

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2005

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

A For the 2005 calendar year, or tax year beginning 11/01, 2005, and ending 10/31/2006

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

TENNESSEE BAPTIST ADULT HOMES, INC

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

5001 MARYLAND WAY

City or town, state or country, and ZIP + 4

BRENTWOOD, TN 37027

D Employer identification number

62-0934533

E Telephone number

(615) 371-2050

F Accounting method:

☐ Cash☒ Accrual

Other (specify):

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations

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

H(b) If "Yes," enter number of affiliates

H(c) Are all affiliates included? ☐ Yes ☒ No

(If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☒ Yes ☐ No

I Group Exemption Number

M Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

G Website: N/A

J Organization type (check only one) ☒ 501(c) (3) (insert no.) ☐ 4947(a)(1) or ☐ 527K Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 7,815,055.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

| | | | | | |
|--|--|----------------|------------|-----------|--|
| 1 Contributions, gifts, grants, and similar amounts received: | | | | | |
| a Direct public support | | 1a | 1,286,166. | | |
| b Indirect public support | | 1b | 264,750. | | |
| c Government contributions (grants) | | 1c | | | |
| d Total (add lines 1a through 1c). (cash \$ 840,916. noncash \$ 710,000.) | | 1d | 1,550,916. | | |
| 2 Program service revenue including government fees and contracts (from Part VII, line 93) | | 2 | 6,141,501. | | |
| 3 Membership dues and assessments | | 3 | | | |
| 4 Interest on savings and temporary cash investments | | 4 | 63,631. | | |
| 5 Dividends and interest from securities | | 5 | | | |
| 6 a Gross rents | | 6a | 15,800. | | |
| b Less: rental expenses | | 6b | 12,728. | | |
| c Net rental income or (loss) (subtract line 6b from line 6a) | | 6c | 3,072. | | |
| 7 Other investment income (describe) | | 7 | | | |
| 8 a Gross amount from sales of assets other than inventory | | (A) Securities | | (B) Other | |
| b Less: cost or other basis and sales expenses | | 8a | | | |
| c Gain or (loss) (attach schedule) | | 8b | | | |
| d Net gain or (loss) (combine line 8c, columns (A) and (B)) | | 8c | | | |
| 8d | | | | | |
| 9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/> | | | | | |
| a Gross revenue (not including \$ of contributions reported on line 1a) | | 9a | | | |
| b Less: direct expenses other than fundraising expenses | | 9b | | | |
| c Net income or (loss) from special events (subtract line 9b from line 9a) | | 9c | | | |
| 10 a Gross sales of inventory, less returns and allowances | | 10a | | | |
| b Less: cost of goods sold | | 10b | | | |
| c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) | | 10c | | | |
| 11 Other revenue (from Part VII, line 103) | | 11 | 43,207. | | |
| 12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) | | 12 | 7,802,327. | | |
| 13 Program services (from line 44, column (B)) | | 13 | 5,954,263. | | |
| 14 Management and general (from line 44, column (C)) | | 14 | 872,433. | | |
| 15 Fundraising (from line 44, column (D)) | | 15 | | | |
| 16 Payments to affiliates (attach schedule) | | 16 | | | |
| 17 Total expenses (add lines 16 and 44, column (A)) | | 17 | 6,826,696. | | |
| 18 Excess or (deficit) for the year (subtract line 17 from line 12) | | 18 | 975,631. | | |
| 19 Net assets or fund balances at beginning of year (from line 73, column (A)) | | 19 | 5,205,799. | | |
| 20 Other changes in net assets or fund balances (attach explanation) | | 20 | | | |
| 21 Net assets or fund balances at end of year (combine lines 18, 19, and 20) | | 21 | 6,181,430. | | |

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2005)

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are for organizations and section 4947(a)(1) nonexempt charitable trusts but optional for other organizations.

| Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I. | (A) Total | (B) Program services | (C) Management and general |
|--|----------------|----------------------|----------------------------|
| 22 Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | 22 | | |
| 23 Specific assistance to individuals (attach schedule) | 23 | | |
| 24 Benefits paid to or for members (attach schedule) | 24 | | |
| 25 Compensation of officers, directors, etc. | 25 73,148. | | 7 |
| 26 Other salaries and wages | 26 3,698,020. | 3,387,405. | 31 |
| 27 Pension plan contributions | 27 | | |
| 28 Other employee benefits | 28 660,152. | 574,917. | 8 |
| 29 Payroll taxes | 29 | | |
| 30 Professional fundraising fees | 30 | | |
| 31 Accounting fees | 31 | | |
| 32 Legal fees | 32 | | |
| 33 Supplies | 33 337,845. | 319,423. | 1 |
| 34 Telephone | 34 | | |
| 35 Postage and shipping | 35 6,301. | 6,301. | |
| 36 Occupancy | 36 | | |
| 37 Equipment rental and maintenance | 37 | | |
| 38 Printing and publications | 38 | | |
| 39 Travel | 39 | | |
| 40 Conferences, conventions, and meetings | 40 | | |
| 41 Interest | 41 10,266. | 10,266. | |
| 42 Depreciation, depletion, etc. (attach schedule) | 42 243,471. | 243,471. | |
| 43 Other expenses not covered above (itemize): | | | |
| a STMT 4 | 43a 1,797,493. | 1,412,480. | 38 |
| b | 43b | | |
| c | 43c | | |
| d | 43d | | |
| e | 43e | | |
| f | 43f | | |
| g | 43g | | |
| 44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15). | 44 6,826,696. | 5,954,263. | 87 |

Joint Costs. Check ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____.

Part IV-A Reconciliation of instructions.)

- a Total revenue, gains, and other income
- b Amounts included on line a b
- 1 Net unrealized gains on investments
- 2 Donated services and use of facilities
- 3 Recoveries of prior year grants
- 4 Other (specify): SEE STATEMENT

Add lines b1 through b4

- c Subtract line b from line a
- d Amounts included on Part I, line 12
- 1 Investment expenses not included in line 12
- 2 Other (specify):

Add lines d1 and d2

Part IV-B Reconciliation of instructions.)

- a Total expenses and losses reported on line 44
- b Amounts included on line a b
- 1 Donated services and use of facilities
- 2 Prior year adjustments reported on line 12
- 3 Losses reported on Part I, line 12
- 4 Other (specify): SEE STATEMENT

Add lines b1 through b4

- c Subtract line b from line a
- d Amounts included on Part I, line 12
- 1 Investment expenses not included in line 12
- 2 Other (specify):

Add lines d1 and d2

Part V Current Officers, Directors, and Key Employees

or key employee at the time of the year-end financial statement

(A) Name and address

DR. C. KENNY COOPER
5001 MARYLAND WAY
SEE ATTACHMENT

Part IV Balance Sheets (See the instructions.)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

| | | (A) Beginning of year | (B) End of year |
|---|--|---------------------------|--------------------|
| Assets | 45 Cash - non-interest-bearing | 515. | 45 526. |
| | 46 Savings and temporary cash investments | 844,436. | 46 1,239,038. |
| | 47a Accounts receivable | 47a 324,952. | |
| | b Less: allowance for doubtful accounts | 47b | 47c 324,952. |
| | 48a Pledges receivable | 48a | |
| | b Less: allowance for doubtful accounts | 48b | 48c |
| | 49 Grants receivable | | 49 |
| | 50 Receivables from officers, directors, trustees, and key employees (attach schedule) | | 50 |
| | 51a Other notes and loans receivable (attach schedule) | 51a | |
| | b Less: allowance for doubtful accounts | 51b | 51c |
| | 52 Inventories for sale or use | 7,318. | 52 11,878. |
| | 53 Prepaid expenses and deferred charges | 31,324. | 53 22,334. |
| | 54 Investments - securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV | | 54 |
| | 55a Investments - land, buildings, and equipment: basis | 55a | |
| | b Less: accumulated depreciation (attach schedule) | 55b | 55c |
| 56 Investments - other (attach schedule) | STMT. 7 | NONE 56 NONE | |
| 57a Land, buildings, and equipment: basis | 57a 8,973,148. | | |
| b Less: accumulated depreciation (attach schedule) | 57b 4,241,443. | 4,209,667. 57c 4,731,705. | |
| 58 Other assets (describe <input type="checkbox"/> STMT 8) | 720,471. | 58 716,921. | |
| 59 Total assets (must equal line 74). Add lines 45 through 58. | 6,298,472. | 59 7,047,354. | |
| Liabilities | 60 Accounts payable and accrued expenses | 309,998. | 60 325,605. |
| | 61 Grants payable | | 61 |
| | 62 Deferred revenue | 91,387. | 62 32,127. |
| | 63 Loans from officers, directors, trustees, and key employees (attach schedule) | | 63 |
| | 64a Tax-exempt bond liabilities (attach schedule) | | 64a |
| | b Mortgages and other notes payable (attach schedule) | STMT. 9 383,554. | 64b 188,149. |
| | 65 Other liabilities (describe <input type="checkbox"/> STMT 10) | 307,734. | 65 320,043. |
| 66 Total liabilities. Add lines 60 through 65. | 1,092,673. | 66 865,924. | |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74. | | |
| | 67 Unrestricted | 4,339,636. | 67 5,240,457. |
| | 68 Temporarily restricted | 118,442. | 68 89,095. |
| | 69 Permanently restricted | 747,721. | 69 851,878. |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74. | | |
| | 70 Capital stock, trust principal, or current funds | | 70 |
| | 71 Paid-in or capital surplus, or land, building, and equipment fund | | 71 |
| | 72 Retained earnings, endowment, accumulated income, or other funds | | 72 |
| | 73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21) | 5,205,799. | 73 6,181,430. |
| | 74 Total liabilities and net assets/fund balances. Add lines 66 and 73. | 6,298,472. | 74 7,047,354. |

