

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 09/01/17, and ending 08/31/18

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>P.O. BOX 4391</p> City or town, state or province, country, and ZIP or foreign postal code <p>SEVIERVILLE TN 37864</p>	D Employer identification number <p>23-7110635</p> E Telephone number <p>865-453-4644</p> G Gross receipts \$ 8,531,751
F Name and address of principal officer: <p>DR. WALT MAULDIN P.O. BOX 4391 SEVIERVILLE TN 37864</p>		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) () <input type="checkbox"/> t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number u
J Website: u WWW.SMCH.ORG		L Year of formation: 1946 M State of legal domicile: TN
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other u		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <p style="text-align: center;">SEE SCHEDULE O</p>			
	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		12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4		12
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5		159
	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		Prior Year	Current Year	
	8 Contributions and grants (Part VIII, line 1h)	1,663,523	1,972,314	
	9 Program service revenue (Part VIII, line 2g)	6,634,851	6,300,122	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-3,122,423	-129,016	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,137	4,358	
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,182,088	8,147,778	
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)	4,475,103	4,200,892	
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0	
	b Total fundraising expenses (Part IX, column (D), line 25) u 183,263			
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	4,189,013	4,152,817	
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	8,664,116	8,353,709	
	19 Revenue less expenses. Subtract line 18 from line 12	-3,482,028	-205,931	
Net Assets or Fund Balances		Beginning of Current Year	End of Year	
	20 Total assets (Part X, line 16)	4,678,031	4,514,506	
	21 Total liabilities (Part X, line 26)	597,987	640,393	
	22 Net assets or fund balances. Subtract line 21 from line 20	4,080,044	3,874,113	

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>
Paid Preparer Use Only	Print/Type preparer's name <p>SCOTT D. HALL, CPA</p> Preparer's signature <p>SCOTT D. HALL, CPA</p> Date <p>02/06/19</p> Check <input type="checkbox"/> if self-employed PTIN <p>P01476361</p>	Firm's name } ARNETT, KIRKSEY, KIMSEY, SULLIVAN, LAY, HALL Firm's EIN } 62-0798554 Firm's address } 4395 N OCOEE ST CLEVELAND, TN 37312-4832 Phone no. 423-476-5581

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

For Paperwork Reduction Act Notice, see the separate instructions.

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 \$ **3,382,337** including grants of \$) (Revenue \$ **259,842**)

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

4b (Code:) (Expenses \$ **3,899,670** including grants of \$) (Revenue \$ **6,040,280**)

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

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

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

4e Total program service expenses **u 7,282,007**

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? <i>If "Yes," complete Schedule H</i>		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? <i>If "Yes," complete Schedule I, Parts I and II</i>		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? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		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		
1c	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		
2b	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
3b	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
4b	If "Yes," enter the name of the foreign country: u 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
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	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
6b	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).		
7a	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
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
7h	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.		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	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.		
13b	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		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		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
7b	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:		
8a	The governing body?	X	
8b	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
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	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	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	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?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	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
16b	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?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **u 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: **u**

SMOKY MOUNTAIN CHILDREN'S HOME
SEVIERVILLE

P.O. BOX 4391

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. SHELLY DORITY 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. TERESA HOLDER 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) JULIA G. FRASER	0.00									
DIRECTOR	0.00	X					0	0	0	
(13) DR. WALT MAULDIN	39.00									
EXECUTIVE DIRECTOR	1.00			X			55,197	0	84,024	
(14) REVEREND MITCHELL E. CORDER	0.00									
EXECUTIVE ADMIN	0.00			X			5,766	0	1,678	
(15) DR. DONNIE SMITH	0.00									
FMR-EXECUTIVE ADMIN	0.00					X	103,919	0	75,960	
1b Sub-total							164,882		161,662	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							164,882		161,662	

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 **u 1**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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 **u 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	1,972,314			
	g Noncash contributions included in lines 1a-1f: \$		307,858			
	h Total. Add lines 1a-1f	u	1,972,314			
Program Service Revenue	2a FOSTER PROGRAM	Busn. Code	3,788,835	3,788,835		
	b BOARD-DCS (FOSTER TRANSFERS)		2,251,445	2,251,445		
	c COTTAGE #11		38,800	38,800		
	d COTTAGE #1		37,418	37,418		
	e CHILDREN HOME MILLER PROJECTS		32,000	32,000		
	f All other program service revenue		151,624	151,624		
	g Total. Add lines 2a-2f	u	6,300,122			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	43,322	43,322	
4 Income from investment of tax-exempt bond proceeds		u				
5 Royalties		u				
6a Gross rents		(i) Real				
		(ii) Personal				
b Less: rental exps.						
c Rental inc. or (loss)						
d Net rental income or (loss)		u				
7a Gross amount from sales of assets other than inventory		(i) Securities				
		(ii) Other		211,635		
b Less: cost or other basis & sales exps.				383,973		
c Gain or (loss)				-172,338		
d Net gain or (loss)		u		-172,338	-172,338	
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	u				
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	u				
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	u				
Miscellaneous Revenue		Busn. Code				
11a INSURANCE CLAIMS			4,358	4,358		
b						
c						
d All other revenue						
e Total. Add lines 11a-11d	u		4,358			
12 Total revenue. See instructions.	u		8,147,778	6,175,464	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	3,430,136	2,889,823	486,273	54,040
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	486,614	389,291	87,591	9,732
10 Payroll taxes	284,142	239,384	40,281	4,477
11 Fees for services (non-employees):				
a Management				
b Legal	52,220		52,220	
c Accounting	24,000		24,000	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	4,853	4,853		
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	101,418			101,418
13 Office expenses	77,403	36,379	41,024	
14 Information technology				
15 Royalties				
16 Occupancy	314,562	251,649	56,620	6,293
17 Travel	49,680	39,744	8,942	994
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	41,342		41,342	
20 Interest	7,785		7,785	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	257,457	257,457		
23 Insurance	134,207	107,366	26,841	
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:FOSTER	2,314,856	2,314,856		
b GROCERIES	152,442	152,442		
c STAFF HOUSING EXPENSES	79,516	79,516		
d COTTAGE #11	73,963	73,963		
e All other expenses	467,113	445,284	15,520	6,309
25 Total functional expenses. Add lines 1 through 24e	8,353,709	7,282,007	888,439	183,263
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	1,026,732	1	1,324,083
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	562,430	4	526,380
	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 6,870,984		
	b Less: accumulated depreciation	10b 4,975,457	2,070,501	10c 1,895,527
	11 Investments—publicly traded securities	669,368	11	758,260
	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	349,000	15	10,256
16 Total assets. Add lines 1 through 15 (must equal line 34)	4,678,031	16	4,514,506	
Liabilities	17 Accounts payable and accrued expenses	49,602	17	154,651
	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	103,646	23	71,609
	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	444,739	25	414,133
	26 Total liabilities. Add lines 17 through 25	597,987	26	640,393
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	3,666,908	27	3,437,948
	28 Temporarily restricted net assets	413,136	28	436,165
	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	4,080,044	33	3,874,113	
34 Total liabilities and net assets/fund balances	4,678,031	34	4,514,506	

