

Form **990**
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

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

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

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning November 1 , 2019, and ending October 31 , 20 20		
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Tennessee Baptist Children's Homes, Inc.	D Employer identification number 62-0488043
	Doing business as	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite P O Box 2206	
	City or town, state or province, country, and ZIP or foreign postal code Brentwood, TN 37024	
	F Name and address of principal officer: Greg McCoy same as above	E Telephone number 615-376-3140
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		G Gross receipts \$ 9473910
J Website: ▶ www.tennesseebaptist.org		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1891 M State of legal domicile: TN

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: Tennessee Baptist Children's Homes, Inc. is a ministry to children and families in crisis that leads them to become whole persons in Christ through faith, hope, and love.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	24
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	24
Revenue	5 Total number of individuals employed in calendar year 2019 (Part VII, line 2a)	5	
	6 Total number of volunteers (estimate if necessary)	6	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	
	7b Net unrelated business taxable income from Form 990-T, line 39	7b	
Expenses	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶		
Net Assets or Fund Balances	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		
	19 Revenue less expenses. Subtract line 18 from line 12		
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)		
	22 Net assets or fund balances. Subtract line 21 from line 20		

Part II Signature Block

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

Sign Here	Signature of officer <i>Greg McCoy</i>	Date <i>1-27-2021</i>
	Type or print name and title <i>Greg McCoy, President</i>	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	Firm's name ▶	Firm's EIN ▶		
	Firm's address ▶	Phone no.		

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2019)

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Greg McCoy President/Treasurer	50			✓				79516	0	85600
(2) April Beck Trustee	.3	✓						0	0	0
(3) John Bumpus Trustee	.2	✓						0	0	0
(4) Ken Clark Trustee	.3	✓						0	0	0
(5) Jeralyn Collins Trustee	.5	✓						0	0	0
(6) Sherry Copeland Trustee	.3	✓						0	0	0
(7) Jim Cummings Vice-Chairman	.6			✓				0	0	0
(8) Melanie Dunn Trustee	.2	✓						0	0	0
(9) Todd Hallman Trustee	.0	✓						0	0	0
(10) Chuck Herring Chairperson	.6			✓				0	0	0
(11) Edd Lawrence Trustee	.3	✓						0	0	0
(12) Bryan Lyle Trustee	.8	✓						0	0	0
(13) Mike McClanahan Trustee	.2	✓						0	0	0
(14) Jack "Sandy" McPherson Trustee	.3	✓						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) Deron Myers Trustee	.8	<input checked="" type="checkbox"/>						0	0	0
(16) William "Billy" Pruitt Trustee	.3	<input checked="" type="checkbox"/>						0	0	0
(17) Mike Roberts Trustee	.5	<input checked="" type="checkbox"/>						0	0	0
(18) Randy Roper Trustee	.2	<input checked="" type="checkbox"/>						0	0	0
(19) Paul Rose Trustee	.2	<input checked="" type="checkbox"/>						0	0	0
(20) Sharon Sartain Trustee	.3	<input checked="" type="checkbox"/>						0	0	0
(21) Bert Spann Trustee	.2	<input checked="" type="checkbox"/>						0	0	0
(22) Sara Jane Via Trustee	.3	<input checked="" type="checkbox"/>						0	0	0
(23) Allen Voss Secretary	.5			<input checked="" type="checkbox"/>				0	0	0
(24) Brad Warren Trustee	.2	<input checked="" type="checkbox"/>						0	0	0
(25) Bruce Wrather Trustee	.4	<input checked="" type="checkbox"/>						0	0	0
1b Subtotal								0	0	0
c Total from continuation sheets to Part VII, Section A								79516	0	85600
d Total (add lines 1b and 1c)								79516	0	85600

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**

- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		<input checked="" type="checkbox"/>
4	<input checked="" type="checkbox"/>	
5		<input checked="" type="checkbox"/>

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

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 16287				
	b	Membership dues	1b				
	c	Fundraising events	1c 283639				
	d	Related organizations	1d 1443414				
	e	Government grants (contributions)	1e 0				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 6847096				
	g	Noncash contributions included in lines 1a-1f	1g \$ 277830				
	h	Total. Add lines 1a-1f		8590436			
	Program Service Revenue				Business Code		
2a		Child support payments	623990	39682	39682		
b							
c							
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f		39682			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		160908	160908		
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	6a 122545				
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c 122545				
	d	Net rental income or (loss)		122545	122545		
	7a	Gross amount from sales of assets other than inventory	7a 487802				
	b	Less: cost or other basis and sales expenses	7b				
	c	Gain or (loss)	7c 487802				
	d	Net gain or (loss)		487802	487802		
	8a	Gross income from fundraising events (not including \$ 283639 of contributions reported on line 1c). See Part IV, line 18	8a 18208				
	b	Less: direct expenses	8b 65667				
	c	Net income or (loss) from fundraising events		(47459)		(47459)	
	9a	Gross income from gaming activities. See Part IV, line 19	9a				
	b	Less: direct expenses	9b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	10a				
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue				Business Code			
	11a	Sale of livestock	110000	10096	10096		
	b	Sale of hay	111000	9685	9685		
	c						
	d	All other revenue	900099	34548	34548		
	e	Total. Add lines 11a-11d		54329			
12	Total revenue. See instructions		9408243	865266		(47459)	

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0	0		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	518329	518329		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	150163	0	150163	0
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages	3279209	2529365	560854	188990
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	268229	200734	49238	18257
9 Other employee benefits	1047329	776590	219354	51384
10 Payroll taxes	244781	184628	45193	14960
11 Fees for services (nonemployees):				
a Management	0	0	0	0
b Legal	40778	21008	19770	0
c Accounting	0	0	0	0
d Lobbying	0	0	0	0
e Professional fundraising services. See Part IV, line 17	18763			18763
f Investment management fees	0	0	0	0
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	18358	0	0	18358
12 Advertising and promotion	62338	0	0	62338
13 Office expenses	100324	46029	15548	38747
14 Information technology	155012	78701	26977	49334
15 Royalties	0	0	0	0
16 Occupancy	0	0	0	0
17 Travel	116528	94966	13970	7593
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	30203	19499	10161	543
20 Interest	0	0	0	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	511080	412295	91340	7445
23 Insurance	211417	155819	53196	2402
24 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.)				
a Appreciation events	217	0	0	217
b Maintenance	385128	353156	26076	5896
c Utilities	367855	315798	44617	7440
d Property taxes	232	0	232	0
e All other expenses <u>Miscellaneous</u>	173688	142642	17445	13601
25 Total functional expenses. Add lines 1 through 24e	7699962	5849558	1344136	506268
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

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

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		✓
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 type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	✓	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	✓	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		✓
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.		