

**Wedgewood Accounting, PLLC**  
**4395 N Ocoee St**  
**Cleveland, TN 37312-4832**  
**423-476-5581**

February 7, 2025

**CONFIDENTIAL**

Smoky Mountain Children's Home  
P.O. Box 4391  
Sevierville, TN 37864

Dear Dr. Mauldin:

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements.

**Federal Filing Instructions**

Your Form 990 for the year ended 8/31/24 shows no balance due.

Your return is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of your return to the IRS it will delay the processing of your return. Your electronically filed return is not complete without your signature. You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-TE, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned as soon as possible to:

Wedgewood Accounting, PLLC  
4395 N Ocoee St  
Cleveland, TN 37312-4832

***Important:* Your return will not be filed with the IRS until the signed Form 8879-TE has been received by this office.**

Also enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Wedgewood Accounting, PLLC

Form **8879-TE****IRS E-file Signature Authorization  
for a Tax Exempt Entity**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service  
Name of filerFor calendar year 2023, or fiscal year beginning 9/01, 2023, and ending 8/31, 20 24**Do not send to the IRS. Keep for your records.**  
**Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.****2023****SMOKY MOUNTAIN CHILDREN'S HOME**

EIN or SSN

**\*\* - \*\*\*0635**Name and title of officer or person subject to tax **DR. WALT MAULDIN**  
**EXECUTIVE DIRECTOR****Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<b>1a</b> Form 990 check here <input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b> <u>9,785,456</u>
<b>2a</b> Form 990-EZ check here <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9)	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22)	<b>3b</b> _____
<b>4a</b> Form 990-PF check here <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part V, line 5)	<b>4b</b> _____
<b>5a</b> Form 8868 check here <input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c)	<b>5b</b> _____
<b>6a</b> Form 990-T check here <input type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4)	<b>6b</b> _____
<b>7a</b> Form 4720 check here <input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1)	<b>7b</b> _____
<b>8a</b> Form 5227 check here <input type="checkbox"/>	<b>b</b> FMV of assets at end of tax year (Form 5227, Item D)	<b>8b</b> _____
<b>9a</b> Form 5330 check here <input type="checkbox"/>	<b>b</b> Tax due (Form 5330, Part II, line 19)	<b>9b</b> _____
<b>10a</b> Form 8038-CP check here <input type="checkbox"/>	<b>b</b> Amount of credit payment requested (Form 8038-CP, Part III, line 22)	<b>10b</b> _____

**Part II Declaration and Signature Authorization of Officer or Person Subject to Tax**

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

☒ I authorize WEDGEWOOD ACCOUNTING, PLLC to enter my PIN 10635 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax \_\_\_\_\_ Date 02/07/25**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**\*\*\*\*\***

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature SCOTT D. HALL, CPA Date 02/07/25**ERO Must Retain This Form — See Instructions****Do Not Submit This Form to the IRS Unless Requested To Do So**

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8879-TE** (2023)

**Wedgewood Accounting, PLLC**  
**4395 N Ocoee St**  
**Cleveland, TN 37312-4832**  
**423-476-5581**

February 7, 2025

**CONFIDENTIAL**

Smoky Mountain Children's Home  
P.O. Box 4391  
Sevierville, TN 37864

Dear Dr. Mauldin:

This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

We will prepare your federal and state exempt organization returns from information which you will furnish to us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, cancelled checks and other data that form the basis of these returns. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the tax returns and, therefore, you should review them carefully before you sign them.

Our work in connection with the preparation of your tax returns does not include any procedures designed to discover defalcations and/or other irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the tax returns.

The law provides various penalties that may be imposed when taxpayers understate their tax liability. If you would like information on the amount or the circumstances of these penalties, please contact us.

Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we will be available upon request to represent you and will render additional invoices for the time and expenses incurred.

Our fee for these services will be based upon the amount of time required at standard billing rates plus out-of-pocket expenses. All invoices are due and payable upon presentation.

Assisting you with your compliance with the Corporate Transparency Act ("CTA"), including beneficial ownership information ("BOI") reporting, is not within the scope of this engagement. You have sole responsibility for your compliance with the CTA, including its BOI reporting requirements and the collection of relevant ownership information. We shall have no liability resulting from your failure to comply with the CTA. Information regarding the BOI reporting

requirements can be found at [fincen.gov/boi](http://fincen.gov/boi). Consider consulting with legal counsel if you have questions regarding the applicability of the CTA's reporting requirements and issues surrounding the collection of relevant ownership information.

If the foregoing fairly sets forth your understanding, please sign the enclosed copy of this letter in the space indicated and return it to our office. However, if there are other tax returns you expect us to prepare, please inform us by noting so at the end of the return copy of this letter.

We want to express our appreciation for this opportunity to work with you.

Very truly yours,

Wedgewood Accounting, PLLC

Accepted By: \_\_\_\_\_

Date: \_\_\_\_\_

# Forms 990 / 990-EZ Return Summary

For calendar year 2023, or tax year beginning **09/01/23**, and ending **08/31/24**

**\*\* - \*\*\*0635**

## SMOKY MOUNTAIN CHILDREN'S HOME

**Net Asset / Fund Balance at Beginning of Year** **4,964,991**

### Revenue

Contributions	<u>1,962,210</u>
Program service revenue	<u>7,764,184</u>
Investment income	<u>55,062</u>
Capital gain / loss	<u>4,000</u>
Fundraising / Gaming:	
Gross revenue	<u>                    </u>
Direct expenses	<u>                    </u>
Net income	<u>                    </u>
Other income	<u>0</u>

### Total revenue

**9,785,456**

### Expenses

Program services	<u>8,868,980</u>
Management and general	<u>893,821</u>
Fundraising	<u>206,214</u>

### Total expenses

**9,969,015**

### Excess / (deficit)

**-183,559**

Changes

**Net Asset / Fund Balance at End of Year**

**4,781,432**

### Reconciliation of Revenue

Total revenue per financial statements **9,785,456**

Less:

Unrealized gains	<u>                    </u>
Donated services	<u>                    </u>
Recoveries	<u>                    </u>
Other	<u>                    </u>

Plus:

Investment expenses	<u>                    </u>
Other	<u>                    </u>

**Total revenue per return** **9,785,456**

### Reconciliation of Expenses

Total expenses per financial statements **9,969,015**

Less:

Donated services	<u>                    </u>
Prior year adjustments	<u>                    </u>
Losses	<u>                    </u>
Other	<u>                    </u>

Plus:

Investment expenses	<u>                    </u>
Other	<u>                    </u>

**Total expenses per return** **9,969,015**

### Balance Sheet

	Beginning	Ending	Differences
Assets	<u>5,923,765</u>	<u>5,900,993</u>	
Liabilities	<u>958,774</u>	<u>1,119,561</u>	
Net assets	<u>4,964,991</u>	<u>4,781,432</u>	<u><b>-183,559</b></u>

### Miscellaneous Information

Amended return

Return / extended due date **01/15/25**

Failure to file penalty

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**  
**Open to Public Inspection**

**A For the 2023 calendar year, or tax year beginning 09/01/23, and ending 08/31/24**

<b>B</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	<b>C</b> Name of organization <div align="center"><b>SMOKY MOUNTAIN CHILDREN'S HOME</b></div> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>P.O. BOX 4391</b> City or town, state or province, country, and ZIP or foreign postal code <b>SEVIERVILLE TN 37864</b>	<b>D</b> Employer identification number <b>** - ***0635</b> <b>E</b> Telephone number <b>865-453-4644</b> <b>G</b> Gross receipts \$ <b>9,785,456</b>
<b>F</b> Name and address of principal officer: <b>DR. WALT MAULDIN</b> <b>P.O. BOX 4391</b> <b>SEVIERVILLE TN 37864</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number
<b>J</b> Website: <b>WWW.SMCH.ORG</b>		<b>L</b> Year of formation: <b>1946</b>
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>M</b> State of legal domicile: <b>TN</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>17</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>18</b>
	<b>5</b> Total number of individuals employed in calendar year 2023 (Part V, line 2a)	<b>5</b>	<b>137</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>390</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year <b>1,845,393</b>	Current Year <b>1,962,210</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>6,814,340</b>	<b>7,764,184</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>86,487</b>	<b>59,062</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>121,200</b>	<b>0</b>
	<b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>8,867,420</b>	<b>9,785,456</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)		<b>0</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<b>3,873,705</b>	<b>4,636,965</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	<b>206,214</b>	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<b>4,550,703</b>	<b>5,332,050</b>
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>8,424,408</b>	<b>9,969,015</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>443,012</b>	<b>-183,559</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year <b>5,923,765</b>	End of Year <b>5,900,993</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>958,774</b>	<b>1,119,561</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>4,964,991</b>	<b>4,781,432</b>

**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.

<b>Sign Here</b>	Signature of officer <b>DR. WALT MAULDIN</b> Type or print name and title	Date <b>EXECUTIVE DIRECTOR</b>	
	Print/Type preparer's name <b>SCOTT D. HALL, CPA</b>	Preparer's signature <b>SCOTT D. HALL, CPA</b>	Date <b>02/07/25</b>
<b>Paid Preparer Use Only</b>	Firm's name <b>WEDGEWOOD ACCOUNTING, PLLC</b>	Firm's EIN <b>** - ***8554</b>	
	Firm's address <b>4395 N OCOEE ST</b> <b>CLEVELAND, TN 37312-4832</b>	Phone no. <b>423-476-5581</b>	

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2023)

**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 \$ **5,074,339** including grants of \$ ) (Revenue \$ **690,404** )**RESIDENTIAL - PROVIDE RESIDENTIAL CARE FOR DEPENDENT, NEGLECTED OR OTHER AT-RISK CHILDREN AND YOUTH, AGES 5 TO 17.****4b** (Code: ) (Expenses \$ **3,794,641** including grants of \$ ) (Revenue \$ **7,073,780** )**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 \$ )**N/A****4d** Other program services (Describe on Schedule O.)

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

**4e** Total program service expenses **8,868,980**



**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>X</b>	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	<b>X</b>	
<b>3</b> 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		<b>X</b>
<b>4 Section 501(c)(3) organizations.</b> 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		<b>X</b>
<b>5</b> 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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		<b>X</b>
<b>6</b> 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		<b>X</b>
<b>7</b> 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		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		<b>X</b>
<b>9</b> 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		<b>X</b>
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V		<b>X</b>
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<b>X</b>	
<b>b</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		<b>X</b>
<b>c</b> 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		<b>X</b>
<b>d</b> 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		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<b>X</b>	
<b>f</b> 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		<b>X</b>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<b>X</b>	
<b>b</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		<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
<b>b</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		<b>X</b>
<b>15</b> 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		<b>X</b>
<b>16</b> 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		<b>X</b>
<b>17</b> 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		<b>X</b>
<b>18</b> 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		<b>X</b>
<b>19</b> 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		<b>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		<b>X</b>

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>22</b> 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>		<b>X</b>
<b>23</b> 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>		<b>X</b>
<b>24a</b> 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>		<b>X</b>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>		<b>X</b>
<b>b</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>		<b>X</b>
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		<b>X</b>
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		<b>X</b>
<b>28</b> Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	<b>X</b>	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		<b>X</b>
<b>32</b> 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>		<b>X</b>
<b>33</b> 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>		<b>X</b>
<b>34</b> 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>	<b>X</b>	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<b>X</b>
<b>b</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>		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		<b>X</b>
<b>37</b> 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>		<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	<b>X</b>	

**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
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	<b>1a</b>	<b>20</b>
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	<b>1b</b>	<b>0</b>
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	<b>X</b>

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
<b>2a</b>	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	<b>2a</b>	<b>137</b>
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	<b>X</b>
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>	<b>X</b>
<b>b</b>	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b>	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?	<b>6a</b>	<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?	<b>7a</b>	<b>X</b>
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	<b>X</b>
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	<b>X</b>
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	<b>X</b>
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	<b>X</b>
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	<b>X</b>
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>	<b>X</b>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	<b>X</b>
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b>	

**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 on 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**

	1a	17	1b	18	Yes	No
<b>1a</b> 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 on Schedule O.						
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent						
<b>2</b> 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?						<b>X</b>
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?						<b>X</b>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?						<b>X</b>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?						<b>X</b>
<b>6</b> Did the organization have members or stockholders?						<b>X</b>
<b>7a</b> 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?						<b>X</b>
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?						<b>X</b>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
<b>a</b> The governing body?					<b>X</b>	
<b>b</b> Each committee with authority to act on behalf of the governing body?					<b>X</b>	
<b>9</b> 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 on Schedule O						<b>X</b>

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?		<b>X</b>
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>X</b>	
<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>X</b>	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>X</b>	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	<b>X</b>	
<b>13</b> Did the organization have a written whistleblower policy?	<b>X</b>	
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>X</b>	
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>X</b>	
<b>b</b> Other officers or key employees of the organization	<b>X</b>	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<b>X</b>
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

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

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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 on Schedule O)

**19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records.

**SMOKY MOUNTAIN CHILDREN'S HOME****P.O. BOX 4391****SEVIERVILLE****TN 37862****865-453-4644**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

☐ 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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(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) DR. WALT MAULDIN	1.00									
EXECUTIVE DIRECTOR	39.00			X				80,213	0	45,039
(2) MRS. TERESA ARWOOD	0.00									
DIRECTOR	0.00	X						0	0	0
(3) MRS. CHRISTAL BAILEY	0.00									
DIRECTOR	0.00	X						0	0	0
(4) REVEREND DANIEL BLAYLOCK	0.00									
DIRECTOR	0.00	X						0	0	0
(5) RHONDA BROWN	0.00									
DIRECTOR	0.00	X						0	0	0
(6) MRS. KATHY COOPER	0.00									
DIRECTOR	0.00	X						0	0	0
(7) DR. RAYMOND CULPEPPER	0.00									
DIRECTOR	0.00	X						0	0	0
(8) JODI CUSHMAN	0.00									
DIRECTOR	0.00	X						0	0	0
(9) DR. WAYNE DORITY	0.00									
DIRECTOR	0.00	X						0	0	0
(10) REVEREND JOHNNY DUNBAR	0.00									
DIRECTOR	0.00	X						0	0	0
(11) MRS. PAULA HILL	0.00									
DIRECTOR	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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(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) <b>MRS. JANICE LOWERY</b>										
(12) <b>DIRECTOR</b>	0.00	X						0	0	0
(13) <b>REVEREND RON K. MARTIN</b>										
(13) <b>BOARD CHAIR</b>	0.00	X						0	0	0
(14) <b>MRS. TAMMIE MAULDIN</b>										
(14) <b>CO-EXECUTIVE DIRECT.</b>	0.00	X						0	0	0
(15) <b>DR. GERALD MCGINNIS</b>										
(15) <b>DIRECTOR</b>	0.00	X						0	0	0
(16) <b>BRYAN MONTGOMERY</b>										
(16) <b>DIRECTOR</b>	0.00	X						0	0	0
(17) <b>MRS. TERI MOODY</b>										
(17) <b>DIRECTOR</b>	0.00	X						0	0	0
(18) <b>MRS. BETTY MADISON OGLE</b>										
(18) <b>DIRECTOR</b>	0.00	X						0	0	0
(19) <b>MRS. MILLICENT PELT</b>										
(19) <b>DIRECTOR</b>	0.00	X						0	0	0
<b>1b Subtotal</b>								<b>80,213</b>		<b>45,039</b>
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								<b>80,213</b>		<b>45,039</b>