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	8,147,778
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,353,709
3	Revenue less expenses. Subtract line 2 from line 1	3	-205,931
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,080,044
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	3,874,113

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)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

u Attach to Form 990 or Form 990-EZ.

u Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

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 12, 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - 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 1-10 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,763,904	1,547,379	1,876,238	1,663,523	1,972,314	8,823,358
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	1,763,904	1,547,379	1,876,238	1,663,523	1,972,314	8,823,358
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.						8,823,358

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	1,763,904	1,547,379	1,876,238	1,663,523	1,972,314	8,823,358
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	191,058	152,033	250,080	115,715	45,922	754,808
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						9,578,166
12 Gross receipts from related activities, etc. (see instructions)					12	6,347,802

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 2017 (line 6, column (f) divided by line 11, column (f))	14	92.12%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	91.62%

16a 33 1/3% support test—2017. 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—2016. 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—2017. 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—2016. 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 10 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) u	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) u	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2017.** 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—2016.** 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 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b 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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
c 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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
b 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?		
c 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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b 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? <i>If "Yes," provide detail in Part VI.</i>		
c 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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

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?		
11a		
b A family member of a person described in (a) above?		
11b		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		
11c		

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? <i>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.</i>		
1		
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? <i>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.</i>		
2		

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)? <i>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).</i>		
1		

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?		
1		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
3		

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. <i>Complete line 2 below.</i>		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
2 Activities Test. <i>Answer (a) and (b) below.</i>		
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? <i>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.</i>		
2a		
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? <i>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.</i>		
2b		
3 Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>		
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? <i>Provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

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 (explain in Part VI). 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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017:			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

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

Schedule of Contributors

OMB No. 1545-0047

2017

u Attach to Form 990, Form 990-EZ, or Form 990-PF.
u Go to www.irs.gov/Form990 for the latest information.

Name of the organization SMOKY MOUNTAIN CHILDREN'S HOME	Employer identification number 23-7110635
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Organization type (check one):

- Filers of:** **Section:**
- Form 990 or 990-EZ 501(c)(**3**) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 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 33^{1/3}% 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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't 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		\$ 70,208	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 43,700	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 403,296	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 237,650	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SMOKY MOUNTAIN CHILDREN'S HOME	Employer identification number 23-7110635
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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	\$ 70,208	
6	BUILDING SUPPLIES & LABOR	\$ 237,650	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u 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. u Attach to Form 990.

u Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

SMOKY MOUNTAIN CHILDREN'S HOME

Employer identification number

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 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. (Sub-rows 2a-2d), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year u, 4 Number of states where property subject to conservation easement is located u, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u \$, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 u \$, (ii) Assets included in Form 990, Part X u \$. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 u \$, b Assets included in Form 990, Part X u \$.

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 Yes No

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 **u**
 - b** Permanent endowment **u**
 - c** Temporarily restricted endowment **u**
- 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? Yes No
- 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		467,337		467,337
b Buildings		38,603	4,005	34,598
c Leasehold improvements				
d Equipment				
e Other		6,365,044	4,971,452	1,393,592
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) u				1,895,527

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.) u		

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.) u		

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.) u	

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	265,668
(3) DUE TO FOSTER PARENTS	108,252
(4) PAYROLL LIABILITIES	20,119
(5) CUSTODIAL FUNDS - CHILDRENS ACCT	20,094
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) u	414,133

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	8,147,778
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	8,147,778
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)			5	8,147,778

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	8,353,709
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	8,353,709
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)			5	8,353,709

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information

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

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

uGo to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public
Inspection

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.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, 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.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> 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" on 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 nonfixed 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" on 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 aren't 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)	103,919	0	0	0	75,960	179,879	0
1 FMR-EXECUTIVE ADMIN	(ii)	0	0	0	0	0	0	0
2	(i) (ii)							
3	(i) (ii)							
4	(i) (ii)							
5	(i) (ii)							
6	(i) (ii)							
7	(i) (ii)							
8	(i) (ii)							
9	(i) (ii)							
10	(i) (ii)							
11	(i) (ii)							
12	(i) (ii)							
13	(i) (ii)							
14	(i) (ii)							
15	(i) (ii)							
16	(i) (ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2017

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

**u Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
u Attach to Form 990.
u Go to www.irs.gov/Form990 for the latest information.**

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 u (SUPPLIES)	X	1	307,858	FMV
26 Other u ()				
27 Other u ()				
28 Other u ()				

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 isn't 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 nonstandard 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 didn't 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)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

u Attach to Form 990 or 990-EZ.

u Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

**Open to Public
Inspection**

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.