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

| | | | |
|---|--|----|------------|
| a | Total revenue, gains, and other support per audited financial statements | a | 7,815,055. |
| b | Amounts included on line a but not on Part I, line 12: | | |
| 1 | Net unrealized gains on investments | b1 | |
| 2 | Donated services and use of facilities | b2 | |
| 3 | Recoveries of prior year grants | b3 | |
| 4 | Other (specify): <u>SEE STATEMENT 11</u> | b4 | 12,728. |
| | Add lines b1 through b4 | b | 12,728. |
| c | Subtract line b from line a | c | 7,802,327. |
| d | Amounts included on Part I, line 12, but not on line a: | | |
| 1 | Investment expenses not included on Part I, line 6b | d1 | |
| 2 | Other (specify): | d2 | |
| | Add lines d1 and d2 | d | |
| e | Total revenue (Part I, line 12). Add lines c and d. | e | 7,802,327. |

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

| | | | |
|----------|---|-----------|------------|
| a | Total expenses and losses per audited financial statements | a | 6,839,424. |
| b | Amounts included on line a but not on Part I, line 17: | | |
| 1 | Donated services and use of facilities | b1 | |
| 2 | Prior year adjustments reported on Part I, line 20 | b2 | |
| 3 | Losses reported on Part I, line 20 | b3 | |
| 4 | Other (specify): <u>SEE STATEMENT 12</u> | b4 | 12,728. |
| | Add lines b1 through b4 | b | 12,728. |
| c | Subtract line b from line a | c | 6,826,696. |
| d | Amounts included on Part I, line 17, but not on line a : | | |
| 1 | Investment expenses not included on Part I, line 6b | d1 | |
| 2 | Other (specify): _____ | d2 | |
| | Add lines d1 and d2 | d | |
| e | Total expenses (Part I, line 17). Add lines c and d | e | 6,826,696. |

Part V **Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the instructions.)

[illegible]

| | |
|-----|----|
| Yes | No |
|-----|----|

18

75b

X

75c

X

750

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

[illegible]

| | |
|-----|----|
| Yes | No |
|-----|----|

76

X

77

X

78:

✱

781

A

79

✱

80

TENNESSEE BAPTIST CONVENTION

exam

810

81

3

81

3

Part VI Other Information (continued)