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

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		<b>X</b>
<b>4</b> 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>		<b>X</b>
<b>5</b> 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>		<b>X</b>

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

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

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	1,962,210				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 214,508				
	<b>h Total.</b> Add lines 1a-1f			1,962,210			
<b>Program Service Revenue</b>			Business Code				
	<b>2a</b> FOSTER PROGRAM			5,430,715	5,430,715		
	<b>b</b> BOARD-DCS (FOSTER TRANSFERS)			1,643,065	1,643,065		
	<b>c</b> CHOIR & DRAMA FUND			230,661	230,661		
	<b>d</b> COTTAGE #7			122,455	122,455		
	<b>e</b> COTTAGE #3			58,639	58,639		
	<b>f</b> All other program service revenue			278,649	278,649		
	<b>g Total.</b> Add lines 2a-2f			7,764,184			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			55,062	55,062		
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6a</b> Gross rents		(i) Real				
		<b>6a</b>	(ii) Personal				
		<b>b</b> Less: rental expenses	<b>6b</b>				
	<b>c</b> Rental inc. or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7a</b> Gross amount from sales of assets other than inventory		(i) Securities				
		<b>7a</b>	(ii) Other	4,000			
		<b>b</b> Less: cost or other basis and sales exps.	<b>7b</b>				
	<b>c</b> Gain or (loss)	<b>7c</b>	4,000				
	<b>d</b> Net gain or (loss)			4,000	4,000		
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18						
		<b>8a</b>					
	<b>b</b> Less: direct expenses	<b>8b</b>					
	<b>c</b> Net income or (loss) from fundraising events						
<b>9a</b> Gross income from gaming activities. See Part IV, line 19							
	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10a</b> Gross sales of inventory, less returns and allowances							
	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>			Business Code				
	<b>11a</b>						
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d						
<b>12 Total revenue.</b> See instructions			9,785,456	7,823,246	0	0	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees				
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	<b>3,995,935</b>	<b>3,368,639</b>	<b>564,566</b>	<b>62,730</b>
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	<b>340,261</b>	<b>272,209</b>	<b>61,247</b>	<b>6,805</b>
<b>10</b> Payroll taxes	<b>300,769</b>	<b>240,616</b>	<b>54,138</b>	<b>6,015</b>
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	<b>36,044</b>		<b>36,044</b>	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	<b>682</b>	<b>682</b>		
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
<b>12</b> Advertising and promotion	<b>115,822</b>			<b>115,822</b>
<b>13</b> Office expenses	<b>68,648</b>	<b>64,071</b>	<b>4,119</b>	<b>458</b>
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	<b>681,993</b>	<b>546,885</b>	<b>121,598</b>	<b>13,510</b>
<b>17</b> Travel	<b>43,708</b>	<b>34,967</b>	<b>7,867</b>	<b>874</b>
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	<b>74,747</b>	<b>74,747</b>		
<b>20</b> Interest	<b>3,565</b>		<b>3,565</b>	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	<b>378,644</b>	<b>378,644</b>		
<b>23</b> Insurance	<b>116,099</b>	<b>92,879</b>	<b>23,220</b>	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>FOSTER FAMILY CARE:FOSTER</b>	<b>2,917,568</b>	<b>2,917,568</b>		
<b>b</b> <b>CHOIR &amp; DRAMA FUND</b>	<b>230,661</b>	<b>230,661</b>		
<b>c</b> <b>NOVATECH IT CONTRACT</b>	<b>145,831</b>	<b>145,831</b>		
<b>d</b> <b>LANDSCAPING AND GROUNDS</b>	<b>75,500</b>	<b>75,500</b>		
<b>e</b> All other expenses	<b>442,538</b>	<b>425,081</b>	<b>17,457</b>	
<b>25</b> Total functional expenses. Add lines 1 through 24e	<b>9,969,015</b>	<b>8,868,980</b>	<b>893,821</b>	<b>206,214</b>
<b>26</b> 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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing .....	<b>1,207,143</b>	<b>1</b>	<b>846,371</b>
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	<b>676,848</b>	<b>4</b>	<b>649,358</b>
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a 10,389,327</b>		
	<b>b</b> Less: accumulated depreciation .....	<b>10b 6,620,995</b>	<b>3,150,657</b>	<b>10c 3,768,332</b>
	<b>11</b> Investments—publicly traded securities .....	<b>837,117</b>	<b>11</b>	<b>584,932</b>
	<b>12</b> Investments—other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	<b>52,000</b>	<b>15</b>	<b>52,000</b>
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	<b>5,923,765</b>	<b>16</b>	<b>5,900,993</b>	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	<b>134,035</b>	<b>17</b>	<b>170,698</b>
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	<b>141,554</b>
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	<b>308,742</b>	<b>23</b>	<b>213,579</b>
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	<b>515,997</b>	<b>25</b>	<b>593,730</b>
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	<b>958,774</b>	<b>26</b>	<b>1,119,561</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	<b>3,487,732</b>	<b>27</b>	<b>2,994,684</b>
	<b>28</b> Net assets with donor restrictions .....	<b>1,477,259</b>	<b>28</b>	<b>1,786,748</b>
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	<b>4,964,991</b>	<b>32</b>	<b>4,781,432</b>
<b>33</b> Total liabilities and net assets/fund balances .....	<b>5,923,765</b>	<b>33</b>	<b>5,900,993</b>	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>9,785,456</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>9,969,015</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>-183,559</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>4,964,991</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>4,781,432</b>

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> 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 on Schedule O.		
<b>2a</b> 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		<b>X</b>
<b>b</b> 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	<b>X</b>	
<b>c</b> 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 on Schedule O.	<b>X</b>	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<b>X</b>
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

**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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(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			
(20) <b>MRS. JEAN PERKINS</b>										
(12) ..... <b>0.00</b>										
<b>DIRECTOR</b> ..... <b>0.00</b>		<b>X</b>						<b>0</b>	<b>0</b>	<b>0</b>
(21) <b>MRS. YVETTE SANTANA</b>										
(13) ..... <b>0.00</b>										
<b>DIRECTOR</b> ..... <b>0.00</b>		<b>X</b>						<b>0</b>	<b>0</b>	<b>0</b>
(22) <b>REVEREND BRANDON J. SMITH</b>										
(14) ..... <b>0.00</b>										
<b>DIRECTOR</b> ..... <b>0.00</b>		<b>X</b>						<b>0</b>	<b>0</b>	<b>0</b>
(23) <b>BISHOP MIKE WHITE</b>										
(15) ..... <b>0.00</b>										
<b>DIRECTOR</b> ..... <b>0.00</b>		<b>X</b>						<b>0</b>	<b>0</b>	<b>0</b>
(16) .....										
(17) .....										
(18) .....										
(19) .....										
<b>1b Subtotal</b> .....										
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....										

**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

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		
<b>4</b> 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> .....		
<b>5</b> 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> .....		

**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

**SCHEDULE A**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Public Charity Status and Public Support**

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

**Attach to Form 990 or Form 990-EZ.**Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023****Open to Public  
Inspection**

Name of the organization

**SMOKY MOUNTAIN CHILDREN'S HOME**

Employer identification number

**\*\*-\*\*\*0635****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).)
- 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 on 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)						
<b>Total</b>						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990) 2023

**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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,088,632	3,466,461	2,046,681	1,845,393	1,962,210	11,409,377
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	2,088,632	3,466,461	2,046,681	1,845,393	1,962,210	11,409,377
<b>5</b> 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)						1,808,580
<b>6</b> Public support. Subtract line 5 from line 4						9,600,797

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4	2,088,632	3,466,461	2,046,681	1,845,393	1,962,210	11,409,377
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	61,084	128,435	-87,038	72,578		175,059
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11 Total support.</b> Add lines 7 through 10						11,584,436
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	29,165,701

**13 First 5 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**

<b>14</b> Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	82.88 %
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14	<b>15</b>	87.00 %
<b>16a 33 1/3% support test — 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test — 2022.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test — 2023.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test — 2022.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

**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)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First 5 years.</b> 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 <b>stop here</b>						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2022 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests — 2023.** 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 — 2022.** 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 on line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
<b>b</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)? If "Yes," describe in Part VI when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
<b>b</b> Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		Yes	No
<b>2a</b>			
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>2b</b>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> 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? If "Yes" or "No," provide details in Part VI.			
<b>3a</b>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
<b>3b</b>			



**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (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 0.85 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> 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
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	<b>5</b>
<b>6</b>	Other distributions (describe in Part VI). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2022 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
<b>1</b> Distributable amount for 2023 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2023 (reasonable cause required—explain in Part VI). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2023			
<b>a</b> From 2018 .....			
<b>b</b> From 2019 .....			
<b>c</b> From 2020 .....			
<b>d</b> From 2021 .....			
<b>e</b> From 2022 .....			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2023 distributable amount			
<b>i</b> Carryover from 2018 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2023 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2023 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
<b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
<b>7</b> <b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2019 .....			
<b>b</b> Excess from 2020 .....			
<b>c</b> Excess from 2021 .....			
<b>d</b> Excess from 2022 .....			
<b>e</b> Excess from 2023 .....			

## Part VI

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

**Schedule B  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Name of the organization

Employer identification number

**SMOKY MOUNTAIN CHILDREN'S HOME****\*\* - \*\*\*0635**

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 foundationCheck 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
- <sup>1</sup>
- /
- <sub>3</sub>
- % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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), 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).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Name of organization <b>SMOKY MOUNTAIN CHILDREN'S HOME</b>	Employer identification number <b>** - ***0635</b>
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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		\$ 77,809	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 47,582	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 44,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 389,307	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 52,291	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**SMOKY MOUNTAIN CHILDREN'S HOME**

Employer identification number

**\*\* - \*\*\*0635****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
7		\$ 47,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 122,455	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 200,400	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

**SCHEDULE D  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**Complete if the organization answered "Yes" on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
Attach to Form 990.Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**Open to Public  
Inspection

Name of the organization

Employer identification number

**SMOKY MOUNTAIN CHILDREN'S HOME****\*\* - \*\*\*0635****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.

	(a) Donor advised funds	(b) Funds and other accounts
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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Part II Conservation Easements**

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included on line 2a .....	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year .....

4 Number of states where property subject to conservation easement is located .....

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year .....

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year .....

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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.

1a If the organization elected, as permitted under FASB 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.

b If the organization elected, as permitted under FASB 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 ..... \$ .....

(ii) Assets included in Form 990, Part X ..... \$ .....

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 FASB ASC 958 relating to these items.

a Revenue included on Form 990, Part VIII, line 1 ..... \$ .....

b Assets included in Form 990, Part X ..... \$ .....

**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 make significant use of its collection items (check all that apply).

- a** ☐ Public exhibition **d** ☐ Loan or exchange program  
**b** ☐ Scholarly research **e** ☐ Other .....

**c** ☐ Preservation for future generations

**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.

- c** Beginning balance .....  
**d** Additions during the year .....  
**e** Distributions during the year .....  
**f** Ending balance .....

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**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
<b>1a</b> Beginning of year balance .....					
<b>b</b> Contributions .....					
<b>c</b> Net investment earnings, gains, and losses .....					
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....					
<b>f</b> Administrative expenses .....					
<b>g</b> End of year balance .....					

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ..... %  
**b** Permanent endowment ..... %  
**c** Term endowment ..... %

The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations? .....  
**(ii)** Related organizations? .....

**b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? .....

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

**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
<b>1a</b> Land .....		<b>442,337</b>		<b>442,337</b>
<b>b</b> Buildings .....		<b>438,603</b>	<b>54,476</b>	<b>384,127</b>
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....				
<b>e</b> Other .....	<b>52,000</b>	<b>9,456,387</b>	<b>6,566,519</b>	<b>2,941,868</b>
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) .....				<b>3,768,332</b>



**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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 12, col. (B))		

**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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 13, col. (B))		

**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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	

**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	419,243
(3) DUE TO FOSTER PARENTS	126,147
(4) PAYROLL PAYROLL LIABILITIES	26,601
(5) CUSTODIAL FUNDS - CHILDRENS ACCT	22,589
(6) GENERAL FUND PAYROLL LIABILITIES	-850
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	593,730

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ☐

<b>Part XI</b>	<b>Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b>
----------------	---

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	9,785,456
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	9,785,456
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	9,785,456

<b>Part XII</b>	<b>Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>
-----------------	---

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

<b>1</b> Total expenses and losses per audited financial statements .....		<b>1</b>	<b>9,969,015</b>
<b>2</b> Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b> Donated services and use of facilities .....	<b>2a</b>		
<b>b</b> Prior year adjustments .....	<b>2b</b>		
<b>c</b> Other losses .....	<b>2c</b>		
<b>d</b> Other (Describe in Part XIII.) .....	<b>2d</b>		
<b>e</b> Add lines <b>2a</b> through <b>2d</b> .....		<b>2e</b>	
<b>3</b> Subtract line <b>2e</b> from line <b>1</b> .....		<b>3</b>	<b>9,969,015</b>
<b>4</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b> Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>		
<b>b</b> Other (Describe in Part XIII.) .....	<b>4b</b>		
<b>c</b> Add lines <b>4a</b> and <b>4b</b> .....		<b>4c</b>	
<b>5</b> Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) .....		<b>5</b>	<b>9,969,015</b>

<b>Part XIII</b>	<b>Supplemental Information</b>
------------------	---------------------------------

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.



**SCHEDULE M  
(Form 990)****Noncash Contributions**

OMB No. 1545-0047

**2023****Open To Public  
Inspection**Department of the Treasury  
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

Employer identification number

**SMOKY MOUNTAIN CHILDREN'S HOME****\*\*-\*\*\*0635****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 ( )	<b>X</b>	<b>1</b>	<b>214,508</b>	
26 Other ( )				
27 Other ( )				
28 Other ( )				

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

**29**

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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

Yes No

<b>30a</b>		<b>X</b>

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?

<b>31</b>		<b>X</b>
-----------	--	----------

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

<b>32a</b>		<b>X</b>
------------	--	----------

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.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2023

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2023

Open to Public  
Inspection

Name of the organization

SMOKY MOUNTAIN CHILDREN'S HOME

Employer identification number

\*\*-\*\*\*0635

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.

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.