Name of the organization

Employer identification number

SMOKY MOUNTAIN CHILDREN'S HOME

23-7110635

.....
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

.....
GOVERNING DOCUMENTS AVAILABLE UPON REQUEST.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

u Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

u Attach to Form 990.

u Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

**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.

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?

	Yes	No
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	403,296	
(2) CHURCH OF GOD INTERNATIONAL OFFICES	O	103,648	
(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)

u Attach to your tax return.
u Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2017

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	510,000
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	2,030,000
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 2016 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 don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't 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	257,457

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2017	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 checked="" type="checkbox"/>		

Section B—Assets Placed in Service During 2017 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	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2017 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	257,457
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** (2017)

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Other Depreciation:									
1	SMCH - Furniture	3/01/05	858			858	5 MO S/L	858	0
2	SMCH - F&E	3/01/05	28,251			28,251	5 MO S/L	28,251	0
3	SMCH-Furniture	2/07/03	16,695			16,695	5 MO S/L	16,695	0
4	SMCH-Furniture	2/01/02	32,323			32,323	10 MO S/L	32,323	0
5	SMCH-F&E	8/31/02	45,054			45,054	5 MO S/L	45,054	0
6	SMCH-F&E	8/31/01	58,052			58,052	5 MO S/L	58,052	0
7	SMCH-F&E	8/31/01	26,326			26,326	5 MO S/L	26,326	0
8	SMCH-F&E	8/31/00	4,701			4,701	5 MO S/L	4,701	0
9	Office Equipment	12/01/99	1,616			1,616	5 MO S/L	1,616	0
10	SMCH-Improvements	3/31/05	32,486			32,486	15 MO S/L	29,541	2,166
11	SMCH-Gym Improvements	2/10/05	41,395			41,395	15 MO S/L	34,496	2,760
12	SMCH-Improvements	3/31/02	21,116			21,116	15 MO S/L	21,116	0
13	SMCH-Improvements	2/01/02	55,686			55,686	10 MO S/L	55,686	0
14	SMCH-Improvements	2/01/02	90,335			90,335	15 MO S/L	90,335	0
15	SMCH-Dist Center	2/01/02	376,929			376,929	30 MO S/L	224,347	12,564
16	SMCH-Improvements	8/31/01	49,919			49,919	10 MO S/L	49,919	0
17	SMCH-Auditorium	8/31/00	12,542			12,542	15 MO S/L	12,542	0
18	SMCH-Improvements	8/31/00	80,731			80,731	15 MO S/L	80,731	0
19	SMCH-Improvements	8/31/00	17,749			17,749	15 MO S/L	17,749	0
20	SMCH-Landscaping	8/31/00	20,000			20,000	10 MO S/L	20,000	0
21	SMCH-Improvements	8/31/00	86,390			86,390	20 MO S/L	76,389	4,319
22	SMCH-Improvements	8/31/00	38,078			38,078	15 MO S/L	38,078	0
23	SMCH-Admin Entrance	10/15/99	26,682			26,682	10 MO S/L	26,682	0
24	SMCH-Gym Improvements	9/08/99	5,172			5,172	10 MO S/L	5,172	0
25	SMCH-Improvements	8/31/99	142,791			142,791	20 MO S/L	127,142	7,139
26	SMCH-Front Entrance	7/01/99	46,335			46,335	20 MO S/L	42,860	2,317
27	SMCH-Improvements	8/31/99	588,297			588,297	20 MO S/L	463,969	29,415
28	SMCH-Improvements	8/31/00	52,468			52,468	20 MO S/L	47,221	2,624
29	SMCH-Improvements	4/28/99	57,562			57,562	20 MO S/L	53,245	2,878
30	SMCH-Improvements	8/31/98	694,471			694,471	30 MO S/L	483,478	23,149
31	SMCH-Improvements	8/31/97	130,248			130,248	30 MO S/L	89,003	4,341
32	SMCH- Cottage 11	2/01/96	216,597			216,597	30 MO S/L	155,829	7,220
33	SMCH-Improvements	2/01/95	65,415			65,415	20 MO S/L	65,415	0
34	SMCH-Improvements	8/31/94	30,547			30,547	30 MO S/L	23,742	1,018
35	SMCH-Improvements	8/31/93	32,165			32,165	30 MO S/L	26,352	1,072
36	Improvements	8/31/92	172,791			172,791	30 MO S/L	149,683	5,760
37	Improvements	8/31/92	18,052			18,052	30 MO S/L	15,344	602
38	Building	8/31/91	21,265			21,265	30 MO S/L	21,265	0
39	Cafeteria	8/31/90	372,110			372,110	30 MO S/L	179,286	12,404
40	Building	8/31/89	373,326			373,326	30 MO S/L	373,326	0
41	Cottages	8/31/90	521,350			521,350	30 MO S/L	521,350	0
42	Building - Sev	8/31/90	208,293			208,293	30 MO S/L	208,293	0
43	Building	8/31/91	22,773			22,773	15 MO S/L	19,736	1,518
44	Ford (2)	7/15/04	10,622			10,622	5 MO S/L	10,622	0
45	Housing Equipment	3/01/06	8,005			8,005	5 MO S/L	8,005	0
46	Computers, etc	12/01/05	23,506			23,506	5 MO S/L	23,506	0
47	Land-Bldg #59	8/31/91	11,500			11,500	0 -- Land	0	0
48	Land-Bldg #62	8/31/89	75,000			75,000	0 -- Land	0	0
49	Land-Sevierville	8/31/85	380,837			380,837	0 -- Land	0	0
50	Cottage 10 Refresh	4/30/06	116,603			116,603	15 MO S/L	88,100	7,773
51	2007 Chevy Van (CTC)	4/17/07	18,800			18,800	5 MO S/L	18,800	0
52	2007 Chevy Van (CTC)	5/01/07	18,500			18,500	5 MO S/L	18,500	0
53	2006 Chevy Suburban	10/02/07	36,500			36,500	5 MO S/L	36,500	0
54	2006 Chevy Van	10/31/07	20,390			20,390	5 MO S/L	20,390	0
55	2007 Chevy Silverado	11/15/07	17,341			17,341	5 MO S/L	17,341	0
56	2007 Chevy Silverado	11/15/07	21,260			21,260	5 MO S/L	21,260	0
57	2007 Kia White	12/12/07	14,389			14,389	5 MO S/L	14,389	0
58	2007 Kia Blue	8/25/08	17,400			17,400	5 MO S/L	17,400	0
59	Building Improvement	8/31/87	15,136			15,136	20 MO S/L	15,136	0
60	2008 Kia Foster Care	1/12/09	17,503			17,503	5 MO S/L	17,503	0
Sold/Scrapped: 2/28/18									
61	Improvement - Ogle Services	12/31/08	33,162			33,162	15 MO S/L	19,160	2,211
62	Computer Equipment	7/31/10	7,194			7,194	5 MO S/L	7,194	0
63	Foster Care Office	2/28/10	32,146			32,146	10 MO S/L	24,109	3,215
64	Foster Care F&E	2/28/10	10,906			10,906	5 MO S/L	10,906	0
65	2013 Kia Sorento - SMCH	8/24/12	28,451			28,451	5 MO S/L	28,451	0
66	2013 Kia Sorento - SMCH	8/24/12	28,422			28,422	5 MO S/L	28,422	0
67	Ford Van - Cottage #6	8/27/12	22,343			22,343	5 MO S/L	22,343	0