| | | Yes | No |
|---|---|------------|--------------------------|
| 82 a | Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? | 82a | X |
| b | If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) | 82b | |
| 83 a | Did the organization comply with the public inspection requirements for returns and exemption applications? | 83a | X |
| b | Did the organization comply with the disclosure requirements relating to quid pro quo contributions? | 83b | X |
| 84 a | Did the organization solicit any contributions or gifts that were not tax deductible? | 84a | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 84b | N/A |
| 85 501(c)(4), (5), or (6) organizations. | a Were substantially all dues nondeductible by members? | 85a | N/A |
| | b Did the organization make only in-house lobbying expenditures of \$2,000 or less? | 85b | N/A |
| | If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year. | | |
| c | Dues, assessments, and similar amounts from members | 85c | N/A |
| d | Section 162(e) lobbying and political expenditures | 85d | N/A |
| e | Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices | 85e | N/A |
| f | Taxable amount of lobbying and political expenditures (line 85d less 85e) | 85f | N/A |
| g | Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? | 85g | N/A |
| h | If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? | 85h | N/A |
| 86 501(c)(7) orgs. | a Initiation fees and capital contributions included on line 12 | 86a | N/A |
| | b Gross receipts, included on line 12, for public use of club facilities | 86b | N/A |
| 87 501(c)(12) orgs. | a Gross income from members or shareholders | 87a | N/A |
| | b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) | 87b | N/A |
| 88 | At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX. | 88 | |
| 89 a 501(c)(3) organizations. | Enter: Amount of tax imposed on the organization during the year under: | | |
| | section 4911 N/A ; section 4912 N/A ; section 4955 N/A | | |
| b 501(c)(3) and 501(c)(4) orgs. | Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction | 89b | X |
| c | Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | | N/A |
| d | Enter: Amount of tax on line 89c, above, reimbursed by the organization | | N/A |
| 90 a | List the states with which a copy of this return is filed | | |
| b | Number of employees employed in the pay period that includes March 12, 2005 (See instructions.) | 90b | 203 |
| 91 a | The books are in care of DR. C. KENNY COOPER Telephone no. 615-373-2255 | | |
| | Located at SAME AS PAGE ONE ZIP + 4 | | |
| 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)? | 91b | X |
| | If "Yes," enter the name of the foreign country | | |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | |
| c | At any time during the calendar year, did the organization maintain an office outside of the United States? | 91c | X |
| | If "Yes," enter the name of the foreign country | | |
| 92 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here | | <input type="checkbox"/> |
| | and enter the amount of tax-exempt interest received or accrued during the tax year | 92 | N/A |

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

| | Unrelated business income | | Excluded by section 512, 513, or 514 | | (E) Related or exempt function income |
|--|---------------------------|---------------|--------------------------------------|---------------|--|
| | (A) Business code | (B) Amount | (C) Exclusion code | (D) Amount | |
| 93 Program service revenue: | | | | | |
| a PATIENT SERVICES | | | | | 6,141,501. |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| f Medicare/Medicaid payments | | | | | |
| g Fees and contracts from government agencies | | | | | |
| 94 Membership dues and assessments | | | | | |
| 95 Interest on savings and temporary cash investments | | | 14 | 63,631. | |
| 96 Dividends and interest from securities | | | | | |
| 97 Net rental income or (loss) from real estate: | | | | | |
| a debt-financed property | | | | | 3,072. |
| b not debt-financed property | | | | | |
| 98 Net rental income or (loss) from personal property | | | | | |
| 99 Other investment income | | | | | |
| 100 Gain or (loss) from sales of assets other than inventory | | | | | |
| 101 Net income or (loss) from special events | | | | | |
| 102 Gross profit or (loss) from sales of inventory | | | | | |
| 103 Other revenue: a | | | | | |
| b MISCELLANEOUS | | | | | 43,207. |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| 104 Subtotal (add columns (B), (D), and (E)) | | | | 63,631. | 6,187,780. |
| 105 Total (add line 104, columns (B), (D), and (E)) | | | | | 6,251,411. |

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

| Line No. | Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes) |
|----------|--|
| ▼ | STMT 13 |
| | |
| | |
| | |

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

| (A) Name, address, and EIN of corporation, partnership, or disregarded entity | (B) Percentage of ownership interest | (C) Nature of activities | (D) Total income | (E) End-of-year assets |
|--|---|-----------------------------|---------------------|---------------------------|
| | % | | | |
| | % | | | |
| | % | | | |
| | % | | | |

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

| | | |
|--------------------------|---|---|
| Please Sign Here | 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. | |
| | Signature of officer <i>C. Kenny Cooper</i> | Date 3-12-07 |
| Paid Preparer's Use Only | Type or print name and title <i>C. Kenny Cooper, President-Treasurer</i> | |
| | Preparer's signature <i>Richard M. Winstad</i> | Date 3-9-07 |
| Paid Preparer's Use Only | Firm's name (or yours if self-employed) CROSSLIN, VADEN & ASSOCIATES | Preparer's SSN or PTIN (See Gen. Inst. W) |
| | Address and ZIP + 4 2525 WEST END AVENUE, SUITE 1100 NASHVILLE, TN 37203 | Phone no 615-320-5500 |