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2023

Name of the organization

Employer identification number

**SMOKY MOUNTAIN CHILDREN'S HOME**

**\*\* - \*\*\*0635**

**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

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Employer identification number  
\*\*-\*\*\*0635

SMOKY MOUNTAIN CHILDREN'S HOME

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) Dispro- portionate 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?**a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity**b** Gift, grant, or capital contribution to related organization(s)**c** Gift, grant, or capital contribution from related organization(s)**d** Loans or loan guarantees to or for related organization(s)**e** Loans or loan guarantees by related organization(s)**f** Dividends from related organization(s)**g** Sale of assets to related organization(s)**h** Purchase of assets from related organization(s)**i** Exchange of assets with related organization(s)**j** Lease of facilities, equipment, or other assets to related organization(s)**k** Lease of facilities, equipment, or other assets from related organization(s)**l** Performance of services or membership or fundraising solicitations for related organization(s)**m** Performance of services or membership or fundraising solicitations by related organization(s)**n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)**o** Sharing of paid employees with related organization(s)**p** Reimbursement paid to related organization(s) for expenses**q** Reimbursement paid by related organization(s) for expenses**r** Other transfer of cash or property to related organization(s)**s** Other transfer of cash or property from related organization(s)**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	389,307	
(2)			
(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) .....													

## Supplemental Information.

Schedule R (Form 990) 2023

Form **4562**Department of the Treasury  
Internal Revenue Service

Name(s) shown on return

**Depreciation and Amortization**  
(Including Information on Listed Property)

Attach to your tax return.

Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No. 1545-0172

**2023**Attachment  
Sequence No. **179****SMOKY MOUNTAIN CHILDREN'S HOME**

Identifying number

**\*\* - \*\*\*0635**

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	<b>1,160,000</b>
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	<b>2,890,000</b>
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 <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2022 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 2024. 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	<b>360,815</b>

**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 2023	17	<b>0</b>
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

**Section B—Assets Placed in Service During 2023 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 2023 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> 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	<b>360,815</b>
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.

DAA

Form **4562** (2023)  
**THERE ARE NO AMOUNTS FOR PAGE 2**

## Federal Asset Report

FYE: 8/31/2024

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
<b>Prior MACRS:</b>												
243	2008 Ford Van E-350 XLT	8/31/11	19,900			X	0	5	HY	200DB	19,900	0
244	2007 Chevy Express	10/26/07	20,390				20,390	5	HY	200DB	20,390	0
	Sold/Scrapped: 1/02/24											
245	2012 Express Passenger 3500 Van	8/19/13	15,000			X	7,500	5	HY	200DB	15,000	0
			55,290				27,890				55,290	0
<b>Other Depreciation:</b>												
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	32,486	0
11	SMCH-Gym Improvements	2/10/05	41,395				41,395	15	MO	S/L	41,395	0
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	299,733	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	86,390	0
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	142,791	0
26	SMCH-Front Entrance	7/01/99	46,335				46,335	20	MO	S/L	46,335	0
27	SMCH-Improvements	8/31/99	588,297				588,297	20	MO	S/L	588,297	0
28	SMCH- Improvements	8/31/00	52,468				52,468	20	MO	S/L	52,468	0
29	SMCH- Improvements	4/28/99	57,562				57,562	20	MO	S/L	57,562	0
30	SMCH- Improvements	8/31/98	694,471				694,471	30	MO	S/L	622,372	23,149
31	SMCH-Improvements	8/31/97	130,248				130,248	30	MO	S/L	115,052	4,342
32	SMCH- Cottage 11	2/01/96	216,597				216,597	30	MO	S/L	199,149	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	29,851	696
35	SMCH-Improvements	8/31/93	32,165				32,165	30	MO	S/L	32,165	0
36	Improvements	8/31/92	172,791				172,791	30	MO	S/L	172,791	0
37	Improvements	8/31/92	18,052				18,052	30	MO	S/L	18,052	0
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	253,708	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	22,773	0
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	355,837				355,837	0	--	Land	0	0
50	Cottage 10 Refresh	4/30/06	116,603				116,603	15	MO	S/L	116,603	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
59	Building Improvment	8/31/87	15,136				15,136	20	MO	S/L	15,136	0
61	Improvement - Ogle Services	12/31/08	33,162				33,162	15	MO	S/L	32,425	737
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	32,146	0
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
67	Ford Van - Cottage #6	8/27/12	22,343				22,343	5	MO	S/L	22,343	0
68	Canon 5d Mark II Camera	12/03/12	2,798				2,798	5	MO	S/L	2,798	0

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Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
69	Admin Bldg Addition	5/02/13	25,000				25,000	10 MO S/L	25,000	0
70	Apartment and Cottage Remodel	8/22/13	25,226				25,226	10 MO S/L	25,226	0
71	2011 Ford E350 Work Van	7/08/13	18,539				18,539	10 MO S/L	18,539	0
73	2002 Ford Box Truck	12/17/12	11,000				11,000	5 MO S/L	11,000	0
75	File Cabinet	10/23/13	4,706				4,706	7 MO S/L	4,706	0
76	Computers, Printers, IT equipment	4/23/14	3,527				3,527	5 MO S/L	3,527	0
77	Keyboard-Auditorium	9/03/13	2,500				2,500	5 MO S/L	2,500	0
78	3 ton Furnace	3/17/14	5,300				5,300	7 MO S/L	5,300	0
79	A/C Unit	6/26/14	5,025				5,025	7 MO S/L	5,025	0
80	Light Fixtures	3/05/14	5,200				5,200	7 MO S/L	5,200	0
81	SMCH - Improvements	10/03/13	2,880				2,880	15 MO S/L	1,904	192
82	Improvements - Cottage #9	1/15/14	12,307				12,307	15 MO S/L	7,931	821
83	2015 Dodge Caravan	8/25/15	27,618				27,618	5 MO S/L	27,618	0
84	Hot Water Heater	8/05/15	12,000				12,000	7 MO S/L	12,000	0
85	A/C Unit- 2.5 ton	9/12/14	2,650				2,650	7 MO S/L	2,650	0
86	5 ton - Gas Furnace	12/31/14	3,250				3,250	7 MO S/L	3,250	0
87	Walk In Freezer	12/18/14	22,750				22,750	7 MO S/L	22,750	0
88	Volleyball Court	12/02/14	24,900				24,900	15 MO S/L	14,525	1,660
89	15 ton Commercial A/C Unit	11/13/14	23,750				23,750	7 MO S/L	23,750	0
90	Improvements	11/20/14	18,950				18,950	15 MO S/L	11,054	1,263
91	5 A/C Units	6/19/15	38,151				38,151	7 MO S/L	38,151	0
92	A/C Unit	5/11/15	3,000				3,000	7 MO S/L	3,000	0
93	SMCH - Improvements	1/23/15	25,950				25,950	15 MO S/L	14,849	1,730
94	Improvements - Cottage 9	3/12/15	14,860				14,860	15 MO S/L	8,421	990
95	SMCH-Improvements	8/12/15	37,604				37,604	15 MO S/L	20,264	2,507
96	Flooring - Cottage 5	12/29/14	23,937				23,937	27 MO S/L	7,544	870
97	Furniture	4/02/15	5,870				5,870	7 MO S/L	5,870	0
98	Cottage 1 - Flooring	8/10/15	19,578				19,578	27 MO S/L	5,696	711
100	Improvements - Cottage 1	9/18/15	20,403				20,403	27 MO S/L	5,874	742
101	Aluminum Canopy - Cottage 6	3/29/16	2,470				2,470	15 MO S/L	1,221	165
102	Flooring Installation - Cottage 8	7/25/16	6,100				6,100	27 MO S/L	1,571	222
103	Improvements - Cottage 8	7/21/16	6,480				6,480	27 MO S/L	1,669	236
104	A/C Unit	5/12/16	3,150				3,150	15 MO S/L	1,540	210
105	Gas Unit and Line	2/15/16	3,975				3,975	15 MO S/L	2,010	265
106	Computer Equipment	2/08/17	2,886				2,886	5 MO S/L	2,886	0
107	Ford Fusion	3/08/17	16,017				16,017	5 MO S/L	16,017	0
108	AC Unit	7/02/17	10,376				10,376	7 MO S/L	9,141	1,235
109	AC Unit - Alpha School	5/30/17	5,995				5,995	7 MO S/L	5,353	642
110	Carpet - Cafeteria	1/04/17	29,875				29,875	10 MO S/L	19,917	2,987
111	Door - main entrance	1/09/17	2,756				2,756	30 MO S/L	612	92
112	Heat Pump - Director House	11/13/16	2,750				2,750	7 MO S/L	2,685	65
113	Memories Room Remodel	1/10/17	17,340				17,340	15 MO S/L	7,707	1,156
114	Gas Unit - Cottage #5	2/03/17	3,985				3,985	7 MO S/L	3,748	237
115	Sound Equip - Auditorium	2/15/17	23,600				23,600	7 MO S/L	22,195	1,405
117	Furniture - Cottage #1	1/24/17	5,577				5,577	7 MO S/L	5,245	332
118	Furniture - Cottage #2	9/01/16	4,710				4,710	7 MO S/L	4,710	0
119	AC Unit - Cottage #4	6/22/17	3,550				3,550	7 MO S/L	3,127	423
120	AC Unit - Cottage #7	6/08/17	3,450				3,450	7 MO S/L	3,080	370
121	2011 Ford Truck - Van for Cottage #5	4/13/17	14,345				14,345	5 MO S/L	14,345	0
122	AC Unit - Cottage #6	8/04/17	3,478				3,478	7 MO S/L	3,023	455
123	Furniture - Cottage #7	6/20/17	2,555				2,555	7 MO S/L	2,251	304
124	Tile Flooring - Cottage #7	5/30/17	17,000				17,000	15 MO S/L	7,083	1,134
125	Furniture - Cottage #7	5/31/17	6,437				6,437	7 MO S/L	5,747	690
126	AC Unit - Cottage #11	4/07/17	3,362				3,362	7 MO S/L	3,081	281
127	B&W Copiers - Ricoh Capital Lease	10/14/16	8,350				8,350	5 MO S/L	8,350	0
128	Color Copiers - Ricoh Capital Lease	9/01/16	26,375				26,375	5 MO S/L	26,375	0
129	Phone System - Windstream Capital Lease	11/09/16	48,857				48,857	5 MO S/L	48,857	0
130	Computers - Lenovo Capital Lease (1)	9/01/16	16,755				16,755	5 MO S/L	16,755	0
131	Computers - Lenovo Capital Lease (2)	9/01/16	35,888				35,888	5 MO S/L	35,888	0
132	Board Room Chairs	3/27/18	4,956				4,956	7 MO S/L	3,835	708
133	Computer Equipment	10/27/17	6,869				6,869	5 MO S/L	6,869	0
134	Roof - Annex	8/10/18	8,250				8,250	30 MO S/L	1,398	275
135	Roof- Main Building	2/09/18	36,785				36,785	30 MO S/L	6,846	1,226
136	Parking Lot Improvements	12/01/17	4,550				4,550	15 MO S/L	1,744	303
137	2007 Chevy Truck Transmission	6/28/18	3,864				3,864	5 MO S/L	3,864	0
138	Hot Water Heater	8/10/18	4,850				4,850	7 MO S/L	3,522	693
139	AC System	6/27/18	4,795				4,795	7 MO S/L	3,539	685
140	Cottage Remodel	5/22/18	5,966				5,966	15 MO S/L	2,088	398
141	AC Unit	7/12/18	5,375				5,375	7 MO S/L	3,967	768
142	AC Unit	5/24/18	5,375				5,375	7 MO S/L	4,031	768
143	Furniture - Cottage	9/06/17	6,970				6,970	7 MO S/L	5,974	996