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
68	Canon 5d Mark II Camera	12/03/12	2,798			2,798	5 MO S/L	2,658	140
69	Admin Bldg Addition	5/02/13	25,000			25,000	10 MO S/L	10,833	2,500
70	Apartment and Cottage Remodel	8/22/13	25,226			25,226	10 MO S/L	10,090	2,523
71	2011 Ford E350 Work Van	7/08/13	18,539			18,539	10 MO S/L	7,724	1,854
72	2008 Chevy Van	12/17/12	12,500			12,500	10 MO S/L	5,833	1,250
73	2002 Ford Box Truck	12/17/12	11,000			11,000	5 MO S/L	10,267	733
74	2012 Mercedes Benz GL 450	3/19/14	49,000			49,000	5 MO S/L	33,483	9,800
75	File Cabinet	10/23/13	4,706			4,706	7 MO S/L	2,577	672
76	Computers, Printers, IT equipment	4/23/14	3,527			3,527	5 MO S/L	2,351	706
77	Keyboard-Auditorium	9/03/13	2,500			2,500	5 MO S/L	2,000	500
78	3 ton Furnace	3/17/14	5,300			5,300	7 MO S/L	2,587	757
79	A/C Unit	6/26/14	5,025			5,025	7 MO S/L	2,273	718
80	Light Fixtures	3/05/14	5,200			5,200	7 MO S/L	2,600	743
81	SMCH - Improvements	10/03/13	2,880			2,880	15 MO S/L	752	192
82	Improvements - Cottage #9	1/15/14	12,307			12,307	15 MO S/L	3,008	821
83	2015 Dodge Caravan	8/25/15	27,618			27,618	5 MO S/L	11,047	5,524
84	Hot Water Heater	8/05/15	12,000			12,000	7 MO S/L	3,571	1,715
85	A/C Unit- 2.5 ton	9/12/14	2,650			2,650	7 MO S/L	1,136	378
86	5 ton - Gas Furnace	12/31/14	3,250			3,250	7 MO S/L	1,238	464
87	Walk In Freezer	12/18/14	22,750			22,750	7 MO S/L	8,667	3,250
88	Volleyball Court	12/02/14	24,900			24,900	15 MO S/L	4,565	1,660
89	15 ton Commercial A/C Unit	11/13/14	23,750			23,750	7 MO S/L	9,613	3,393
90	Improvements	11/20/14	18,950			18,950	15 MO S/L	3,474	1,263
91	5 A/C Units	6/19/15	38,151			38,151	7 MO S/L	11,809	5,450
92	A/C Unit	5/11/15	3,000			3,000	7 MO S/L	1,000	429
93	SMCH - Improvements	1/23/15	25,950			25,950	15 MO S/L	4,469	1,730
94	Improvements - Cottage 9	3/12/15	14,860			14,860	15 MO S/L	2,477	990
95	SMCH-Improvements	8/12/15	37,604			37,604	15 MO S/L	5,223	2,507
96	Flooring - Cottage 5	12/29/14	23,937			23,937	27 MO S/L	2,321	871
97	Furniture	4/02/15	5,870			5,870	7 MO S/L	2,027	838
98	Cottage 1 - Flooring	8/10/15	19,578			19,578	27 MO S/L	1,424	712
99	Floy Bell Land	1/01/14	349,000			349,000	0 -- Memo	0	0
	Sold/Scrapped: 6/07/18								
100	Improvements - Cottage 1	9/18/15	20,403			20,403	27 MO S/L	1,422	742
101	Aluminum Canopy - Cottage 6	3/29/16	2,470			2,470	15 MO S/L	233	165
102	Flooring Installation - Cottage 8	7/25/16	6,100			6,100	27 MO S/L	240	222
103	Improvements - Cottage 8	7/21/16	6,480			6,480	27 MO S/L	255	236
104	A/C Unit	5/12/16	3,150			3,150	15 MO S/L	280	210
105	Gas Unit and Line	2/15/16	3,975			3,975	15 MO S/L	420	265
106	Computer Equipment	2/08/17	2,886			2,886	5 MO S/L	337	577
107	Ford Fusion	3/08/17	16,017			16,017	5 MO S/L	1,602	3,203
108	AC Unit	7/02/17	10,376			10,376	7 MO S/L	247	1,482
109	AC Unit - Alpha School	5/30/17	5,995			5,995	7 MO S/L	214	857
110	Carpet - Cafeteria	1/04/17	29,875			29,875	10 MO S/L	1,992	2,987
111	Door - main entrance	1/09/17	2,756			2,756	30 MO S/L	61	92
112	Heat Pump - Director House	11/13/16	2,750			2,750	7 MO S/L	327	393
113	Memories Room Remodel	1/10/17	17,340			17,340	15 MO S/L	771	1,156
114	Gas Unit - Cottage #5	2/03/17	3,985			3,985	7 MO S/L	332	569
115	Sound Equip - Auditorium	2/15/17	23,600			23,600	7 MO S/L	1,967	3,371
116	2017 Honda Pilot	5/27/17	45,617			45,617	5 MO S/L	2,281	8,363
	Sold/Scrapped: 8/06/18								
117	Furniture - Cottage #1	1/24/17	5,577			5,577	7 MO S/L	465	796
118	Furniture - Cottage #2	9/01/16	4,710			4,710	7 MO S/L	673	673
119	AC Unit - Cottage #4	6/22/17	3,550			3,550	7 MO S/L	85	507
120	AC Unit - Cottage #7	6/08/17	3,450			3,450	7 MO S/L	123	493
121	2011 Ford Truck - Van for Cottage #5	4/13/17	14,345			14,345	5 MO S/L	1,195	2,869
122	AC Unit - Cottage #6	8/04/17	3,478			3,478	7 MO S/L	41	497
123	Furniture - Cottage #7	6/20/17	2,555			2,555	7 MO S/L	61	365
124	Tile Flooring - Cottage #7	5/30/17	17,000			17,000	15 MO S/L	283	1,134
125	Furniture - Cottage #7	5/31/17	6,437			6,437	7 MO S/L	230	919
126	AC Unit - Cottage #11	4/07/17	3,362			3,362	7 MO S/L	200	480
127	B&W Copiers - Ricoh Capital Lease	10/14/16	8,350			8,350	5 MO S/L	1,531	1,670
128	Color Copiers - Ricoh Capital Lease	9/01/16	26,375			26,375	5 MO S/L	5,275	5,275
129	Phone System - Windstream Capital Lease	11/09/16	48,857			48,857	5 MO S/L	8,143	9,771
130	Computers - Lenovo Capital Lease (1)	9/01/16	16,755			16,755	5 MO S/L	3,351	3,351
131	Computers - Lenovo Capital Lease (2)	9/01/16	35,888			35,888	5 MO S/L	7,178	7,177
132	Board Room Chairs	3/27/18	4,956			4,956	7 MO S/L	0	295
133	Computer Equipment	10/27/17	6,869			6,869	5 MO S/L	0	1,145
134	Roof - Annex	8/10/18	8,250			8,250	30 MO S/L	0	23
135	Roof- Main Building	2/09/18	36,785			36,785	30 MO S/L	0	715
136	Parking Lot Improvements	12/01/17	4,550			4,550	15 MO S/L	0	228