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information - (See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

2005

Name of the organization

TENNESSEE BAPTIST ADULT HOMES, INC

Employer identification number

62-0934533

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

| (a) Name and address of each employee paid more than \$50,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|---|--|------------------|---|--|
| SEE STATEMENT 14 | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total number of other employees paid over \$50,000 . . ▶ | | NONE | | |

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

| (a) Name and address of each independent contractor paid more than \$50,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total number of others receiving over \$50,000 for professional services ▶ | | NONE |

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

| (a) Name and address of each independent contractor paid more than \$50,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total number of other contractors receiving over \$50,000 for other services ▶ | | NONE |

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

Schedule A (Form 990 or 990-EZ) 2005

Part III Statements About Activities (See page 2 of the instructions.)

| | Yes | No |
|--|-----|----|
| 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B.) | 1 | X |
| Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities. | | |
| 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) | | |
| a Sale, exchange, or leasing of property? | 2a | X |
| b Lending of money or other extension of credit? | 2b | X |
| c Furnishing of goods, services, or facilities? | 2c | X |
| d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? | 2d | X |
| e Transfer of any part of its income or assets? | 2e | X |
| 3a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments) | 3a | X |
| b Do you have a section 403(b) annuity plan for your employees? | 3b | X |
| c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)? | 3c | X |
| 4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? | 4a | X |
| b Do you provide credit counseling, debt management, credit repair, or debt negotiation services? | 4b | X |

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶ _____
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vii). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☒ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: ☐ Type 1 ☐ Type 2 ☐ Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

| (a) Name(s) of supported organization(s) | (b) Line number from above |
|--|----------------------------|
| TENNESSEE BAPTIST CONVENTION | 13 |

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting. **NOT APPLICABLE**

| Calendar year (or fiscal year beginning in) | (a) 2004 | (b) 2003 | (c) 2002 | (d) 2001 | (e) Total |
|---|----------|----------|----------|----------|-----------|
| 15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) | | | | | |
| 16 Membership fees received | | | | | |
| 17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose | | | | | |
| 18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 | | | | | |
| 19 Net income from unrelated business activities not included in line 18 | | | | | |
| 20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf | | | | | |
| 21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge | | | | | |
| 22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets | | | | | |
| 23 Total of lines 15 through 22 | | | | | |
| 24 Line 23 minus line 17. | | | | | |
| 25 Enter 1% of line 23. | | | | | |

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 **NOT APPLICABLE** 26a

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts 26b

c Total support for section 509(a)(1) test: Enter line 24, column (e) 26c

d Add: Amounts from column (e) for lines: 18 _____ 19 _____
22 _____ 26b _____ 26d

e Public support (line 26c minus line 26d total) 26e

f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) 26f %

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:
NOT APPLICABLE

(2004) _____ (2003) _____ (2002) _____ (2001) _____

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:
(2004) _____ (2003) _____ (2002) _____ (2001) _____

c Add: Amounts from column (e) for lines: 15 _____ 16 _____
17 _____ 20 _____ 21 _____ 27c

d Add: Line 27a total _____ and line 27b total _____ 27d

e Public support (line 27c total minus line 27d total) 27e

f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) 27f

g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) 27g %

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) 27h %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See page 7 of the instructions.)**NOT APPLICABLE**(To be completed **ONLY** by schools that checked the box on line 6 in Part IV)

| | Yes | No |
|---|------------|----|
| 29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? | 29 | |
| 30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? | 30 | |
| 31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) | 31 | |
| ----- | | |
| ----- | | |
| ----- | | |
| 32 Does the organization maintain the following: | | |
| a Records indicating the racial composition of the student body, faculty, and administrative staff? | 32a | |
| b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? | 32b | |
| c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? | 32c | |
| d Copies of all material used by the organization or on its behalf to solicit contributions? | 32d | |
| If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) | | |
| ----- | | |
| ----- | | |
| 33 Does the organization discriminate by race in any way with respect to: | | |
| a Students' rights or privileges? | 33a | |
| b Admissions policies? | 33b | |
| c Employment of faculty or administrative staff? | 33c | |
| d Scholarships or other financial assistance? | 33d | |
| e Educational policies? | 33e | |
| f Use of facilities? | 33f | |
| g Athletic programs? | 33g | |
| h Other extracurricular activities? | 33h | |
| If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) | | |
| ----- | | |
| ----- | | |
| 34 a Does the organization receive any financial aid or assistance from a governmental agency? | 34a | |
| b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement. | 34b | |
| 35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation | 35 | |