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Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
144	Roof-Director's House	2/15/18	4,000				4,000	30 MO S/L	744	134
146	Training Room Improvements	12/21/17	6,678				6,678	15 MO S/L	2,523	445
147	Flooring - Memories Room	9/13/17	8,173				8,173	15 MO S/L	3,269	545
149	Desks	7/26/19	3,555				3,555	7 MO S/L	2,074	508
150	IT Switches	11/06/18	6,869				6,869	7 MO S/L	4,743	981
151	3rd Floor Evaporator	10/08/18	4,275				4,275	7 MO S/L	3,003	610
152	Comforter AC System	9/27/18	5,529				5,529	7 MO S/L	3,883	790
153	Loveseats/Sofas-Cottage #6	12/04/18	4,142				4,142	7 MO S/L	2,811	591
154	Heatpump Installation	8/21/19	4,785				4,785	7 MO S/L	2,734	684
155	Roof Replacement	4/23/19	20,770				20,770	39 MO S/L	3,119	533
157	Sofas, Loveseats-Cottage #7	12/04/18	3,579				3,579	7 MO S/L	2,429	511
158	3 ton indoor gas furnace	11/08/18	7,385				7,385	7 MO S/L	5,099	1,055
159	Sofas	10/23/18	4,266				4,266	7 MO S/L	2,946	609
160	Sofa/Loveseat- Cottage #11	1/24/19	4,578				4,578	7 MO S/L	2,998	654
161	Office Building	1/03/19	585,000				585,000	39 MO S/L	56,318	15,000
162	New Shingle Roof System	5/31/19	10,776				10,776	30 MO S/L	1,527	359
163	Water & Main Drill Line	11/01/18	6,790				6,790	7 MO S/L	4,688	970
164	2017 Cadillac Escalade	7/14/20	17,970				17,970	5 MO S/L	11,381	3,594
165	2018 Ford Transit Van	10/04/19	32,000				32,000	5 MO S/L	25,067	6,400
166	2018 Ford Transit Van	11/04/19	32,300				32,300	5 MO S/L	24,763	6,460
167	2017 Ford Transit Van	5/20/20	30,000				30,000	5 MO S/L	19,500	6,000
168	2018 Ford Transit Van	6/12/20	30,000				30,000	5 MO S/L	19,500	6,000
169	2019 Ford Transit Van	7/16/20	33,000				33,000	5 MO S/L	20,350	6,600
170	2019 Kia - Sportage	5/28/20	20,841				20,841	5 MO S/L	13,547	4,168
172	PCM Business Direct - 3 laptops for CMs	12/26/19	2,611				2,611	5 MO S/L	1,914	523
173	Ogle's Furniture Outlet - Table/Chairs	9/20/19	1,107				1,107	7 MO S/L	619	159
174	Ogle's Furniture Outlet - Table/Chairs	10/22/19	630				630	7 MO S/L	345	90
175	Vinyl Flooring - Girl's Classroom	8/14/20	1,674				1,674	15 MO S/L	344	112
177	Vanity/Furniture for Director's Home	5/21/20	2,579				2,579	7 MO S/L	1,197	369
178	Cottage #1 - Sofa/Chair	6/23/20	3,706				3,706	7 MO S/L	1,677	529
179	Cottage #1 - AC Unit	9/20/19	4,450				4,450	7 MO S/L	2,490	636
180	Cottage #6 - Phil's Carpets&Flooring	10/22/19	8,466				8,466	15 MO S/L	2,163	565
181	Cottage #6 - 8 Chest Drawer	10/01/19	1,995				1,995	7 MO S/L	1,116	285
182	Cottage #6 - Phil's Carpet&Flooring	9/20/19	7,290				7,290	15 MO S/L	1,904	486
183	Cottage #5 - Gas Furnance	12/11/19	7,573				7,573	7 MO S/L	4,057	1,082
184	Cottage #6 - AC Unit	4/14/20	8,550				8,550	7 MO S/L	4,173	1,222
185	Cottage #6 - AC Unit	3/25/20	8,550				8,550	7 MO S/L	4,173	1,222
186	Cottage #6 - Hot Water Heater	3/25/20	3,600				3,600	7 MO S/L	1,757	514
187	Cottage #7 - New Guttering	12/02/19	10,028				10,028	30 MO S/L	1,254	334
188	Cottage #8 - New Car Transmission	7/23/20	3,273				3,273	5 MO S/L	2,019	654
189	Cottage #8 - AC Unit	5/19/20	5,850				5,850	7 MO S/L	2,716	836
190	Cottage #11 - AC Unit	8/11/20	5,114				5,114	7 MO S/L	2,253	730
191	Staff Housing - Donated Ron Ogle	2/10/20	400,000				400,000	39 MO S/L	30,769	10,257
192	Land - Staff Housing	2/10/20	50,000				50,000	0 -- Land	0	0
193	2018 Chevrolet Silverado 1500	4/06/21	15,644				15,644	5 MO S/L	7,561	3,129
194	2003 48v Golf Cart	2/11/21	4,900				4,900	5 MO S/L	2,532	980
195	Cottage #2 - Dining Table	11/20/20	737				737	7 MO S/L	289	106
196	Cottage #4 - Dressers	4/07/21	648				648	7 MO S/L	224	92
197	Cottage #5 - Furniture	5/24/21	4,191				4,191	7 MO S/L	1,347	599
198	Cottage #6 - Gym Equipment - Treadmill	4/27/21	908				908	5 MO S/L	424	181
199	Cottage #8 - Furniture	6/22/21	6,748				6,748	7 MO S/L	2,089	964
200	Cottage #8 - Appliances	8/26/21	1,329				1,329	5 MO S/L	532	265
201	Cottage #11 - Dining Table	11/11/20	727				727	7 MO S/L	294	104
202	Cottage #11 - Refrigerator	10/23/20	549				549	5 MO S/L	311	110
203	Tramel House - Cabinets	9/03/20	9,833				9,833	7 MO S/L	4,214	1,405
204	Tramel House - Carpet	8/26/21	6,050				6,050	15 MO S/L	807	403
205	Residential Life Office Furniture	10/23/20	12,157				12,157	7 MO S/L	4,921	1,736
206	Desks for Administration	4/14/21	8,645				8,645	7 MO S/L	2,985	1,235
207	Alpha Classroom Remodel Project	12/16/20	3,624				3,624	15 MO S/L	644	242
208	Alpha Kitchen and Library Remodel	6/17/21	3,167				3,167	15 MO S/L	457	212
209	Computer Equipment	8/26/21	4,655				4,655	5 MO S/L	1,862	931
210	Equipment	4/27/21	7,280				7,280	5 MO S/L	3,397	1,456
211	Insight Direct USA- Computer Software & I	10/01/20	9,054				9,054	5 MO S/L	5,282	1,811
212	Computer Equipment & Furniture	3/23/21	4,143				4,143	7 MO S/L	1,430	592
214	Laptop for Media	11/20/20	2,095				2,095	5 MO S/L	1,152	419
215	Media Room Remodel	6/28/21	18,360				18,360	27 MO S/L	1,447	667
216	Cottage #8 Improvements	6/28/21	40,020				40,020	27 MO S/L	3,153	1,455
217	Novatech Copier & Printer NT60537	12/16/20	65,711				65,711	5 MO S/L	35,046	13,142
218	Novatech Copier & Printer NT60538	12/16/20	32,755				32,755	5 MO S/L	17,469	6,551
219	Novatech Copier (B&W)	2/17/21	16,110				16,110	5 MO S/L	8,055	3,222
220	Windstream Enterprise Phones	3/23/21	87,239				87,239	3 MO S/L	70,276	16,963



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Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
221	2013 Ford Transit Cargo Van	1/28/22	12,699				12,699	5 MO S/L	12,699	0
222	SafeT Systems - Camera Upgrades all Cotta	8/10/22	11,364				11,364	5 MO S/L	11,364	0
223	Cottage #4 - New A/C Unit	9/07/21	4,975				4,975	7 MO S/L	4,975	0
224	New Furniture - Cottage #4	11/03/21	3,691				3,691	7 MO S/L	3,691	0
225	Improvements to Cottage #2	2/08/22	11,950				11,950	27 MO S/L	670	434
226	Cottage #5 - New A/C Unit	9/07/21	5,587				5,587	7 MO S/L	5,587	0
227	New Furniture - Cottage #6	1/11/22	3,868				3,868	7 MO S/L	3,868	0
228	Cottage #8 - New A/C Unit	8/16/22	6,650				6,650	7 MO S/L	6,650	0
229	New Roof - Cottage #10	8/01/22	39,800				39,800	39 MO S/L	1,063	1,021
230	Office Furniture for Staff	7/27/22	7,579				7,579	7 MO S/L	7,579	0
231	Lenovo Laptops (6)	10/27/21	4,074				4,074	5 MO S/L	4,074	0
232	Novatech Printers for Sean	5/11/22	1,951				1,951	5 MO S/L	1,951	0
233	Campus Signs	4/01/22	15,994				15,994	10 MO S/L	15,994	0
234	SafeT Systems - New Cameras	4/08/22	3,162				3,162	5 MO S/L	3,162	0
235	New Flooring for Admin Building	5/12/22	26,634				26,634	15 MO S/L	26,634	0
236	Theater/Memories Room for Admin Buildin	7/11/22	31,673				31,673	39 MO S/L	914	812
237	New Flooring for Staff Housing	10/29/21	3,489				3,489	15 MO S/L	3,489	0
238	Alpha Classroom Remodel	12/17/21	21,565				21,565	27 MO S/L	1,340	784
239	New Flooring for Dining Hall	8/15/22	40,023				40,023	15 MO S/L	40,023	0
240	Flooring for Duplex	2/18/22	4,296				4,296	15 MO S/L	4,296	0
241	Improvements to Love Teacher Building	5/25/22	33,366				33,366	27 MO S/L	1,567	1,213
242	Donated Gazebo from Ron and Betty Ogle	6/30/22	185,000				185,000	39 MO S/L	5,732	4,743
246	New Desk/Set-up - Office Furniture Outfitte	10/05/22	2,182				2,182	7 MO S/L	286	311
247	Staples Chairs for Tammie's Conference Tal	11/09/22	802				802	7 MO S/L	96	114
248	Tammie's Conference Table - Office Furn. C	11/29/22	2,070				2,070	7 MO S/L	222	296
249	Fire King Safe for Tammie	5/31/23	1,649				1,649	7 MO S/L	59	235
250	New Desk for Martha - Office Furniture Ou	8/01/23	1,665				1,665	7 MO S/L	20	238
251	Morgan's Concrete - Concrete Pad Playgrou	4/14/23	13,500				13,500	15 MO S/L	375	900
252	Windows for Admin/Annex Building - Pella	6/14/23	12,543				12,543	27 MO S/L	114	456
253	Ogle's Repair - Memories Room New AC	12/21/22	31,000				31,000	7 MO S/L	2,952	4,429
254	Laptops for Campus - Amazon	9/12/22	3,041				3,041	5 MO S/L	608	608
255	Media Computer - DMI Dell	6/20/23	3,595				3,595	5 MO S/L	120	719
256	New Laptop for Case Manager - Amazon	2/28/23	464				464	5 MO S/L	46	93
257	Gaming Monitors (2) - Amazon	3/29/23	616				616	5 MO S/L	51	124
258	Laptops for Mauldin and Ruth Ann - Amazc	5/01/23	2,328				2,328	5 MO S/L	155	466
259	Extra Laptop - Novatech	8/18/23	976				976	5 MO S/L	0	195
260	Casey's New Laptop	9/26/22	500				500	5 MO S/L	92	100
262	Uline Floor Scrubber for Dining Hall	9/27/22	3,136				3,136	5 MO S/L	575	627
263	Dining Hall Tables from Walmart	10/27/22	349				349	7 MO S/L	42	49
264	Tables/Carts for Dining Hall from Amazon	5/15/23	20,058				20,058	7 MO S/L	955	2,866
265	Table Carts for Dining Hall - Amazon	6/29/23	1,320				1,320	7 MO S/L	31	189
266	Dining Hall Storage Building	7/11/23	10,448				10,448	15 MO S/L	116	697
267	Duplex and Tramel Rd House Washer	9/28/22	1,048				1,048	5 MO S/L	192	210
268	Annex Apartment Dryer	12/29/22	499				499	5 MO S/L	67	99
269	Duplex Washing Machine	3/30/23	479				479	5 MO S/L	40	96
270	Dishwasher for Duplex	6/08/23	369				369	5 MO S/L	18	74
271	AC Unit for Apartment	6/29/23	749				749	7 MO S/L	18	107
272	SafeT Systems New Camera System	9/26/22	13,377				13,377	5 MO S/L	2,452	2,676
273	SafeT Systems New Cameras	2/24/23	13,377				13,377	5 MO S/L	1,338	2,675
274	Washing Machine - Cottage #1	11/01/22	429				429	5 MO S/L	72	85
275	New Duct Work - Cottage #1	3/15/23	4,350				4,350	7 MO S/L	311	621
276	New AC Unit - Cottage #2	9/01/22	4,475				4,475	7 MO S/L	639	640
277	New Chair, Loveseat, and Sofa - Cottage #2	7/14/23	4,343				4,343	7 MO S/L	103	621
278	End Tables - Cottage #2	8/30/23	6,013				6,013	7 MO S/L	0	859
279	Refrigerator - Cottage #3	5/23/23	1,201				1,201	5 MO S/L	60	240
280	New Water Heater - Cottage #4	11/10/22	2,235				2,235	5 MO S/L	373	447
281	Side by Side Refrigerator - Cottage #4	7/28/23	1,129				1,129	5 MO S/L	19	226
282	New AC Unit - Cottage #5	9/22/22	6,385				6,385	7 MO S/L	836	912
283	End Tables (4) and TV Stands (2) - Cottage	4/28/23	3,801				3,801	7 MO S/L	181	543
284	Fridge and Freezer - Cottage #8	2/23/23	2,053				2,053	5 MO S/L	205	411
285	Apartment AC Unit - Cottage #10	8/29/23	3,900				3,900	7 MO S/L	0	557
286	New Roof - Cottage #11	5/05/23	43,100				43,100	39 MO S/L	368	1,106
287	New Desk for Joel	8/01/23	2,796				2,796	7 MO S/L	33	400
288	Media Laptops (2)	8/31/23	7,094				7,094	5 MO S/L	0	1,419
289	2004 Ford Van from Ron Ogle	2/03/23	29,800				29,800	5 MO S/L	3,477	5,960
290	New Roof - Director's House	8/31/23	22,785				22,785	39 MO S/L	0	584
291	HP Color LaserJet Mngd MFP E47528f Prii	4/28/23	808				808	5 MO S/L	54	162
292	Novatech Equipment Lease 5000	7/27/23	152,342				152,342	5 MO S/L	2,539	30,468
294	Cottage #8 - Furniture	11/08/22	4,815				4,815	7 MO S/L	573	688
295	Novatech NT75753 - Foster Care Copier	9/01/22	29,319				29,319	5 MO S/L	5,864	5,864
296	Washing Machine - Cottage #4	7/28/23	579				579	5 MO S/L	10	115

## Federal Asset Report

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Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
297	Office Desk for Jessica	11/01/23	1,304				1,304	7 MO S/L	0	155
298	Office Desk for Beth	5/29/24	1,922				1,922	7 MO S/L	0	69
299	Office Desk for Tara	5/29/24	1,345				1,345	7 MO S/L	0	48
300	1st Floor Admin Remodel - New Flooring	11/27/23	8,427				8,427	7 MO S/L	0	903
301	Media Equipment - Media Camera/Lens	10/25/23	14,095				14,095	5 MO S/L	0	2,349
302	Novatech - (3) New Laptops	11/28/23	2,980				2,980	5 MO S/L	0	447
303	Apple Macbook	12/05/23	2,499				2,499	5 MO S/L	0	375
304	Novatech Laptop for Case Manager	2/19/24	951				951	5 MO S/L	0	95
305	Novatech Laptops for New Case Manager	5/29/24	2,020				2,020	5 MO S/L	0	101
306	Alpha School - Laptops and Docking Station	10/10/23	1,390				1,390	5 MO S/L	0	255
307	New Commercial A/C Unit for Alpha School	11/20/23	19,175				19,175	7 MO S/L	0	2,054
308	Servpro - Res 3 and Duplex Fire Clean Up	6/07/24	51,636				51,636	39 MO S/L	0	331
309	Dining Hall Chairs	9/29/23	3,601				3,601	7 MO S/L	0	472
311	Scoreboard for Gym	9/29/23	4,430				4,430	7 MO S/L	0	580
312	Director's Residence House - Remodel	9/01/23	73,572				73,572	27 MO S/L	0	2,675
313	New Desks for Cottages	9/05/23	6,102				6,102	7 MO S/L	0	872
314	Cottage #3 - Chairs (4) and Loveseat	9/29/23	5,470				5,470	7 MO S/L	0	716
315	Cottage #3 - 3-ton Lennox HVAC unit	10/02/23	13,400				13,400	7 MO S/L	0	1,755
316	Cottage #3 - New Desk	2/19/24	1,673				1,673	7 MO S/L	0	120
317	Servpro - Cottage #7 Cleanup	9/01/23	8,564				8,564	15 MO S/L	0	571
318	Cottage #8 - 2019 Ford Transit (white)	12/29/23	54,000				54,000	5 MO S/L	0	7,200
319	Cottage #11 - Tables, Sofa, Chair, Loveseat	11/07/23	9,717				9,717	7 MO S/L	0	1,157
320	Cottage #11 - New Office Furniture	12/03/23	1,021				1,021	7 MO S/L	0	109
321	Cottage #11 - Remodel	5/30/24	200,000				200,000	27 MO S/L	0	1,818
322	Sony Alpha 1 Full Frame and Lens 24-70mm	2/22/24	8,796				8,796	5 MO S/L	0	880
323	Sevier County - Light Poles/Installation	4/09/24	32,651				32,651	15 MO S/L	0	907
324	Chairs for New Alpha School	7/01/24	4,373				4,373	7 MO S/L	0	104
325	GoTo Communications - Phone System	5/31/24	61,207				61,207	3 MO S/L	0	5,101
326	Cottage #2 Remodel - Ron Ogle Donation (t	11/17/23	200,000				200,000	27 MO S/L	0	5,455
327	Cottage #2 - Ron Ogle Remodel	11/17/23	200,000				200,000	27 MO S/L	0	5,455
<b>Total Other Depreciation</b>			<u>10,354,421</u>				<u>10,354,421</u>		<u>6,338,866</u>	<u>360,815</u>
<b>Total ACRS and Other Depreciation</b>			<u>10,354,421</u>				<u>10,354,421</u>		<u>6,338,866</u>	<u>360,815</u>
<b>Grand Totals</b>			10,409,711				10,382,311		6,394,156	360,815
<b>Less: Dispositions and Transfers</b>			20,390				20,390		20,390	0
<b>Less: Start-up/Org Expense</b>			0				0		0	0
<b>Net Grand Totals</b>			<u>10,389,321</u>				<u>10,361,921</u>		<u>6,373,766</u>	<u>360,815</u>