Federal Asset Report**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
137	2007 Chevy Truck Transmission	6/28/18	3,864			3,864	5 MO S/L	0	129
138	Hot Water Heater	8/10/18	4,850			4,850	7 MO S/L	0	58
139	AC System	6/27/18	4,795			4,795	7 MO S/L	0	114
140	Cottage Remodel	5/22/18	5,966			5,966	15 MO S/L	0	99
141	AC Unit	7/12/18	5,375			5,375	7 MO S/L	0	128
142	AC Unit	5/24/18	5,375			5,375	7 MO S/L	0	192
143	Furniture - Cottage	9/06/17	6,970			6,970	7 MO S/L	0	996
144	Roof-Director's House	2/15/18	4,000			4,000	30 MO S/L	0	78
145	CIP- Lumber for New Cottage	8/20/18	10,258			10,258	0 -- Memo	0	0
146	Training Room Improvements	12/21/17	6,678			6,678	15 MO S/L	0	297
147	Flooring - Memories Room	9/13/17	8,173			8,173	15 MO S/L	0	545
	Total Other Depreciation		<u>7,293,362</u>			<u>7,293,362</u>		<u>4,746,147</u>	<u>257,457</u>
	Total ACRS and Other Depreciation		<u>7,293,362</u>			<u>7,293,362</u>		<u>4,746,147</u>	<u>257,457</u>
	Grand Totals		7,293,362			7,293,362		4,746,147	257,457
	Less: Dispositions and Transfers		412,120			412,120		19,784	8,363
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>6,881,242</u>			<u>6,881,242</u>		<u>4,726,363</u>	<u>249,094</u>