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768) **NOT APPLICABLE**Check ☐ a if the organization belongs to an affiliated group. Check ☐ b if you checked "a" and "limited control" provisions apply.**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

| | (a) Affiliated group totals | (b) To be completed for ALL electing organizations |
|---|-----------------------------------|---|
| 36 Total lobbying expenditures to influence public opinion (grassroots lobbying) | 36 | |
| 37 Total lobbying expenditures to influence a legislative body (direct lobbying) | 37 | |
| 38 Total lobbying expenditures (add lines 36 and 37) | 38 | |
| 39 Other exempt purpose expenditures | 39 | |
| 40 Total exempt purpose expenditures (add lines 38 and 39) | 40 | |
| 41 Lobbying nontaxable amount. Enter the amount from the following table - | | |
| If the amount on line 40 is - The lobbying nontaxable amount is - | | |
| Not over \$500,000 20% of the amount on line 40 | | |
| Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 | | |
| Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 | 41 | |
| Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 | | |
| Over \$17,000,000 \$1,000,000 | | |
| 42 Grassroots nontaxable amount (enter 25% of line 41) | 42 | |
| 43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 | 43 | |
| 44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 | 44 | |

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.)

See the instructions for lines 45 through 50 on page 11 of the instructions.)

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|---|-------------|-------------|-------------|-------------|--------------|
| Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2004 | (c) 2003 | (d) 2002 | (e) Total |
| Lobbying nontaxable | | | | | |
| 45 amount | | | | | |
| Lobbying ceiling amount | | | | | |
| 46 (150% of line 45(e)) | | | | | |
| 47 Total lobbying expenditures | | | | | |
| Grassroots nontaxable | | | | | |
| 48 amount | | | | | |
| Grassroots ceiling amount | | | | | |
| 49 (150% of line 48(e)) | | | | | |
| Grassroots lobbying | | | | | |
| 50 expenditures | | | | | |

Part VI-B Lobbying Activity by Nonelecting Public Charities**NOT APPLICABLE**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

| | Yes | No | Amount |
|--|-----|----|--------|
| a Volunteers | | | |
| b Paid staff or management (Include compensation in expenses reported on lines c through h.) | | | |
| c Media advertisements | | | |
| d Mailings to members, legislators, or the public | | | |
| e Publications, or published or broadcast statements | | | |
| f Grants to other organizations for lobbying purposes | | | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body | | | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means | | | |
| i Total lobbying expenditures (Add lines c through h.) | | | |

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

SCHEDULE FOR DEPRECIATION CLAIMED

8LW00F M894 03/09/2007 15:49:58

SUPPLEMENT TO RENT AND ROYALTY SCHEDULE

OTHER INCOME

15,800.

15,800.

=====

RENT AND ROYALTY SUMMARY
=====

| PROPERTY ----- | TOTAL INCOME ----- | DEPLETION/ DEPRECIATION ----- | OTHER EXPENSES ----- | ALLOWABLE NET INCOME ----- |
|-------------------|--------------------------|-------------------------------------|----------------------------|-------------------------------------|
| BAPTIST VILLAGE | 15,800. | | 12,728. | 3,072. |
| TOTALS | 15,800. | | 12,728. | 3,072. |
| | ===== | ===== | ===== | ===== |

FORM 990, PART II - OTHER EXPENSES

| DESCRIPTION ----- | TOTAL ----- | PROGRAM SERVICES ----- | MANAGEMENT AND GENERAL ----- |
|-----------------------------|----------------|------------------------------|------------------------------------|
| ADVERTISING AND RECRUITMENT | 139,107. | | 139,107. |
| INSURANCE | 320,918. | 303,099. | 17,819. |
| DUES & SUBSCRIPTIONS | 12,681. | | 12,681. |
| PROFESSIONAL SERVICES | 13,571. | 4,800. | 8,771. |
| VEHICLE EXPENSE | 67,552. | 36,108. | 31,444. |
| BED TAXES AND LICENSES | 229,658. | 229,658. | |
| FOOD | 423,259. | 423,259. | |
| REPAIRS & MAINTENANCE | 17,095. | 17,095. | |
| MISCELLANEOUS | 70,517. | | 70,517. |
| UTILITIES | 243,132. | 212,150. | 30,982. |
| RESIDENT ALLOWANCE | 13,629. | 13,629. | |
| ACTIVITIES & RECREATION | 7,772. | 7,461. | 311. |
| LAUNDRY | 74,250. | 74,250. | |
| PROPERTY TAXES | 20,200. | 8,867. | 11,333. |
| PURCHASED SERVICES | 72,853. | 10,960. | 61,893. |
| SPECIAL FRIENDS CAMPAIGN | 54,696. | 54,696. | |
| TRAINING | 14,692. | 14,537. | 155. |
| UNIFORMS | 1,911. | 1,911. | |
| TOTALS | 1,797,493. | 1,412,480. | 385,013. |