**AMT Asset Report**

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Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
<b>Prior MACRS:</b>												
98	Cottage 1 - Flooring	8/10/15	19,578				19,578	27		MMS/L	5,725	712
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>7,022</u>	<u>712</u>
<b>Other Depreciation:</b>												
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
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
59	Building Improvment	8/31/87	0				0	0		HY	0	0
61	Improvement - Ogle Services	12/31/08	0				0	0		HY	0	0
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
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

## AMT Asset Report

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Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
71	2011 Ford E350 Work Van	7/08/13	0				0	0	HY		0	0
73	2002 Ford Box Truck	12/17/12	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	14,525	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
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
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
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
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
149	Desks	7/26/19	0				0	0	HY		0	0

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
150	IT Switches	11/06/18	0				0	0	HY		0	0
151	3rd Floor Evaporator	10/08/18	0				0	0	HY		0	0
152	Comforter AC System	9/27/18	0				0	0	HY		0	0
153	Loveseats/Sofas-Cottage #6	12/04/18	0				0	0	HY		0	0
154	Heatpump Installation	8/21/19	0				0	0	HY		0	0
155	Roof Replacement	4/23/19	0				0	0	HY		0	0
157	Sofas, Loveseats-Cottage #7	12/04/18	0				0	0	HY		0	0
158	3 ton indoor gas furnace	11/08/18	0				0	0	HY		0	0
159	Sofas	10/23/18	0				0	0	HY		0	0
160	Sofa/Loveseat- Cottage #11	1/24/19	0				0	0	HY		0	0
161	Office Building	1/03/19	0				0	0	HY		0	0
162	New Shingle Roof System	5/31/19	0				0	0	HY		0	0
163	Water & Main Drill Line	11/01/18	0				0	0	HY		0	0
164	2017 Cadillac Escalade	7/14/20	0				0	0	HY		0	0
165	2018 Ford Transit Van	10/04/19	0				0	0	HY		0	0
166	2018 Ford Transit Van	11/04/19	0				0	0	HY		0	0
167	2017 Ford Transit Van	5/20/20	0				0	0	HY		0	0
168	2018 Ford Transit Van	6/12/20	0				0	0	HY		0	0
169	2019 Ford Transit Van	7/16/20	0				0	0	HY		0	0
170	2019 Kia - Sportage	5/28/20	0				0	0	HY		0	0
172	PCM Business Direct - 3 laptops for CMs	12/26/19	0				0	0	HY		0	0
173	Ogle's Furniture Outlet - Table/Chairs	9/20/19	0				0	0	HY		0	0
174	Ogle's Furniture Outlet - Table/Chairs	10/22/19	0				0	0	HY		0	0
175	Vinyl Flooring - Girl's Classroom	8/14/20	0				0	0	HY		0	0
177	Vanity/Furniture for Director's Home	5/21/20	0				0	0	HY		0	0
178	Cottage #1 - Sofa/Chair	6/23/20	0				0	0	HY		0	0
179	Cottage #1 - AC Unit	9/20/19	0				0	0	HY		0	0
180	Cottage #6 - Phil's Carpets&Flooring	10/22/19	0				0	0	HY		0	0
181	Cottage #6 - 8 Chest Drawer	10/01/19	0				0	0	HY		0	0
182	Cottage #6 - Phil's Carpet&Flooring	9/20/19	0				0	0	HY		0	0
183	Cottage #5 - Gas Furnance	12/11/19	0				0	0	HY		0	0
184	Cottage #6 - AC Unit	4/14/20	0				0	0	HY		0	0
185	Cottage #6 - AC Unit	3/25/20	0				0	0	HY		0	0
186	Cottage #6 - Hot Water Heater	3/25/20	0				0	0	HY		0	0
187	Cottage #7 - New Guttering	12/02/19	0				0	0	HY		0	0
188	Cottage #8 - New Car Transmission	7/23/20	0				0	0	HY		0	0
189	Cottage #8 - AC Unit	5/19/20	0				0	0	HY		0	0
190	Cottage #11 - AC Unit	8/11/20	0				0	0	HY		0	0
191	Staff Housing - Donated Ron Ogle	2/10/20	0				0	0	HY		0	0
192	Land - Staff Housing	2/10/20	0				0	0	HY		0	0
193	2018 Chevrolet Silverado 1500	4/06/21	0				0	0	HY		0	0
194	2003 48v Golf Cart	2/11/21	0				0	0	HY		0	0
195	Cottage #2 - Dining Table	11/20/20	0				0	0	HY		0	0
196	Cottage #4 - Dressers	4/07/21	0				0	0	HY		0	0
197	Cottage #5 - Furniture	5/24/21	0				0	0	HY		0	0
198	Cottage #6 - Gym Equipment - Treadmill	4/27/21	0				0	0	HY		0	0
199	Cottage #8 - Furniture	6/22/21	0				0	0	HY		0	0
200	Cottage #8 - Appliances	8/26/21	0				0	0	HY		0	0
201	Cottage #11 - Dining Table	11/11/20	0				0	0	HY		0	0
202	Cottage #11 - Refrigerator	10/23/20	0				0	0	HY		0	0
203	Tramel House - Cabinets	9/03/20	0				0	0	HY		0	0
204	Tramel House - Carpet	8/26/21	0				0	0	HY		0	0
205	Residential Life Office Furniture	10/23/20	0				0	0	HY		0	0
206	Desks for Administration	4/14/21	0				0	0	HY		0	0
207	Alpha Classroom Remodel Project	12/16/20	0				0	0	HY		0	0
208	Alpha Kitchen and Library Remodel	6/17/21	0				0	0	HY		0	0
209	Computer Equipment	8/26/21	0				0	0	HY		0	0
210	Equipment	4/27/21	0				0	0	HY		0	0
211	Insight Direct USA- Computer Software & I	10/01/20	0				0	0	HY		0	0
212	Computer Equipment & Furniture	3/23/21	0				0	0	HY		0	0
214	Laptop for Media	11/20/20	0				0	0	HY		0	0
215	Media Room Remodel	6/28/21	0				0	0	HY		0	0
216	Cottage #8 Improvements	6/28/21	0				0	0	HY		0	0
217	Novatech Copier & Printer NT60537	12/16/20	0				0	0	HY		0	0
218	Novatech Copier & Printer NT60538	12/16/20	0				0	0	HY		0	0
219	Novatech Copier (B&W)	2/17/21	0				0	0	HY		0	0
220	Windstream Enterprise Phones	3/23/21	0				0	0	HY		0	0
221	2013 Ford Transit Cargo Van	1/28/22	0				0	0	HY		0	0
222	SafeT Systems - Camera Upgrades all Cotta	8/10/22	0				0	0	HY		0	0
223	Cottage #4 - New A/C Unit	9/07/21	0				0	0	HY		0	0
224	New Furniture - Cottage #4	11/03/21	0				0	0	HY		0	0

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
225	Improvements to Cottage #2	2/08/22	0				0	0	HY		0	0
226	Cottage #5 - New A/C Unit	9/07/21	0				0	0	HY		0	0
227	New Furniture - Cottage #6	1/11/22	0				0	0	HY		0	0
228	Cottage #8 - New A/C Unit	8/16/22	0				0	0	HY		0	0
229	New Roof - Cottage #10	8/01/22	0				0	0	HY		0	0
230	Office Furniture for Staff	7/27/22	0				0	0	HY		0	0
231	Lenovo Laptops (6)	10/27/21	0				0	0	HY		0	0
232	Novatech Printers for Sean	5/11/22	0				0	0	HY		0	0
233	Campus Signs	4/01/22	0				0	0	HY		0	0
234	SafeT Systems - New Cameras	4/08/22	0				0	0	HY		0	0
235	New Flooring for Admin Building	5/12/22	0				0	0	HY		0	0
236	Theater/Memories Room for Admin Buildin	7/11/22	0				0	0	HY		0	0
237	New Flooring for Staff Housing	10/29/21	0				0	0	HY		0	0
238	Alpha Classroom Remodel	12/17/21	0				0	0	HY		0	0
239	New Flooring for Dining Hall	8/15/22	0				0	0	HY		0	0
240	Flooring for Duplex	2/18/22	0				0	0	HY		0	0
241	Improvements to Love Teacher Building	5/25/22	0				0	0	HY		0	0
242	Donated Gazebo from Ron and Betty Ogle	6/30/22	0				0	0	HY		0	0
243	2008 Ford Van E-350 XLT	8/31/11	0				0	0	HY		0	0
244	2007 Chevy Express	10/26/07	0				0	0	HY		0	0
Sold/Scrapped: 1/02/24												
245	2012 Express Passenger 3500 Van	8/19/13	0				0	0	HY		0	0
246	New Desk/Set-up - Office Furniture Outfitte	10/05/22	0				0	0	HY		0	0
247	Staples Chairs for Tammie's Conference Tal	11/09/22	0				0	0	HY		0	0
248	Tammie's Conference Table - Office Furn. C	11/29/22	0				0	0	HY		0	0
249	Fire King Safe for Tammie	5/31/23	0				0	0	HY		0	0
250	New Desk for Martha - Office Furniture Ou	8/01/23	0				0	0	HY		0	0
251	Morgan's Concrete - Concrete Pad Playgrou	4/14/23	0				0	0	HY		0	0
252	Windows for Admin/Annex Building - Pella	6/14/23	0				0	0	HY		0	0
253	Ogle's Repair - Memories Room New AC	12/21/22	0				0	0	HY		0	0
254	Laptops for Campus - Amazon	9/12/22	0				0	0	HY		0	0
255	Media Computer - DMI Dell	6/20/23	0				0	0	HY		0	0
256	New Laptop for Case Manager - Amazon	2/28/23	0				0	0	HY		0	0
257	Gaming Monitors (2) - Amazon	3/29/23	0				0	0	HY		0	0
258	Laptops for Mauldin and Ruth Ann - Amazc	5/01/23	0				0	0	HY		0	0
259	Extra Laptop - Novatech	8/18/23	0				0	0	HY		0	0
260	Casey's New Laptop	9/26/22	0				0	0	HY		0	0
262	Uline Floor Scrubber for Dining Hall	9/27/22	0				0	0	HY		0	0
263	Dining Hall Tables from Walmart	10/27/22	0				0	0	HY		0	0
264	Tables/Carts for Dining Hall from Amazon	5/15/23	0				0	0	HY		0	0
265	Table Carts for Dining Hall - Amazon	6/29/23	0				0	0	HY		0	0
266	Dining Hall Storage Building	7/11/23	0				0	0	HY		0	0
267	Duplex and Tramel Rd House Washer	9/28/22	0				0	0	HY		0	0
268	Annex Apartment Dryer	12/29/22	0				0	0	HY		0	0
269	Duplex Washing Machine	3/30/23	0				0	0	HY		0	0
270	Dishwasher for Duplex	6/08/23	0				0	0	HY		0	0
271	AC Unit for Apartment	6/29/23	0				0	0	HY		0	0
272	SafeT Systems New Camera System	9/26/22	0				0	0	HY		0	0
273	SafeT Systems New Cameras	2/24/23	0				0	0	HY		0	0
274	Washing Machine - Cottage #1	11/01/22	0				0	0	HY		0	0
275	New Duct Work - Cottage #1	3/15/23	0				0	0	HY		0	0
276	New AC Unit - Cottage #2	9/01/22	0				0	0	HY		0	0
277	New Chair, Loveseat, and Sofa - Cottage #2	7/14/23	0				0	0	HY		0	0
278	End Tables - Cottage #2	8/30/23	0				0	0	HY		0	0
279	Refrigerator - Cottage #3	5/23/23	0				0	0	HY		0	0
280	New Water Heater - Cottage #4	11/10/22	0				0	0	HY		0	0
281	Side by Side Refrigerator - Cottage #4	7/28/23	0				0	0	HY		0	0
282	New AC Unit - Cottage #5	9/22/22	0				0	0	HY		0	0
283	End Tables (4) and TV Stands (2) - Cottage	4/28/23	0				0	0	HY		0	0
284	Fridge and Freezer - Cottage #8	2/23/23	0				0	0	HY		0	0
285	Apartment AC Unit - Cottage #10	8/29/23	0				0	0	HY		0	0
286	New Roof - Cottage #11	5/05/23	0				0	0	HY		0	0
287	New Desk for Joel	8/01/23	0				0	0	HY		0	0
288	Media Laptops (2)	8/31/23	0				0	0	HY		0	0
289	2004 Ford Van from Ron Ogle	2/03/23	0				0	0	HY		0	0
290	New Roof - Director's House	8/31/23	0				0	0	HY		0	0
291	HP Color LaserJet Mngd MFP E47528f Prii	4/28/23	0				0	0	HY		0	0
292	Novatech Equipment Lease 5000	7/27/23	0				0	0	HY		0	0
294	Cottage #8 - Furniture	11/08/22	0				0	0	HY		0	0
295	Novatech NT75753 - Foster Care Copier	9/01/22	0				0	0	HY		0	0
296	Washing Machine - Cottage #4	7/28/23	0				0	0	HY		0	0