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Prior MACRS:									
98	Cottage 1 - Flooring	8/10/15	19,578			19,578	27 MMS/L	1,454	711
101	Aluminum Canopy - Cottage 6	3/29/16	0		X	0	15 HY 150DB	1,297	0
			<u>19,578</u>			<u>19,578</u>		<u>2,751</u>	<u>711</u>
Other Depreciation:									
1	SMCH - Furniture	3/01/05	0			0	0 HY	0	0
2	SMCH - F&E	3/01/05	0			0	0 HY	0	0
3	SMCH-Furniture	2/07/03	0			0	0 HY	0	0
4	SMCH-Furniture	2/01/02	0			0	0 HY	0	0
5	SMCH-F&E	8/31/02	0			0	0 HY	0	0
6	SMCH-F&E	8/31/01	0			0	0 HY	0	0
7	SMCH-F&E	8/31/01	0			0	0 HY	0	0
8	SMCH-F&E	8/31/00	0			0	0 HY	0	0
9	Office Equipment	12/01/99	0			0	0 HY	0	0
10	SMCH-Improvements	3/31/05	0			0	0 HY	0	0
11	SMCH-Gym Improvements	2/10/05	0			0	0 HY	0	0
12	SMCH-Improvements	3/31/02	0			0	0 HY	0	0
13	SMCH-Improvements	2/01/02	0			0	0 HY	0	0
14	SMCH-Improvements	2/01/02	0			0	0 HY	0	0
15	SMCH-Dist Center	2/01/02	0			0	0 HY	0	0
16	SMCH-Improvements	8/31/01	0			0	0 HY	0	0
17	SMCH-Auditorium	8/31/00	0			0	0 HY	0	0
18	SMCH-Improvements	8/31/00	0			0	0 HY	0	0
19	SMCH-Improvements	8/31/00	0			0	0 HY	0	0
20	SMCH-Landscaping	8/31/00	0			0	0 HY	0	0
21	SMCH-Improvements	8/31/00	0			0	0 HY	0	0
22	SMCH-Improvements	8/31/00	0			0	0 HY	0	0
23	SMCH-Admin Entrance	10/15/99	0			0	0 HY	0	0
24	SMCH-Gym Improvements	9/08/99	0			0	0 HY	0	0
25	SMCH-Improvements	8/31/99	0			0	0 HY	0	0
26	SMCH-Front Entrance	7/01/99	0			0	0 HY	0	0
27	SMCH-Improvements	8/31/99	0			0	0 HY	0	0
28	SMCH- Improvements	8/31/00	0			0	0 HY	0	0
29	SMCH- Improvements	4/28/99	0			0	0 HY	0	0
30	SMCH- Improvements	8/31/98	0			0	0 HY	0	0
31	SMCH-Improvements	8/31/97	0			0	0 HY	0	0
32	SMCH- Cottage 11	2/01/96	0			0	0 HY	0	0
33	SMCH-Improvements	2/01/95	0			0	0 HY	0	0
34	SMCH-Improvements	8/31/94	0			0	0 HY	0	0
35	SMCH-Improvements	8/31/93	0			0	0 HY	0	0
36	Improvements	8/31/92	0			0	0 HY	0	0
37	Improvements	8/31/92	0			0	0 HY	0	0
38	Building	8/31/91	0			0	0 HY	0	0
39	Cafeteria	8/31/90	0			0	0 HY	0	0
40	Building	8/31/89	0			0	0 HY	0	0
41	Cottages	8/31/90	0			0	0 HY	0	0
42	Building - Sev	8/31/90	0			0	0 HY	0	0
43	Building	8/31/91	0			0	0 HY	0	0
44	Ford (2)	7/15/04	0			0	0 HY	0	0
45	Housing Equipment	3/01/06	0			0	0 HY	0	0
46	Computers, etc	12/01/05	0			0	0 HY	0	0
47	Land-Bldg #59	8/31/91	0			0	0 HY	0	0
48	Land-Bldg #62	8/31/89	0			0	0 HY	0	0
49	Land-Sevierville	8/31/85	0			0	0 HY	0	0
50	Cottage 10 Refresh	4/30/06	0			0	0 HY	0	0
51	2007 Chevy Van (CTC)	4/17/07	0			0	0 HY	0	0
52	2007 Chevy Van (CTC)	5/01/07	0			0	0 HY	0	0
53	2006 Chevy Suburban	10/02/07	0			0	0 HY	0	0
54	2006 Chevy Van	10/31/07	0			0	0 HY	0	0
55	2007 Chevy Silverado	11/15/07	0			0	0 HY	0	0
56	2007 Chevy Silverado	11/15/07	0			0	0 HY	0	0
57	2007 Kia White	12/12/07	0			0	0 HY	0	0
58	2007 Kia Blue	8/25/08	0			0	0 HY	0	0
59	Building Improvment	8/31/87	0			0	0 HY	0	0
60	2008 Kia Foster Care	1/12/09	0			0	0 HY	0	0
	Sold/Scrapped: 2/28/18								
61	Improvement - Ogle Services	12/31/08	0			0	0 HY	0	0