DESCRIPTION

PREPAID INSURANCE

TENNESSEE BAPTIST ADU
FORM 990, PART IV - P
=====

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE
=====

TBAH OPERATES SIX GROUP HOMES FOR DEVELOPMENTALLY DISABLED ADULTS. OPERATIONS INCLUDE A 104-BED INTERMEDIATE CARE NURSING HOME, TWO ADULT-CARE HOMES, AN 8-BED ASSISTED LIVING HOME AND AN EMPLOYEE DAY CARE FACILITY.

FORM 990, PART IV - PREPAID EXPENSES AND DEFERRED CHARGES
=====

| DESCRIPTION ----- | BEGINNING BOOK VALUE ----- | ENDING BOOK VALUE ----- |
|----------------------|----------------------------------|-------------------------------|
| PREPAID INSURANCE | 31,324. | 22,334. |
| | ----- | ----- |
| TOTALS | 31,324. | 22,334. |
| | ===== | ===== |

FORM 990, PART IV - INVESTMENTS - OTHER

=====

| DESCRIPTION | BEGINNING BOOK VALUE |
|-------------|-------------------------|
| ----- | ----- |
| STOCK | NONE |
| | ----- |
| TOTALS | NONE |
| | ===== |

FORM 990, PART IV - OTHER ASSETS

=====

| DESCRIPTION ----- | BEGINNING BOOK VALUE ----- | ENDING BOOK VALUE ----- |
|-------------------------------|----------------------------------|-------------------------------|
| UTILITY DEPOSITS | 30. | 30. |
| BEN. INT. IN PERPETUAL TRUSTS | 720,441. | 716,891. |
| | ----- | ----- |
| TOTALS | 720,471. | 716,921. |
| | ===== | ===== |

FORM 990, PART IV - MORTGAGES AND OTHER NOTES PAYABLE
=====

LENDER: SUNTRUST BANK NASHVILLE, NA
 ORIGINAL AMOUNT: 120,000.
 DATE OF NOTE: 08/22/2003
 MATURITY DATE: 08/22/2008
 REPAYMENT TERMS: \$1,248 PAYABLE MONTHLY, INCLUDING INTEREST
 SECURITY PROVIDED: DEED OF TRUST WITH A BOOK VALUE OF APP. \$150,000.
 DESCRIPTION AND FMV CASH
 OF CONSIDERATION:

| | |
|-----------------------------|---------|
| BEGINNING BALANCE DUE | 98,465. |
| ENDING BALANCE DUE | 87,762. |

LENDER: SUNTRUST BANK OF NASHVILLE
 ORIGINAL AMOUNT: 50,000.
 INTEREST RATE: 5.000000
 DATE OF NOTE: 10/31/2004
 MATURITY DATE: 04/01/2005
 REPAYMENT TERMS: INTEREST PAYABLE MONTHLY, BALANCE DUE 04/01/2006
 SECURITY PROVIDED: UNSECURED LINE-OF-CREDIT
 PURPOSE OF LOAN: FOR DEVELOPMENT OF WILLIAM FERRY POINTE PROJECT

| | |
|-----------------------------|----------|
| BEGINNING BALANCE DUE | 175,000. |
| ENDING BALANCE DUE | NONE |

LENDER: SUNTRUST BANK OF NASHVILLE
 ORIGINAL AMOUNT: 120,000.
 INTEREST RATE: 5.600000
 DATE OF NOTE: 09/01/2004
 MATURITY DATE: 09/01/2009
 REPAYMENT TERMS: PAYABLE IN MONTHLY INSTALLMENTS OF \$1,308
 SECURITY PROVIDED: DEED OF TRUST ON CERTAIN PROPERTY
 PURPOSE OF LOAN: FOR DEVELOPMENT OF THE WILLIAMS FERRY POINTE FAC.