## AMT Asset Report

FYE: 8/31/2024

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
297	Office Desk for Jessica	11/01/23	0				0	0	HY		0	0
298	Office Desk for Beth	5/29/24	0				0	0	HY		0	0
299	Office Desk for Tara	5/29/24	0				0	0	HY		0	0
300	1st Floor Admin Remodel - New Flooring	11/27/23	0				0	0	HY		0	0
301	Media Equipment - Media Camera/Lens	10/25/23	0				0	0	HY		0	0
302	Novatech - (3) New Laptops	11/28/23	0				0	0	HY		0	0
303	Apple Macbook	12/05/23	0				0	0	HY		0	0
304	Novatech Laptop for Case Manager	2/19/24	0				0	0	HY		0	0
305	Novatech Laptops for New Case Manager	5/29/24	0				0	0	HY		0	0
306	Alpha School - Laptops and Docking Station	10/10/23	0				0	0	HY		0	0
307	New Commercial A/C Unit for Alpha School	11/20/23	0				0	0	HY		0	0
308	Servpro - Res 3 and Duplex Fire Clean Up	6/07/24	0				0	0	HY		0	0
309	Dining Hall Chairs	9/29/23	0				0	0	HY		0	0
311	Scoreboard for Gym	9/29/23	0				0	0	HY		0	0
312	Director's Residence House - Remodel	9/01/23	0				0	0	HY		0	0
313	New Desks for Cottages	9/05/23	0				0	0	HY		0	0
314	Cottage #3 - Chairs (4) and Loveseat	9/29/23	0				0	0	HY		0	0
315	Cottage #3 - 3-ton Lennox HVAC unit	10/02/23	0				0	0	HY		0	0
316	Cottage #3 - New Desk	2/19/24	0				0	0	HY		0	0
317	Servpro - Cottage #7 Cleanup	9/01/23	0				0	0	HY		0	0
318	Cottage #8 - 2019 Ford Transit (white)	12/29/23	0				0	0	HY		0	0
319	Cottage #11 - Tables, Sofa, Chair, Loveseat	11/07/23	0				0	0	HY		0	0
320	Cottage #11 - New Office Furniture	12/03/23	0				0	0	HY		0	0
321	Cottage #11 - Remodel	5/30/24	0				0	0	HY		0	0
322	Sony Alpha 1 Full Frame and Lens 24-70mm	2/22/24	0				0	0	HY		0	0
323	Sevier County - Light Poles/Installation	4/09/24	0				0	0	HY		0	0
324	Chairs for New Alpha School	7/01/24	0				0	0	HY		0	0
325	GoTo Communications - Phone System	5/31/24	0				0	0	HY		0	0
326	Cottage #2 Remodel - Ron Ogle Donation (t	11/17/23	0				0	0	HY		0	0
327	Cottage #2 - Ron Ogle Remodel	11/17/23	0				0	0	HY		0	0
<b>Total Other Depreciation</b>			<u>24,900</u>				<u>24,900</u>				<u>14,525</u>	<u>1,660</u>
<b>Total ACRS and Other Depreciation</b>			<u>24,900</u>				<u>24,900</u>				<u>14,525</u>	<u>1,660</u>
<b>Grand Totals</b>			44,478				44,478				21,547	2,372
<b>Less: Dispositions and Transfers</b>			<u>0</u>				<u>0</u>				<u>0</u>	<u>0</u>
<b>Net Grand Totals</b>			<u>44,478</u>				<u>44,478</u>				<u>21,547</u>	<u>2,372</u>

**Bonus Depreciation Report**

FYE: 8/31/2024

**Form 990, Page 1**

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
243	2008 Ford Van E-350 XLT	8/31/11	19,900		0	0	19,900	0
245	2012 Express Passenger 3500 Van	8/19/13	15,000		0	0	7,500	7,500
<b>Grand Total</b>			<u>34,900</u>		<u>0</u>	<u>0</u>	<u>27,400</u>	<u>7,500</u>



**Depreciation Adjustment Report**

FYE: 8/31/2024

**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

Asset	Description	Date In Service	Cost	Tax	AMT
<b><u>Prior MACRS:</u></b>					
243	2008 Ford Van E-350 XLT	8/31/11	19,900	0	0
245	2012 Express Passenger 3500 Van	8/19/13	15,000	0	0
			<u>34,900</u>	<u>0</u>	<u>0</u>

**Other Depreciation:**

1	SMCH - Furniture	3/01/05	858	0	0
2	SMCH - F&E	3/01/05	28,251	0	0
3	SMCH-Furniture	2/07/03	16,695	0	0
4	SMCH-Furniture	2/01/02	32,323	0	0
5	SMCH-F&E	8/31/02	45,054	0	0
6	SMCH-F&E	8/31/01	58,052	0	0
7	SMCH-F&E	8/31/01	26,326	0	0
8	SMCH-F&E	8/31/00	4,701	0	0
9	Office Equipment	12/01/99	1,616	0	0
10	SMCH-Improvements	3/31/05	32,486	0	0
11	SMCH-Gym Improvements	2/10/05	41,395	0	0
12	SMCH-Improvements	3/31/02	21,116	0	0
13	SMCH-Improvements	2/01/02	55,686	0	0
14	SMCH-Improvements	2/01/02	90,335	0	0
15	SMCH-Dist Center	2/01/02	376,929	12,564	0
16	SMCH-Improvements	8/31/01	49,919	0	0
17	SMCH-Auditorium	8/31/00	12,542	0	0
18	SMCH-Improvements	8/31/00	80,731	0	0
19	SMCH-Improvements	8/31/00	17,749	0	0
20	SMCH-Landscaping	8/31/00	20,000	0	0
21	SMCH-Improvements	8/31/00	86,390	0	0
22	SMCH-Improvements	8/31/00	38,078	0	0
23	SMCH-Admin Entrance	10/15/99	26,682	0	0
24	SMCH-Gym Improvements	9/08/99	5,172	0	0
25	SMCH-Improvements	8/31/99	142,791	0	0
26	SMCH-Front Entrance	7/01/99	46,335	0	0
27	SMCH-Improvements	8/31/99	588,297	0	0
28	SMCH- Improvements	8/31/00	52,468	0	0
29	SMCH- Improvements	4/28/99	57,562	0	0
30	SMCH- Improvements	8/31/98	694,471	23,149	0
31	SMCH-Improvements	8/31/97	130,248	4,342	0
32	SMCH- Cottage 11	2/01/96	216,597	7,219	0
33	SMCH-Improvements	2/01/95	65,415	0	0
34	SMCH-Improvements	8/31/94	30,547	0	0
35	SMCH-Improvements	8/31/93	32,165	0	0
36	Improvements	8/31/92	172,791	0	0
37	Improvements	8/31/92	18,052	0	0
38	Building	8/31/91	21,265	0	0
39	Cafeteria	8/31/90	372,110	12,403	0
40	Building	8/31/89	373,326	0	0
41	Cottages	8/31/90	521,350	0	0
42	Building - Sev	8/31/90	208,293	0	0
43	Building	8/31/91	22,773	0	0
44	Ford (2)	7/15/04	10,622	0	0
45	Housing Equipment	3/01/06	8,005	0	0
46	Computers, etc	12/01/05	23,506	0	0
47	Land-Bldg #59	8/31/91	11,500	0	0
48	Land-Bldg #62	8/31/89	75,000	0	0
49	Land-Sevierville	8/31/85	355,837	0	0
50	Cottage 10 Refresh	4/30/06	116,603	0	0
55	2007 Chevy Silverado	11/15/07	17,341	0	0
56	2007 Chevy Silverado	11/15/07	21,260	0	0
59	Building Improvment	8/31/87	15,136	0	0
61	Improvement - Ogle Services	12/31/08	33,162	0	0
62	Computer Equipment	7/31/10	7,194	0	0
63	Foster Care Office	2/28/10	32,146	0	0
64	Foster Care F&E	2/28/10	10,906	0	0
65	2013 Kia Sorento - SMCH	8/24/12	28,451	0	0
67	Ford Van - Cottage #6	8/27/12	22,343	0	0

Asset	Description	Date In Service	Cost	Tax	AMT
68	Canon 5d Mark II Camera	12/03/12	2,798	0	0
69	Admin Bldg Addition	5/02/13	25,000	0	0
70	Apartment and Cottage Remodel	8/22/13	25,226	0	0
71	2011 Ford E350 Work Van	7/08/13	18,539	0	0
73	2002 Ford Box Truck	12/17/12	11,000	0	0
75	File Cabinet	10/23/13	4,706	0	0
76	Computers, Printers, IT equipment	4/23/14	3,527	0	0
77	Keyboard-Auditorium	9/03/13	2,500	0	0
78	3 ton Furnace	3/17/14	5,300	0	0
79	A/C Unit	6/26/14	5,025	0	0
80	Light Fixtures	3/05/14	5,200	0	0
81	SMCH - Improvements	10/03/13	2,880	192	0
82	Improvements - Cottage #9	1/15/14	12,307	820	0
83	2015 Dodge Caravan	8/25/15	27,618	0	0
84	Hot Water Heater	8/05/15	12,000	0	0
85	A/C Unit- 2.5 ton	9/12/14	2,650	0	0
86	5 ton - Gas Furnace	12/31/14	3,250	0	0
87	Walk In Freezer	12/18/14	22,750	0	0
88	Volleyball Court	12/02/14	24,900	1,660	1,660
89	15 ton Commercial A/C Unit	11/13/14	23,750	0	0
90	Improvements	11/20/14	18,950	1,264	0
91	5 A/C Units	6/19/15	38,151	0	0
92	A/C Unit	5/11/15	3,000	0	0
93	SMCH - Improvements	1/23/15	25,950	1,730	0
94	Improvements - Cottage 9	3/12/15	14,860	991	0
95	SMCH-Improvements	8/12/15	37,604	2,507	0
96	Flooring - Cottage 5	12/29/14	23,937	870	0
97	Furniture	4/02/15	5,870	0	0
98	Cottage 1 - Flooring	8/10/15	19,578	712	712
100	Improvements - Cottage 1	9/18/15	20,403	742	0
101	Aluminum Canopy - Cottage 6	3/29/16	2,470	165	0
102	Flooring Installation - Cottage 8	7/25/16	6,100	222	0
103	Improvements - Cottage 8	7/21/16	6,480	235	0
104	A/C Unit	5/12/16	3,150	210	0
105	Gas Unit and Line	2/15/16	3,975	265	0
106	Computer Equipment	2/08/17	2,886	0	0
107	Ford Fusion	3/08/17	16,017	0	0
108	AC Unit	7/02/17	10,376	0	0
109	AC Unit - Alpha School	5/30/17	5,995	0	0
110	Carpet - Cafeteria	1/04/17	29,875	2,988	0
111	Door - main entrance	1/09/17	2,756	92	0
112	Heat Pump - Director House	11/13/16	2,750	0	0
113	Memories Room Remodel	1/10/17	17,340	1,156	0
114	Gas Unit - Cottage #5	2/03/17	3,985	0	0
115	Sound Equip - Auditorium	2/15/17	23,600	0	0
117	Furniture - Cottage #1	1/24/17	5,577	0	0
118	Furniture - Cottage #2	9/01/16	4,710	0	0
119	AC Unit - Cottage #4	6/22/17	3,550	0	0
120	AC Unit - Cottage #7	6/08/17	3,450	0	0
121	2011 Ford Truck - Van for Cottage #5	4/13/17	14,345	0	0
122	AC Unit - Cottage #6	8/04/17	3,478	0	0
123	Furniture - Cottage #7	6/20/17	2,555	0	0
124	Tile Flooring - Cottage #7	5/30/17	17,000	1,133	0
125	Furniture - Cottage #7	5/31/17	6,437	0	0
126	AC Unit - Cottage #11	4/07/17	3,362	0	0
127	B&W Copiers - Ricoh Capital Lease	10/14/16	8,350	0	0
128	Color Copiers - Ricoh Capital Lease	9/01/16	26,375	0	0
129	Phone System - Windstream Capital Lease	11/09/16	48,857	0	0
130	Computers - Lenovo Capital Lease (1)	9/01/16	16,755	0	0
131	Computers - Lenovo Capital Lease (2)	9/01/16	35,888	0	0
132	Board Room Chairs	3/27/18	4,956	413	0
133	Computer Equipment	10/27/17	6,869	0	0
134	Roof - Annex	8/10/18	8,250	275	0
135	Roof- Main Building	2/09/18	36,785	1,226	0
136	Parking Lot Improvements	12/01/17	4,550	304	0
137	2007 Chevy Truck Transmission	6/28/18	3,864	0	0
138	Hot Water Heater	8/10/18	4,850	635	0
139	AC System	6/27/18	4,795	571	0
140	Cottage Remodel	5/22/18	5,966	397	0
141	AC Unit	7/12/18	5,375	640	0
142	AC Unit	5/24/18	5,375	576	0

Asset	Description	Date In Service	Cost	Tax	AMT
143	Furniture - Cottage	9/06/17	6,970	0	0
144	Roof-Director's House	2/15/18	4,000	133	0
146	Training Room Improvements	12/21/17	6,678	445	0
147	Flooring - Memories Room	9/13/17	8,173	545	0
149	Desks	7/26/19	3,555	507	0
150	IT Switches	11/06/18	6,869	981	0
151	3rd Floor Evaporator	10/08/18	4,275	611	0
152	Comforter AC System	9/27/18	5,529	790	0
153	Loveseats/Sofas-Cottage #6	12/04/18	4,142	592	0
154	Heatpump Installation	8/21/19	4,785	683	0
155	Roof Replacement	4/23/19	20,770	532	0
157	Sofas, Loveseats-Cottage #7	12/04/18	3,579	511	0
158	3 ton indoor gas furnace	11/08/18	7,385	1,055	0
159	Sofas	10/23/18	4,266	609	0
160	Sofa/Loveseat- Cottage #11	1/24/19	4,578	654	0
161	Office Building	1/03/19	585,000	15,000	0
162	New Shingle Roof System	5/31/19	10,776	359	0
163	Water & Main Drill Line	11/01/18	6,790	970	0
164	2017 Cadillac Escalade	7/14/20	17,970	2,995	0
165	2018 Ford Transit Van	10/04/19	32,000	533	0
166	2018 Ford Transit Van	11/04/19	32,300	1,077	0
167	2017 Ford Transit Van	5/20/20	30,000	4,500	0
168	2018 Ford Transit Van	6/12/20	30,000	4,500	0
169	2019 Ford Transit Van	7/16/20	33,000	6,050	0
170	2019 Kia - Sportage	5/28/20	20,841	3,126	0
172	PCM Business Direct - 3 laptops for CMs	12/26/19	2,611	174	0
173	Ogle's Furniture Outlet - Table/Chairs	9/20/19	1,107	158	0
174	Ogle's Furniture Outlet - Table/Chairs	10/22/19	630	90	0
175	Vinyl Flooring - Girl's Classroom	8/14/20	1,674	111	0
177	Vanity/Furniture for Director's Home	5/21/20	2,579	368	0
178	Cottage #1 - Sofa/Chair	6/23/20	3,706	529	0
179	Cottage #1 - AC Unit	9/20/19	4,450	635	0
180	Cottage #6 - Phil's Carpets&Flooring	10/22/19	8,466	564	0
181	Cottage #6 - 8 Chest Drawer	10/01/19	1,995	285	0
182	Cottage #6 - Phil's Carpet&Flooring	9/20/19	7,290	486	0
183	Cottage #5 - Gas Furnance	12/11/19	7,573	1,082	0
184	Cottage #6 - AC Unit	4/14/20	8,550	1,221	0
185	Cottage #6 - AC Unit	3/25/20	8,550	1,221	0
186	Cottage #6 - Hot Water Heater	3/25/20	3,600	515	0
187	Cottage #7 - New Guttering	12/02/19	10,028	334	0
188	Cottage #8 - New Car Transmission	7/23/20	3,273	600	0
189	Cottage #8 - AC Unit	5/19/20	5,850	835	0
190	Cottage #11 - AC Unit	8/11/20	5,114	731	0
191	Staff Housing - Donated Ron Ogle	2/10/20	400,000	10,256	0
192	Land - Staff Housing	2/10/20	50,000	0	0
193	2018 Chevrolet Silverado 1500	4/06/21	15,644	3,129	0
194	2003 48v Golf Cart	2/11/21	4,900	980	0
195	Cottage #2 - Dining Table	11/20/20	737	105	0
196	Cottage #4 - Dressers	4/07/21	648	93	0
197	Cottage #5 - Furniture	5/24/21	4,191	599	0
198	Cottage #6 - Gym Equipment - Treadmill	4/27/21	908	182	0
199	Cottage #8 - Furniture	6/22/21	6,748	964	0
200	Cottage #8 - Appliances	8/26/21	1,329	266	0
201	Cottage #11 - Dining Table	11/11/20	727	104	0
202	Cottage #11 - Refrigerator	10/23/20	549	110	0
203	Tramel House - Cabinets	9/03/20	9,833	1,405	0
204	Tramel House - Carpet	8/26/21	6,050	403	0
205	Residential Life Office Furniture	10/23/20	12,157	1,737	0
206	Desks for Administration	4/14/21	8,645	1,235	0
207	Alpha Classroom Remodel Project	12/16/20	3,624	242	0
208	Alpha Kitchen and Library Remodel	6/17/21	3,167	211	0
209	Computer Equipment	8/26/21	4,655	931	0
210	Equipment	4/27/21	7,280	1,456	0
211	Insight Direct USA- Computer Software & Equip	10/01/20	9,054	1,811	0
212	Computer Equipment & Furniture	3/23/21	4,143	592	0
214	Laptop for Media	11/20/20	2,095	419	0
215	Media Room Remodel	6/28/21	18,360	668	0
216	Cottage #8 Improvements	6/28/21	40,020	1,456	0
217	Novatech Copier & Printer NT60537	12/16/20	65,711	13,142	0
218	Novatech Copier & Printer NT60538	12/16/20	32,755	6,552	0
219	Novatech Copier (B&W)	2/17/21	16,110	3,222	0