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
62	Computer Equipment	7/31/10	0			0	0	HY	0	0
63	Foster Care Office	2/28/10	0			0	0	HY	0	0
64	Foster Care F&E	2/28/10	0			0	0	HY	0	0
65	2013 Kia Sorento - SMCH	8/24/12	0			0	0	HY	0	0
66	2013 Kia Sorento - SMCH	8/24/12	0			0	0	HY	0	0
67	Ford Van - Cottage #6	8/27/12	0			0	0	HY	0	0
68	Canon 5d Mark II Camera	12/03/12	0			0	0	HY	0	0
69	Admin Bldg Addition	5/02/13	0			0	0	HY	0	0
70	Apartment and Cottage Remodel	8/22/13	0			0	0	HY	0	0
71	2011 Ford E350 Work Van	7/08/13	0			0	0	HY	0	0
72	2008 Chevy Van	12/17/12	0			0	0	HY	0	0
73	2002 Ford Box Truck	12/17/12	0			0	0	HY	0	0
74	2012 Mercedes Benz GL 450	3/19/14	0			0	0	HY	0	0
75	File Cabinet	10/23/13	0			0	0	HY	0	0
76	Computers, Printers, IT equipment	4/23/14	0			0	0	HY	0	0
77	Keyboard-Auditorium	9/03/13	0			0	0	HY	0	0
78	3 ton Furnace	3/17/14	0			0	0	HY	0	0
79	A/C Unit	6/26/14	0			0	0	HY	0	0
80	Light Fixtures	3/05/14	0			0	0	HY	0	0
81	SMCH - Improvements	10/03/13	0			0	0	HY	0	0
82	Improvements - Cottage #9	1/15/14	0			0	0	HY	0	0
83	2015 Dodge Caravan	8/25/15	0			0	0	HY	0	0
84	Hot Water Heater	8/05/15	0			0	0	HY	0	0
85	A/C Unit- 2.5 ton	9/12/14	0			0	0	HY	0	0
86	5 ton - Gas Furnace	12/31/14	0			0	0	HY	0	0
87	Walk In Freezer	12/18/14	0			0	0	HY	0	0
88	Volleyball Court	12/02/14	24,900			24,900	15	MO S/L	4,565	1,660
89	15 ton Commercial A/C Unit	11/13/14	0			0	0	HY	0	0
90	Improvements	11/20/14	0			0	0	HY	0	0
91	5 A/C Units	6/19/15	0			0	0	HY	0	0
92	A/C Unit	5/11/15	0			0	0	HY	0	0
93	SMCH - Improvements	1/23/15	0			0	0	HY	0	0
94	Improvements - Cottage 9	3/12/15	0			0	0	HY	0	0
95	SMCH-Improvements	8/12/15	0			0	0	HY	0	0
96	Flooring - Cottage 5	12/29/14	0			0	0	HY	0	0
97	Furniture	4/02/15	0			0	0	HY	0	0
99	Floy Bell Land	1/01/14	0			0	0	HY	0	0
	Sold/Scrapped: 6/07/18									
100	Improvements - Cottage 1	9/18/15	0			0	0	HY	0	0
102	Flooring Installation - Cottage 8	7/25/16	0			0	0	HY	0	0
103	Improvements - Cottage 8	7/21/16	0			0	0	HY	0	0
104	A/C Unit	5/12/16	0			0	0	HY	0	0
105	Gas Unit and Line	2/15/16	0			0	0	HY	0	0
106	Computer Equipment	2/08/17	0			0	0	HY	0	0
107	Ford Fusion	3/08/17	0			0	0	HY	0	0
108	AC Unit	7/02/17	0			0	0	HY	0	0
109	AC Unit - Alpha School	5/30/17	0			0	0	HY	0	0
110	Carpet - Cafeteria	1/04/17	0			0	0	HY	0	0
111	Door - main entrance	1/09/17	0			0	0	HY	0	0
112	Heat Pump - Director House	11/13/16	0			0	0	HY	0	0
113	Memories Room Remodel	1/10/17	0			0	0	HY	0	0
114	Gas Unit - Cottage #5	2/03/17	0			0	0	HY	0	0
115	Sound Equip - Auditorium	2/15/17	0			0	0	HY	0	0
116	2017 Honda Pilot	5/27/17	0			0	0	HY	0	0
	Sold/Scrapped: 8/06/18									
117	Furniture - Cottage #1	1/24/17	0			0	0	HY	0	0
118	Furniture - Cottage #2	9/01/16	0			0	0	HY	0	0
119	AC Unit - Cottage #4	6/22/17	0			0	0	HY	0	0
120	AC Unit - Cottage #7	6/08/17	0			0	0	HY	0	0
121	2011 Ford Truck - Van for Cottage #5	4/13/17	0			0	0	HY	0	0
122	AC Unit - Cottage #6	8/04/17	0			0	0	HY	0	0
123	Furniture - Cottage #7	6/20/17	0			0	0	HY	0	0
124	Tile Flooring - Cottage #7	5/30/17	0			0	0	HY	0	0
125	Furniture - Cottage #7	5/31/17	0			0	0	HY	0	0
126	AC Unit - Cottage #11	4/07/17	0			0	0	HY	0	0
127	B&W Copiers - Ricoh Capital Lease	10/14/16	0			0	0	HY	0	0
128	Color Copiers - Ricoh Capital Lease	9/01/16	0			0	0	HY	0	0
129	Phone System - Windstream Capital Lease	11/09/16	0			0	0	HY	0	0
130	Computers - Lenovo Capital Lease (1)	9/01/16	0			0	0	HY	0	0
131	Computers - Lenovo Capital Lease (2)	9/01/16	0			0	0	HY	0	0
132	Board Room Chairs	3/27/18	0			0	0	HY	0	0

AMT Asset Report**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
133	Computer Equipment	10/27/17	0			0	0	HY	0	0
134	Roof - Annex	8/10/18	0			0	0	HY	0	0
135	Roof- Main Building	2/09/18	0			0	0	HY	0	0
136	Parking Lot Improvements	12/01/17	0			0	0	HY	0	0
137	2007 Chevy Truck Transmission	6/28/18	0			0	0	HY	0	0
138	Hot Water Heater	8/10/18	0			0	0	HY	0	0
139	AC System	6/27/18	0			0	0	HY	0	0
140	Cottage Remodel	5/22/18	0			0	0	HY	0	0
141	AC Unit	7/12/18	0			0	0	HY	0	0
142	AC Unit	5/24/18	0			0	0	HY	0	0
143	Furniture - Cottage	9/06/17	0			0	0	HY	0	0
144	Roof-Director's House	2/15/18	0			0	0	HY	0	0
145	CIP- Lumber for New Cottage	8/20/18	0			0	0	HY	0	0
146	Training Room Improvements	12/21/17	0			0	0	HY	0	0
147	Flooring - Memories Room	9/13/17	0			0	0	HY	0	0
	Total Other Depreciation		<u>24,900</u>			<u>24,900</u>			<u>4,565</u>	<u>1,660</u>
	Total ACRS and Other Depreciation		<u>24,900</u>			<u>24,900</u>			<u>4,565</u>	<u>1,660</u>
	Grand Totals		44,478			44,478			7,316	2,371
	Less: Dispositions and Transfers		<u>0</u>			<u>0</u>			<u>0</u>	<u>0</u>
	Net Grand Totals		<u>44,478</u>			<u>44,478</u>			<u>7,316</u>	<u>2,371</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>
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There are no assets that meet the criteria of this report

