9,932	70,136	60,204
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	2,650	2,300	-350
	8. Net income or (loss) from fundraising events			
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue			
	12. Total revenue. Add lines 1 through 11	7,985,438	8,345,526	360,088
Expenses	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.			
	16. Salaries, other compensation, and employee benefits	3,635,445	3,733,855	98,410
	17. Professional fundraising fees			
	18. Other professional fees	77,896	156,134	78,238
	19. Occupancy, rent, utilities, and maintenance	339,496	321,749	-17,747
	20. Depreciation and Depletion	354,015	362,197	8,182
	21. Other expenses	4,328,662	4,438,597	109,935
	22. Total expenses. Add lines 13 through 21	8,735,514	9,012,532	277,018
	23. Excess or (Deficit). Subtract line 22 from line 12	-750,076	-667,006	83,070
Other Information	24. Total exempt revenue	7,985,438	8,345,526	360,088
	25. Total unrelated revenue			
	26. Total excludable revenue	6,438,059	6,469,288	31,229
	27. Total assets	8,807,572	8,137,837	-669,735
	28. Total liabilities	578,494	575,765	-2,729
	29. Retained earnings	8,229,078	7,562,072	-667,006
	30. Number of voting members of governing body	11	11	
	31. Number of independent voting members of governing body	11	11	
	32. Number of employees	177	172	
	33. Number of volunteers	420	420	

Form **990****Tax Return History****2015**

Name

SMOKY MOUNTAIN CHILDREN'S HOME

Employer Identification Number

23-7110635

	2011	2012	2013	2014	2015	2016
Contributions, gifts, grants			1,763,904	1,547,379	1,876,238	
Membership dues						
Program service revenue			6,947,194	6,425,477	6,396,852	
Capital gain or loss			4,000	2,650	2,300	
Investment income			191,058	9,932	70,136	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue						
Total revenue			8,906,156	7,985,438	8,345,526	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation			4,511,845	3,635,445	3,733,855	
Professional fees			414,825	77,896	156,134	
Occupancy costs			398,416	339,496	321,749	
Depreciation and depletion			352,009	354,015	362,197	
Other expenses			3,927,722	4,328,662	4,438,597	
Total expenses			9,604,817	8,735,514	9,012,532	
Excess or (Deficit)			-698,661	-750,076	-667,006	
Total exempt revenue			8,906,156	7,985,438	8,345,526	
Total unrelated revenue						
Total excludable revenue			7,142,252	6,438,059	6,469,288	
Total Assets			9,832,561	8,807,572	8,137,837	
Total Liabilities			853,407	578,494	575,765	
Net Fund Balances			8,979,154	8,229,078	7,562,072	

Form 990T	Tax Return History	2015
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Name SMOKY MOUNTAIN CHILDREN'S HOME	Employer Identification Number 23-7110635
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	2011	2012	2013	2014	2015	2016
Business activity profit/loss						
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income						
Total trade or business income.						
Compensation of officers, ect.						
Other salaries and wages						
Repairs and maintenance						
Bad debts						
Interest						
Taxes and licenses						
Charitable contributions						
Depreciation and Depletion						
Deferred compensation plans						
Employee benefit programs						

Form 990T	Tax Return History	2015
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Name SMOKY MOUNTAIN CHILDREN'S HOME	Employer Identification Number 23-7110635
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	2011	2012	2013	2014	2015	2016
Other deductions						
Net operating loss deduction						
Specific deduction			1,000			
Income after expense and deductions			-1,000			
Income tax (corporate or trust)						
Other taxes						
Total taxes						
General business credit						
Other credits						
Net tax after credits						
Estimated tax payments						
Other payments						
Balance due/Overpayment						

* Income shown net of expenses

Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST INCOME	\$ 1,271					
TOTAL	\$ 1,271					

Federal Statements

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
MISCELLANEOUS	\$ 137,533	\$ 137,533	\$	\$
TOTAL	<u>\$ 137,533</u>	<u>\$ 137,533</u>	<u>\$ 0</u>	<u>\$ 0</u>

Schedule A, Part II, Line 1(e)

Description	Amount
CH OF GOD INTERNATIONAL OFFICES	\$ 430,000
CONTRIBUTIONS	745,641
FOUNDER'S CLUB	18,050
DONATIONS/DIRECT DEPOSIT	63,242
BOARD-PRIVATE	21,258
POSTAGE	201
FALL HARVEST BENEFIT	31,478
DIRECTOR OF CARE MINISTRIES	94,487
OPERATION COMPASSION	137,795
HOTEL RESERVATION REIMBURSEMENT	7,002
ONE VOICE BOOK	10,311
TELEPHONE	69
MISCELLANEOUS INCOME	39,715
DONATIONS	128,857
FOUNDERS CLUB	15,771
SPECIAL FUND	2,324
OTHER INCOME	130,037
TOTAL	<u>\$ 1,876,238</u>

Schedule A, Part II, Line 12

Description	Amount
FOSTER PROGRAM	\$ 3,862,317
BOARD-DCS (FOSTER TRANSFERS)	2,047,185
RENT	9,725
COTTAGE #1	16,682
COTTAGE #2	22,588
COTTAGE #3	250
COTTAGE #4	13,974
COTTAGE #5	4,683
COTTAGE #6	25,189
COTTAGE #7	7,635
COTTAGE #8	2,585
COTTAGE #9	12,113
COTTAGE #10	45,186
COTTAGE #11	36,683
OPAL LEVENIA SPRINGER PROJECT	5,022
SPECIAL BUILDING PROJECTS	2,200
CHILDREN HOME MILLER PROJECTS	38,337
SPIRITCARE ACTIVITY FUND	576
MEMORIES ROOM PROJECT	17,033
SPIRITCARE MILLER PROJECT	10,837
SPIRITCARE WEYLMAN PROJECT	10,000
PRATT APARTMENT PROJECT	7,769
VIRGINIA PROJECT	13,235
UPPER ROOM SPIRITCARE PROJECT	14,829
RENT	170,219
INTEREST INCOME	1,271
INVESTMENT INCOME	36,530
UNREALIZED GAIN ON INVESTMENT	32,335
 TOTAL	 \$ <u><u>6,466,988</u></u>