Asset	Description	Date In Service	Cost	Tax	AMT
220	Windstream Enterprise Phones	3/23/21	87,239	0	0
221	2013 Ford Transit Cargo Van	1/28/22	12,699	0	0
222	SafeT Systems - Camera Upgrades all Cottages	8/10/22	11,364	0	0
223	Cottage #4 - New A/C Unit	9/07/21	4,975	0	0
224	New Furniture - Cottage #4	11/03/21	3,691	0	0
225	Improvements to Cottage #2	2/08/22	11,950	435	0
226	Cottage #5 - New A/C Unit	9/07/21	5,587	0	0
227	New Furniture - Cottage #6	1/11/22	3,868	0	0
228	Cottage #8 - New A/C Unit	8/16/22	6,650	0	0
229	New Roof - Cottage #10	8/01/22	39,800	1,020	0
230	Office Furniture for Staff	7/27/22	7,579	0	0
231	Lenovo Laptops (6)	10/27/21	4,074	0	0
232	Novatech Printers for Sean	5/11/22	1,951	0	0
233	Campus Signs	4/01/22	15,994	0	0
234	SafeT Systems - New Cameras	4/08/22	3,162	0	0
235	New Flooring for Admin Building	5/12/22	26,634	0	0
236	Theater/Memories Room for Admin Building	7/11/22	31,673	812	0
237	New Flooring for Staff Housing	10/29/21	3,489	0	0
238	Alpha Classroom Remodel	12/17/21	21,565	784	0
239	New Flooring for Dining Hall	8/15/22	40,023	0	0
240	Flooring for Duplex	2/18/22	4,296	0	0
241	Improvements to Love Teacher Building	5/25/22	33,366	1,214	0
242	Donated Gazebo from Ron and Betty Ogle	6/30/22	185,000	4,744	0
246	New Desk/Set-up - Office Furniture Outfitters	10/05/22	2,182	312	0
247	Staples Chairs for Tammie's Conference Table	11/09/22	802	115	0
248	Tammie's Conference Table - Office Furn. Outf	11/29/22	2,070	295	0
249	Fire King Safe for Tammie	5/31/23	1,649	236	0
250	New Desk for Martha - Office Furniture Outfit	8/01/23	1,665	238	0
251	Morgan's Concrete - Concrete Pad Playground	4/14/23	13,500	900	0
252	Windows for Admin/Annex Building - Pella SE	6/14/23	12,543	456	0
253	Ogle's Repair - Memories Room New AC	12/21/22	31,000	4,429	0
254	Laptops for Campus - Amazon	9/12/22	3,041	609	0
255	Media Computer - DMI Dell	6/20/23	3,595	719	0
256	New Laptop for Case Manager - Amazon	2/28/23	464	93	0
257	Gaming Monitors (2) - Amazon	3/29/23	616	123	0
258	Laptops for Mauldin and Ruth Ann - Amazon	5/01/23	2,328	466	0
259	Extra Laptop - Novatech	8/18/23	976	195	0
260	Casey's New Laptop	9/26/22	500	100	0
262	Uline Floor Scrubber for Dining Hall	9/27/22	3,136	627	0
263	Dining Hall Tables from Walmart	10/27/22	349	50	0
264	Tables/Carts for Dining Hall from Amazon	5/15/23	20,058	2,865	0
265	Table Carts for Dining Hall - Amazon	6/29/23	1,320	189	0
266	Dining Hall Storage Building	7/11/23	10,448	696	0
267	Duplex and Tramel Rd House Washer	9/28/22	1,048	209	0
268	Annex Apartment Dryer	12/29/22	499	100	0
269	Duplex Washing Machine	3/30/23	479	96	0
270	Dishwasher for Duplex	6/08/23	369	74	0
271	AC Unit for Apartment	6/29/23	749	107	0
272	SafeT Systems New Camera System	9/26/22	13,377	2,675	0
273	SafeT Systems New Cameras	2/24/23	13,377	2,676	0
274	Washing Machine - Cottage #1	11/01/22	429	86	0
275	New Duct Work - Cottage #1	3/15/23	4,350	622	0
276	New AC Unit - Cottage #2	9/01/22	4,475	639	0
277	New Chair, Loveseat, and Sofa - Cottage #2	7/14/23	4,343	620	0
278	End Tables - Cottage #2	8/30/23	6,013	859	0
279	Refrigerator - Cottage #3	5/23/23	1,201	240	0
280	New Water Heater - Cottage #4	11/10/22	2,235	447	0
281	Side by Side Refrigerator - Cottage #4	7/28/23	1,129	225	0
282	New AC Unit - Cottage #5	9/22/22	6,385	912	0
283	End Tables (4) and TV Stands (2) - Cottage #6	4/28/23	3,801	543	0
284	Fridge and Freezer - Cottage #8	2/23/23	2,053	411	0
285	Apartment AC Unit - Cottage #10	8/29/23	3,900	557	0
286	New Roof - Cottage #11	5/05/23	43,100	1,105	0
287	New Desk for Joel	8/01/23	2,796	399	0
288	Media Laptops (2)	8/31/23	7,094	1,419	0
289	2004 Ford Van from Ron Ogle	2/03/23	29,800	5,960	0
290	New Roof - Director's House	8/31/23	22,785	584	0
291	HP Color LaserJet Mngd MFP E47528f Printer	4/28/23	808	161	0
292	Novatech Equipment Lease 5000	7/27/23	152,342	30,469	0
294	Cottage #8 - Furniture	11/08/22	4,815	688	0
295	Novatech NT75753 - Foster Care Copier	9/01/22	29,319	5,863	0

Asset	Description	Date In Service	Cost	Tax	AMT
296	Washing Machine - Cottage #4	7/28/23	579	116	0
297	Office Desk for Jessica	11/01/23	1,304	186	0
298	Office Desk for Beth	5/29/24	1,922	274	0
299	Office Desk for Tara	5/29/24	1,345	192	0
300	1st Floor Admin Remodel - New Flooring	11/27/23	8,427	1,204	0
301	Media Equipment - Media Camera/Lens	10/25/23	14,095	2,819	0
302	Novatech - (3) New Laptops	11/28/23	2,980	596	0
303	Apple Macbook	12/05/23	2,499	500	0
304	Novatech Laptop for Case Manager	2/19/24	951	190	0
305	Novatech Laptops for New Case Manager	5/29/24	2,020	404	0
306	Alpha School - Laptops and Docking Stations	10/10/23	1,390	278	0
307	New Commercial A/C Unit for Alpha School	11/20/23	19,175	2,740	0
308	Servpro - Res 3 and Duplex Fire Clean Up	6/07/24	51,636	1,324	0
309	Dining Hall Chairs	9/29/23	3,601	514	0
311	Scoreboard for Gym	9/29/23	4,430	633	0
312	Director's Residence House - Remodel	9/01/23	73,572	2,676	0
313	New Desks for Cottages	9/05/23	6,102	871	0
314	Cottage #3 - Chairs (4) and Loveseat	9/29/23	5,470	782	0
315	Cottage #3 - 3-ton Lennox HVAC unit	10/02/23	13,400	1,914	0
316	Cottage #3 - New Desk	2/19/24	1,673	239	0
317	Servpro - Cottage #7 Cleanup	9/01/23	8,564	571	0
318	Cottage #8 - 2019 Ford Transit (white)	12/29/23	54,000	10,800	0
319	Cottage #11 - Tables, Sofa, Chair, Loveseat	11/07/23	9,717	1,388	0
320	Cottage #11 - New Office Furniture	12/03/23	1,021	146	0
321	Cottage #11 - Remodel	5/30/24	200,000	7,273	0
322	Sony Alpha 1 Full Frame and Lens 24-70mm	2/22/24	8,796	1,759	0
323	Sevier County - Light Poles/Installation	4/09/24	32,651	2,177	0
324	Chairs for New Alpha School	7/01/24	4,373	625	0
325	GoTo Communications - Phone System	5/31/24	61,207	20,402	0
326	Cottage #2 Remodel - Ron Ogle Donation (GIK)	11/17/23	200,000	7,272	0
327	Cottage #2 - Ron Ogle Remodel	11/17/23	200,000	7,272	0
<b>Total Other Depreciation</b>			<u>10,354,421</u>	<u>352,240</u>	<u>2,372</u>
<b>Total ACRS and Other Depreciation</b>			<u>10,354,421</u>	<u>352,240</u>	<u>2,372</u>
<b>Grand Totals</b>			<u>10,389,321</u>	<u>352,240</u>	<u>2,372</u>

**Taxable Interest on Investments**

<u>Description</u>		<u>Amount</u>	<u>Unrelated</u>	<u>Exclusion</u>	<u>Postal</u>	<u>Acquired after</u>	<u>US</u>
			<u>Business</u>	<u>Code</u>	<u>Code</u>	<u>6/30/75</u>	<u>Obs (\$ or %)</u>
INTEREST	INCOME	\$ 549					
INTEREST	INCOME	7,981					
	TOTAL	\$ 8,530					

## Federal Statements

FYE: 8/31/2024

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
IT SOFTWARE	\$ 59,364	\$ 59,364		
MISCELLANEOUS EXPENSE	29,819	29,819		
COTTAGE #11	24,066	24,066		
DINING HALL EXPENSES	22,672	22,672		
BOARD & COMMITTEE EXPENSE	17,457		17,457	
EQUIPMENT REPAIR & REPLAC	17,055	17,055		
COTTAGE #8	16,694	16,694		
FOSTER CARE- FINGERPRINTI	15,845	15,845		
MISSISSIPPI AUDITORIUM PR	13,221	13,221		
EMPLOYEE APPRECIATION MEA	13,016	13,016		
COTTAGE #2	12,605	12,605		
RESIDENTIAL LIFE OFFICE B	12,429	12,429		
RECREATION EXPENSE	10,548	10,548		
SPONSORSHIP	10,277	10,277		
FUNDRAISING BANQUET	9,994	9,994		
IT EQUIPMENT AND REPAIR	9,405	9,405		
COTTAGE #7	9,376	9,376		
TN ALLIANCE MEMBERSHIP	9,188	9,188		
TRAINING SESSIONS	8,867	8,867		
RESIDENTIAL LOOT BOX	8,624	8,624		
COTTAGE #6	8,488	8,488		
CHILDREN HOME MILLER PROJ	8,455	8,455		
MACHINE SERVICE & REPAIR	8,022	8,022		
COTTAGE #10	7,975	7,975		
COTTAGE #4	7,812	7,812		
COTTAGE #3	7,368	7,368		
COTTAGE #1	7,094	7,094		
COTTAGE #9	5,685	5,685		
HONORARIUMS	5,502	5,502		
SISTER ORPHANAGE MISSION	5,500	5,500		
FOSTER CARE- SHREDDING EX	5,306	5,306		
COPIER AND PRINTER CONTRA	5,299	5,299		
PAYPAL FEES	3,972	3,972		
FOSTER CARE - RECRUITMENT	3,617	3,617		
ADMINISTRATION EQUIPMENT	3,290	3,290		
COTTAGE #5	3,132	3,132		
FOSTER FAMILY CARE	3,068	3,068		



## Federal Statements

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
OFFICE DECORATION EXPENSE	\$ 2,311	\$ 2,311	\$	\$
DICK'S SPORTING GOOD PROJ	2,185	2,185		
DONATIONS AND OFFERINGS	2,000	2,000		
GYM EXPENSES	1,975	1,975		
CHRISTMAS GIFTS FOR RESID	1,865	1,865		
FOUNDER CLUB SCC TRANSFER	850	850		
SMCH WYELMAN PROJECT	500	500		
EMPLOYEE ANNIVERSARY GIFT	278	278		
PETTY CASH	262	262		
PUBLIC SCHOOL EXPENSE	100	100		
BANK SERVICE CHARGE	84	84		
SPECIAL PROJECTS BANK FEE	21	21		
TOTAL	\$ 442,538	\$ 425,081	\$ 17,457	\$ 0

**Schedule A, Part II, Line 1(e)**

Description	Amount
CH OF GOD INTERNATIONAL OFFICES	\$ 401,947
CONTRIBUTIONS	1,255,111
FOUNDER'S CLUB	1,700
BOARD-PRIVATE	27,080
POSTAGE	330
IN-KIND CONTRIBUTIONS	214,508
BOARD-SOCIAL SECURITY	300
MISCELLANEOUS	60,467
MISCELLANEOUS INCOME	280
ONLINE GIVING FEES	487
TOTAL	\$ 1,962,210