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	\$ 1,241					
INTEREST INCOME	114					
TOTAL	<u>\$ 1,355</u>					

Federal Statements

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
HOME SUPPLIES	\$ 70,208	\$ 63,899		\$ 6,309
MISCELLANEOUS EXPENSE	53,576	53,576		
COTTAGE #7	33,982	33,982		
PAUL EURE SCHOLARSHIP FUN	27,618	27,618		
MACHINE SERVICE & REPAIR	23,937	15,845	8,092	
TRAINING SESSIONS	22,490	22,490		
COTTAGE #1	19,370	19,370		
CHILDREN'S ALLOWANCE	16,060	16,060		
CABLE TV	15,517	15,517		
COTTAGE #3	14,582	14,582		
COTTAGE #8	14,309	14,309		
FOUNDER CLUB SCC TRANSFER	13,973	13,973		
EMPLOYEE APPRECIATION MEA	13,086	13,086		
COTTAGE #5	11,414	11,414		
COTTAGE #6	10,178	10,178		
COTTAGE #2	9,591	9,591		
FOSTER CARE- TRAINING EXP	8,481	8,481		
COTTAGE #4	8,392	8,392		
IL GROCERIES	7,955	7,955		
BOARD & COMMITTEE EXPENSE	7,428		7,428	
COTTAGE #10	6,969	6,969		
EQUIPMENT REPAIR & REPLAC	6,760	6,760		
COTTAGE #9	5,122	5,122		
MEDICAL & DENTAL	4,002	4,002		
GENERAL WAREHOUSE ITEMS	3,977	3,977		
RECREATION EXPENSE	3,650	3,650		
DINING HALL EXPENSES	3,584	3,584		
FOSTER CARE- FINGERPRINTI	3,396	3,396		
SISTER ORPHANAGE MISSION	3,000	3,000		
OFFICE DECORATION EXPENSE	2,991	2,991		
CLOTHING	2,690	2,690		
MAX A. BRANDT SCHOLARSHIP	2,657	2,657		
IL OTHER EXPENSES	2,059	2,059		
HONORARIUMS	2,015	2,015		
MEMORIES ROOM PROJECT	1,311	1,311		
DONATIONS AND OFFERINGS	1,240	1,240		
GYM EXPENSES	1,233	1,233		

Federal Statements

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

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
MISSISSIPPI AUDITORIUM PR	\$ 1,199	\$ 1,199	\$	\$
SPECIAL BUILDING PROJECTS	1,120	1,120		
CHILDREN HOME MILLER PROJ	1,048	1,048		
EMPLOYEE ANNIVERSARY GIFT	935	935		
FOSTER CARE- SHREDDING EX	856	856		
SURAN FEES	600	600		
CREDIT CARD PROCESSING CH	580	580		
SARAH BOLT SCHOLARSHIP FU	505	505		
HOTEL RESERVATION EXPENSE	469	469		
PETTY CASH	280	280		
TRAINING SESSIONS:CLASSES	260	260		
SCHOLARSHIP FUND	179	179		
CHOIR & DRAMA FUND	162	162		
MARGARETTE CATHA SCHOLARS	117	117		
TOTAL	\$ <u>467,113</u>	\$ <u>445,284</u>	\$ <u>15,520</u>	\$ <u>6,309</u>

Federal Statements

Schedule A, Part II, Line 1(e)

<u>Description</u>	<u>Amount</u>
CH OF GOD INTERNATIONAL OFFICES	\$ 381,909
CONTRIBUTIONS	824,663
FOUNDER'S CLUB	12,215
DONATIONS/DIRECT DEPOSIT	96,781
BOARD-PRIVATE	6,810
POSTAGE	303
FALL HARVEST BENEFIT	41,633
DIRECTOR OF CARE MINISTRIES	103,648
OPERATION COMPASSION	93,333
HOTEL RESERVATION REIMBURSEMENT	1,014
ONE VOICE BOOK	380
MISCELLANEOUS INCOME	92,534
IN-KIND CONTRIBUTIONS	307,858
BOARD-SOCIAL SECURITY	25
RESIDENT REIMBURSEMENT- COTTAGE REPA	208
NEW COTTAGE CONSTRUCTION	9,000
TOTAL	<u>\$ 1,972,314</u>

Schedule A, Part II, Line 12 - Current year

<u>Description</u>	<u>Amount</u>
FOSTER PROGRAM	\$ 3,788,835
BOARD-DCS (FOSTER TRANSFERS)	2,251,445
RENT	2,600
COTTAGE #1	37,418
COTTAGE #2	19,963
COTTAGE #4	13,936
COTTAGE #5	8,934
COTTAGE #6	21,002
COTTAGE #7	26,080
COTTAGE #8	14,255
COTTAGE #9	7,321
COTTAGE #10	1,292
COTTAGE #11	38,800
CHILDREN HOME MILLER PROJECTS	32,000

Federal Statements

Schedule A, Part II, Line 12 - Current year (continued)

<u>Description</u>	<u>Amount</u>
MEMORIES ROOM PROJECT	\$ 5,058
INTEREST INCOME	202
COTTAGE #3	30,981
INTEREST INCOME	1,241
INTEREST INCOME	114
INVESTMENT INCOME	38,352
REALIZED GAIN ON INVESTMENTS	3,615
INSURANCE CLAIMS	<u>4,358</u>
TOTAL	<u>\$ 6,347,802</u>