| | |
|-----------------------------|----------|
| BEGINNING BALANCE DUE | 110,089. |
| ENDING BALANCE DUE | 100,387. |

| | |
|---|----------|
| TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE | 383,554. |
|---|----------|

| | |
|--|----------|
| TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE | 188,149. |
|--|----------|

FORM 990, PART IV - OTHER LIABILITIES

=====

| DESCRIPTION ----- | BEGINNING BOOK VALUE ----- | ENDING BOOK VALUE ----- |
|----------------------|----------------------------------|-------------------------------|
| BENEFIT OBLIGATION | 307,734. | 320,043. |
| | ----- | ----- |
| TOTALS | 307,734. | 320,043. |
| | ===== | ===== |

FORM 990, PART IV-A - OTHER REVENUE ON BOOKS BUT NOT ON RETURN
=====DESCRIPTION
-----AMOUNT
-----RENTAL EXPENSE-SHOWN ON AUDIT
REPORT AS EXPENSE. SHOWN ON
TAX RETURN AS INCOME OFFSET.

12,728.

TOTAL

12,728.
=====

FORM 990, PART IV-B - OTHER EXPENSES ON BOOKS BUT NOT ON RETURN
=====DESCRIPTION
-----AMOUNT

RENTAL EXPENSE-SHOWN ON AUDIT
REPORT AS EXPENSE. SHOWN ON
TAX RETURN AS INCOME OFFSET.

12,728.

TOTAL

12,728.
=====

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

=====

| LINE NO. --- | EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES ----- |
|--------------------|---|
|--------------------|---|

| | |
|------|--|
| 93A | NET PATIENT REVENUE RECEIVED ON CHARGES TO NURSING HOME PATIENTS FOR SERVICES, MINISTRY PROVIDED TO DEVELOPMENTALLY-DISABLED PATIENTS AND DAY-CARE FEES COLLECTED. |
| 97A | RENTAL INCOME COLLECTED ON HOUSING PROVIDED FOR RETIRED MINISTERS, MISSIONARIES, AND OTHER ELDERLY PERSONS, NET OF EXPENSES. |
| 103B | MANAGEMENT FEE CHARGES TO RETIREMENT COMMUNITIES FOR BOOKKEEPING, SPONSORSHIP, AND OTHER SERVICES PROVIDED TO THAT COMMUNITY. |
| 103C | REVENUES COLLECTED FROM EMPLOYEES, GUESTS, AND OTHERS FOR MEALS AND FOOD FROM VENDING MACHINES AT THE NURSING HOME. |

SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

| NAME AND ADDRESS ----- | TITLE AND TIME DEVOTED TO POSITION ----- | COMPENSATION ----- |
|--|--|----------------------------|
| ANITA WILMOTH 450 HARDIN DRIVE LENOIR CITY, TN 37772 | 40 | 78,420. |
| FREDA MORTON 19395 STOCKTON VALLEY ROAD PHILADELPHIA, TN 37846 | 40 | 63,020. |
| BEVERLY HUNLEY 12708 PONY EXPRESS DRIVE KNOXVILLE, TN 37924 | 40 | 56,700. |
| MARK ANDERSON 5115 MARC COURT NASHVILLE, TN 37211 | 40 | 50,045. |
| | TOTAL COMPENSATION | ----- 248,185. ===== |

Tennessee Baptist Adult Homes, Inc.
BOARD OF DIRECTORS
2005-2006

Mr. Brent Adams
1694 Neshaba Trace Cove
Germantown, TN 38138

Mr. Jerry Adams
Decosimo CPA Firm
Suite 1100 Tallan Building
2 Union Square
Chattanooga, TN 37402-2512

Rev. Terry Baker
First Baptist Church
P.O. Box 268
Clinton, TN 37717

Rev. Nathan Bishop
1360 Verlas Road
Medon, TN 38356

Dr. Ken Clayton
Tulip Grove Baptist Church
563 Shute Lane
Old Hickory, TN 37138

Mr. Hinton W. Climer
N 281 High Street
Bells, TN 38006

Mrs. Alice Conner
1621 Primm Drive
Brentwood, TN 37027

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P.O. Box 3425
Crossville, TN 38557

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Master Resources
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