FYE: 8/31/2024

**Schedule A, Part II, Line 5 - Excess Gifts**

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
OPERATION COMPASSION	\$	\$
JOHN PHILLIPS		
ROBERT SPRINGER		
RUFUS DINGESS		
BEVERLY CUNNINGHAM		
TEAM DRAFT & AMERICAN LEGEND RALLY		
LODGE CAST IRON		
EDWARD WAIGAND	7,124	
GAYLE HARVEY	5,000	
AMERIPRISE FINANCIAL SERVICES		
NEW YORK STATE WM PRESIDENT		
PINE HILL CHURCH OF GOD		
KIMBERLIN HEIGHTS CHURCH OF GOD	23,597	
CHURCH OF GOD WORLD MISSIONS	260,783	29,094
EAST TN FOUNDATION		
DORCAS TRULL		
JONATHAN AND WILMA CHARLES	5,000	
KEITH SCHMIDT		
ROY MILLER	80,000	
NAOMI GRIFFIS		
ALABAMA STATE WM PRESIDENT	129,474	
INDIANA STATE WM PRESIDENT	25,237	
HEARTLAND REGION WOMENS DISCIPLESHIP	60,378	
KENTUCKY STATE WM PRESIDENT	330,887	99,198
DELMARVA-DC STATE WM PRESIDENT	134,704	
MISSISSIPPI STATE WM PRESIDENT	30,811	
COG INTERNATIONAL YOUTH/WINTERFEST	5,000	
CHURCH OF GOD INTERNATIONAL OFFICES	1,842,488	1,610,799
TEXAS STATE OFFICE SOUTH CENTRAL		
FOUNDATIONS OF THE CAROLINAS	250,000	18,311
SARA E. ALLEN, P.C.		
TENNESSEE STATE WM DISCIPLESHIP DIR	159,381	
ILLINOIS STATE WM PRESIDENT		
MICHIGAN STATE WM PRESIDENT	8,000	
MISSOURI STATE WM PRESIDENT	51,887	
OHIO STATE WM PRESIDENT	178,586	
VIRGINIA STATE WM DISCIPLESHIP DIR	81,534	
COVENANT TRANSPORT		
UPPER ROOM CHURCH OF GOD		
OAK FOREST CHURCH OF GOD		
JEFFRY AND DEVONA KEITH	13,500	
EDEN CREST VACATION RENTALS		
TRINITY FELLOWSHIP CHURCH OF GOD		
SOUTH METRO MINISTRIES		
WIDOWS SONS - THE DRAGON CHAPTER		
VALERIE ALVIE		
LIFE CHURCH INTERNATIONAL		
LIVING RIVER CHURCH OF GOD		
RUFUS DINGESS, INC.		
JANIS HILL		
E.L. BROWN		
MARK WRIGHT	5,000	
NORTH CLEVELAND CHURCH OF GOD		
NEW HOPE CHURCH OF GOD		

FYE: 8/31/2024

**Schedule A, Part II, Line 5 - Excess Gifts (continued)**

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
MT. PARAN NORTH CHURCH OF GOD	\$	\$
JAMES AND KAREN TYSON		
PHIL KEATON	20,000	
JANICE CHAPMAN		
DAVID HADDEN		
THE BARKER SURVIVOR'S TRUST		
OGLE REPAIR COMPANY		
GLYNDON & YVONNE POWELL		
DR. ROBERT BOWMAN	262,000	30,311
CHURCH OF GOD WORSHIP & MINISTRY CEN	54,017	
FAYE DECKER	5,000	
FOREST HILL CHURCH OF GOD	15,625	
GEORGIA-NORTH STATE BISHOP	15,041	
GEORGIA-SOUTH STATE BISHOP	219,920	
EVA HOLCOMB	11,460	
MT. JULIET CHURCH OF GOD	28,500	
NEW BEGINNINGS CHURCH OF GOD	15,100	
NEW LIFE WORSHIP CENTER, INC.	5,000	
PRAISE CATHEDRAL COG WM	5,000	
BRENDA RICHARDSON-MCGHEE	5,100	
RICHARD WEYLMAN	49,150	
TEXAS STATE BISHOP	112,491	
MISSISSIPPI STATE BISHOP	26,885	
EAGLE RIDERS	8,000	
FULL GOSPEL INDEPEDENT BIBLE CHURCH	20,000	
GREEN FAMILY WORSHIP CENTER	28,009	
HAYDEN CHURCH OF GOD	25,500	
METROPOLITAN CHURCH OF GOD	15,760	
RON AND BETTY OGLE	252,556	20,867
OGLE FURNITURE OUTLET	10,000	
BARBARA A. ROCHELL	50,000	
SALE CREEK CHURCH OF GOD	10,157	
POWELL PAINT CENTER	25,000	
TIMOTHY AND TRACEY STOTLER	5,000	
GAILYN THOMPSON	5,000	
BETTY VINSON	10,491	
B.P.O.E. GATLINBURG LODGE #1925	42,320	
BOSTON HOLT & DURHAM PLLC	228,548	
MR. AND MRS. A.Z. JACKSON	11,436	
ALCOA-MARYVILLE CHURCH OF GOD	17,120	
ALLIANZ	25,521	
ASSEMBLIES OF GOD FOUNDATION	80,000	
BTI, INC.	18,000	
WILLIAM AND VELETA BOLES	25,402	
CARLOS LABRA	15,000	
MARY EDWARDS	18,000	
ESTATE OF RUBY ANNA LEE FRALEY	18,900	
FAYETTEVILLE CHURCH OF GOD	5,500	
FIRST PRIORITY TITLE COMPANY, INC.	5,000	
GEEDING CONSTRUCTION, INC.	12,000	
ROBERT AND SHIRLEY HAMILTON	11,200	
TOMMY HORST	5,000	
ILLINOIS STATE BISHOP	20,982	
KINGS OF REAL ESTATE	42,525	

**Schedule A, Part II, Line 5 - Excess Gifts (continued)**

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
ANGIE LYKINS	\$ 5,125	\$
MARY ESTHER CHURCH OF GOD	17,219	
NOCATEE CHURCH OF GOD	19,194	
NORTHPORT CHURCH OF GOD WM	6,443	
MICHAEL AND BEVERLY OWNBY	8,000	
JANEEN PATTEN	5,000	
TIMOTHY AND TRACEY STOTLER	6,400	
STEVEN AND JEAN TRIPLETT	12,000	
TUNDRA CREW	30,590	
WINCHESTER CHURCH OF GOD	12,002	
BARBARA YOUNG	20,000	
BLACKWATER CHURCH OF GOD	15,698	
CK PROPERTIES OF KNOXVILLE LLC	20,060	
CELINA CHURCH OF GOD	6,536	
CHURCH OF GOAD WORSHIP/MINISTRY CTR	22,000	
CLARA CHURCH OF GOD	5,053	
JEANNINE HURST EMORY	6,000	
FIDELITY CHARITABLE GIFT FUND	10,000	
GROOVE LEARNING CENTER	15,221	
RANDALL & KAY HENDRIX	5,000	
HOBART JUBILEE WORSHIP CENTER	5,046	
LENARD KING	74,698	
DARLA LANE	25,000	
LIGHTHOUSE CHURCH OF GOD	12,071	
SHANNON MCFADDEN	12,620	
NICHOLAS DRIVE CHURCH OF GOD	6,128	
NOLAN SWANSON INSPECTIONS LLC	11,000	
BARBARA PADGETT	10,000	
PRICE CHAPEL CHURCH OF GOD	14,172	
SANTA FAMILY REUNION, LLC	7,489	
SIXTH AVENUE CHURCH OF GOD	10,402	
SOUTH CENTRAL HISPANIC OFFICE	6,000	
CHARLES STRENG	12,500	
MR. NOLAN SWANSON	9,000	
JONI TACKETT-BARNES	20,000	
STEPHANIE TAYLOR	5,000	
THE CHAIRMAN'S CLUB C/O KRUGGEL LAWT	5,000	
THE WORD @ LAKESIDE	23,292	
VINE GROVE CHURCH OF GOD	37,200	
WESTMORE CHURCH OF GOD	16,291	
WRENS CHURCH OF GOD	5,216	
AGAPE GARDENS MINISTRIES	7,966	
BOB AND JUDY BOSTON	10,000	
CITY CHURCH OF CHATTANOOGA	5,000	
DOLLYWOOD DREAMMORE RESORT	11,575	
ELLER & OWENS FURNITURE, INC.	15,000	
FLORIDA-TAMPA STATE BISHOP	8,544	
NIKE	7,472	
RICKEY PRAYTOR	5,000	
RENTAL PRO	5,000	
RUBY PEARL DAVIS ESTATE	12,095	
SLAMMEDENUFF, LLC	25,000	
THE DICK'S SPORTING GOODS FOUNDATION	5,000	
THE SOFT SHIRT PLACE	5,029	

**Schedule A, Part II, Line 5 - Excess Gifts (continued)**

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
THOMAS WADDELL	\$ 5,500	\$
TOTAL	\$ 6,310,434	\$ 1,808,580

## Federal Statements

Schedule A, Part II, Line 12 - Current yearDescriptionAmount

FOSTER PROGRAM	\$ 5,430,715
BOARD-DCS (FOSTER TRANSFERS)	1,643,065
RENT	2,000
COTTAGE #1	30,262
COTTAGE #2	1,583
COTTAGE #4	20,996
COTTAGE #5	7,804
COTTAGE #6	33,103
COTTAGE #7	122,455
COTTAGE #8	47,323
COTTAGE #9	14,056
COTTAGE #10	18,939
COTTAGE #11	48,158
INTEREST INCOME	865
COTTAGE #3	58,639
MISSISSIPPI AUDITORIUM PROJEC	13,283
FUNDRAISING BANQUET	4,000
SPECIAL PROJECTS BANK INTERES	21
CHOIR & DRAMA FUND	230,661
CHILDREN HOME MILLER PROJECTS	20,000
DICK'S SPORTING GOOD PROJECT	5,000
NEW ALPHA SCHOOL FUND	7,966
ADMINISTRATION EQUIPMENT	3,290
INTEREST INCOME	549
INTEREST INCOME	7,981
INVESTMENT INCOME	42,877
UNREALIZED GAIN ON INVESTMENT	16,641
REALIZED GAIN ON INVESTMENTS	-12,986
FROM CSA IMPORT	
TOTAL	\$ <u>7,819,246</u>

Form <b>990</b>		<b>Two Year Comparison Report</b>		<b>2022 &amp; 2023</b>	
Name		For calendar year 2023, or tax year beginning <b>09/01/23</b> , ending <b>08/31/24</b>		Taxpayer Identification Number	
<b>SMOKY MOUNTAIN CHILDREN'S HOME</b>				<b>** - ***0635</b>	
			<b>2022</b>	<b>2023</b>	<b>Differences</b>
<b>Revenue</b>	1. Contributions, gifts, grants .....	1.	1,845,393	1,962,210	116,817
	2. Membership dues and assessments .....	2.			
	3. Government contributions and grants .....	3.			
	4. Program service revenue .....	4.	6,814,340	7,764,184	949,844
	5. Investment income .....	5.	72,578	55,062	-17,516
	6. Proceeds from tax exempt bonds .....	6.			
	7. Net gain or (loss) from sale of assets other than inventory .....	7.	13,909	4,000	-9,909
	8. Net income or (loss) from fundraising events .....	8.			
	9. Net income or (loss) from gaming .....	9.			
	10. Net gain or (loss) on sales of inventory .....	10.			
	11. Other revenue .....	11.	121,200		-121,200
	12. <b>Total revenue.</b> Add lines 1 through 11	12.	8,867,420	9,785,456	918,036
<b>Expenses</b>	13. Grants and similar amounts paid .....	13.			
	14. Benefits paid to or for members .....	14.			
	15. Compensation of officers, directors, trustees, etc. ....	15.			
	16. Salaries, other compensation, and employee benefits .....	16.	3,873,705	4,636,965	763,260
	17. Professional fundraising fees .....	17.			
	18. Other professional fees .....	18.	39,857	36,726	-3,131
	19. Occupancy, rent, utilities, and maintenance .....	19.	623,385	681,993	58,608
	20. Depreciation and Depletion .....	20.	315,635	378,644	63,009
	21. Other expenses .....	21.	3,571,826	4,234,687	662,861
	22. <b>Total expenses.</b> Add lines 13 through 21	22.	8,424,408	9,969,015	1,544,607
	23. <b>Excess or (Deficit).</b> Subtract line 22 from line 12	23.	443,012	-183,559	-626,571
<b>Other Information</b>	24. Total exempt revenue .....	24.	8,867,420	9,785,456	918,036
	25. Total unrelated revenue .....	25.			
	26. Total excludable revenue .....	26.	7,022,027	7,823,246	801,219
	27. Total assets .....	27.	5,923,765	5,900,993	-22,772
	28. Total liabilities .....	28.	958,774	1,119,561	160,787
	29. Retained earnings .....	29.	4,964,991	4,781,432	-183,559
	30. Number of voting members of governing body .....	30.	17	17	
	31. Number of independent voting members of governing body .....	31.	18	18	
	32. Number of employees .....	32.	137	137	
33. Number of volunteers .....	33.	380	390		

Form <b>990</b>	<b>Tax Return History</b>	<b>2023</b>
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Name <b>SMOKY MOUNTAIN CHILDREN'S HOME</b>	Employer Identification Number <b>**-***0635</b>
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	2019	2020	2021	2022	2023	2024
Contributions, gifts, grants .....	2,088,632	3,466,461	2,046,681	1,845,393	1,962,210	
Membership dues .....						
Program service revenue .....	5,557,201	4,010,594	4,959,307	6,814,340	7,764,184	
Capital gain or loss .....	15,553	-25,000		13,909	4,000	
Investment income .....	61,084	128,435	-87,038	72,578	55,062	
Fundraising revenue (income/loss) .....						
Gaming revenue (income/loss) .....						
Other revenue .....		359,980		121,200		
<b>Total revenue</b> .....	<b>7,722,470</b>	<b>7,940,470</b>	<b>6,918,950</b>	<b>8,867,420</b>	<b>9,785,456</b>	
Grants and similar amounts paid .....						
Benefits paid to or for members .....						
Compensation of officers, etc. ....						
Other compensation .....	4,214,367	3,715,160	3,493,195	3,873,705	4,636,965	
Professional fees .....	48,507	37,510	35,010	39,857	36,726	
Occupancy costs .....	640,401	422,928	625,997	623,385	681,993	
Depreciation and depletion .....	263,888	324,033	297,744	315,635	378,644	
Other expenses .....	2,505,777	2,439,114	2,771,103	3,571,826	4,234,687	
<b>Total expenses</b> .....	<b>7,672,940</b>	<b>6,938,745</b>	<b>7,223,049</b>	<b>8,424,408</b>	<b>9,969,015</b>	
<b>Excess or (Deficit)</b> .....	<b>49,530</b>	<b>1,001,725</b>	<b>-304,099</b>	<b>443,012</b>	<b>-183,559</b>	
Total exempt revenue .....	7,722,470	7,940,470	6,918,950	8,867,420	9,785,456	
Total unrelated revenue .....						
Total excludable revenue .....	5,633,838	4,474,009	4,872,269	7,022,027	7,823,246	
Total Assets .....	5,381,784	5,452,626	5,401,305	5,923,765	5,900,993	
Total Liabilities .....	1,557,436	626,553	879,324	958,774	1,119,561	
Net Fund Balances .....	3,824,348	4,826,073	4,521,981	4,964,991	4,781,432	