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# SCANNED JUN 2 9 2012

**Return of Organization Exempt From Income Tax** 

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

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

<u>A</u>	For the 2	2011 calen	<u>dar year, or tax year begir</u>	ning		, 2011, and	<u>d ending</u>	<u> </u>			·		
В	Check if app	plicable	С						D Employ	er Ident	ification Number		
	Addres	s change	CHILDREN'S VILLA	GE FOUNDA	TION,	INC			42-1614034				
	Name	change	PO BOX 6564		•				E Telephone number				
	Initial	•	TYLER, TX 75711						(90	3) 5	92-3421		
	Termin								,,,,,,	<u>,                                     </u>			
	$\vdash$	led return							G 0	200:21-	\$ 132,476.		
	F-1		F Name and address of principal	al officer Cha	rles T	ong III		(a) is this	G Gross re a group return				
	Applica	ation pending		ai omicer CIIa:	TIES L	ond III			affiliates incl		Iliates? Yes X No		
			Same As C Above		<del></del>	1.0.77			attach a list				
<u> </u>	_	npt status	X 501(c)(3) 501(c) (	) ◀ (inse		4947(a)(1) or	527						
<u>J</u>	Websit		<u>w.childrensvilla</u>	<u>geoftexas</u>	.org		!		exemption nu				
K		organization	X Corporation Trust	Association	Other ►	L Year	of Formation	on 200	3 M/s	tate of	legal domicile TX		
Pa		<u>Summar</u>							_				
			oe the organization's miss										
8			<u>of children's v</u>										
ğ			ial_foster_care_		s_home	licensed 1	for 3	2_chil	Ldren,_	thr	ough_grants		
ē.			ributions to CVF										
36			x 🕨 🔲 if the organization				d of mor	re than 2	5% of its				
8			ting members of the gove							3			
Activities & Governance			dependent voting member				ソ	•		5	<u>5</u> 0		
Ϋ́			of individuals employed in of volunteers (estimate if	•	r 2011 (Pa	art v, line Za)			•	6	0		
Act			ed business revenue from		mn (C) lin	na 12				7 a	0.		
_			business taxable income				) \			7 b	0.		
	2110	t dinciated	business taxable income	1	1 1		<del>- 18i</del>	Т р	rior Year		Current Year		
	8 Co	ntributions	and grants (Part VIII, line	1h)	1	204	101	<u> </u>	iloi icai		25,000.		
e e	1		ice revenue (Part VIII, line		l-1 1	UN 0 8 201	r 100	₩			20,000.		
Revenue			come (Part VIII, column (		apgrad)	U14 -	≝ئــــــ	1	114,9	36.	107,476.		
P.			e (Part VIII, column (A), li			ind lae of	17	<b>—</b>		-			
			= – add lines 8 through 11				بر <del>آء)'</del>	†	114,9	36.	132,476.		
	_		milar amounts paid (Part						101,5		104,000.		
			to or for members (Part I			•	•						
	l .		er compensation, employe		-	mn (A) lines 5.1	10)				<del>-</del>		
9	1		fundraising fees (Part IX,	•		( 5, 11105 5 1	, .				-		
Expenses				7 7	•			<del>                                     </del>					
Ϋ́			ing expenses (Part IX, co										
ш			es (Part IX, column (A), I						16,5		3,514.		
	<b>18</b> To	tal expens	es Add lines 13-17 (must	equal Part IX,	column (/	A), line 25)			118,1		107,514.		
		venue less	expenses. Subtract line	18 from line 12	!			<u> </u>	-3,1	.93.	24,962.		
8 8									ng of Curren		End of Year		
			(Part X, line 16)					2	2,636,3	_	2,661,303.		
Not Assets Fund Balan	<b>21</b> Tot	tal liabilitie	s (Part X, line 26)							0.	0.		
2,5	<b>22</b> Ne	t assets or	fund balances. Subtract I	ine 21 from lin	e 20			2	2,636,3	341.	2,661,303.		
Pa		Signatur											
			eclare that I have examined this re ares (other than officer) is based of	turn, including acco	mpanying sc	hedules and statemen	its, and to t	he best of r	ny knowledge	and be	elief, it is true, correct, and		
com	ipiete Decla	ration of prep	arer (other than officer) is based or	all mormation of v	which prepare	er nas any knowledge				<del>-3</del>			
		<b>.</b>	Maries E.	Louga	K				6/4	12	012		
Sig		Signatu	re of officer						ate #	•			
He	re		rles Long III					Assi	st. Se	c/Tr	eas		
	_	Type or	print name and title										
		Print/Type p	reparer's name	Premarer's sugget	tur-Kal	room Da	AY 31	ኃለነኃ	Check	] ıf	PTIN		
Pa	id	Lisa (	. Robinson	Lisa G.	Robins	on	AT JI	2012	self-employ	ed	P00246412		
Pre	eparer	Firm's name	► Gollob Morga	n Peddy P	C								
Us	e Only	Firm's addr							Firm's EIN	▶ 75	-2147296		
	,		Tyler, TX 75						Phone no		3) 534-0088		
Mar	v the IRS	discuss th	is return with the prepare		7 (see ins	tructions)				_,	X Yes No		
	,	3,55 <u>433</u> (I	.o.ota mar are prepare	. 5.15411 00046	(300 mis			_			Form <b>900</b> (2011)		

CHILDREN S VILLA		42-10140.	34	Page Z
Statement of Program Ser	•			
	esponse to any question in this Part III		·	
1 Briefly describe the organization's mission		~	_	
	hristian Children's Home that shares			
	by providing healing and hope for ne	glected and	<u>abused b</u>	oys_
and girls.				
2 Did the organization undertake any signi	ficant program services during the year which were not liste	d on the prior		
Form 990 or 990-EZ?			Yes X	No
If 'Yes,' describe these new services on	Schedule O.		_	
3 Did the organization cease conducting, of	or make significant changes in how it conducts, any program	services?	Yes X	No
If 'Yes,' describe these changes on Sche	edule O.	-	_	
4 Describe the organization's program sen Section 501(c)(3) and 501(c)(4) organiza others, the total expenses, and revenue,	vice accomplishments for each of its three largest program sations and section 4947(a)(1) trusts are required to report the infanty, for each program service reported.	services, as measur e amount of grants	red by exper and allocation	ises. ons to
4a (Code. ) (Expenses \$	104,000. including grants of \$ 104,000.	) (Revenue \$		
	ed endowment funds and made grants fo		t of the	
	residential children's home that mee			
or dependent, negrected,	abused, and abandoned children and yo	<u>utii.</u>	<b>-</b>	
			<b></b>	
4b (Code Expenses \$	including grants of \$	) (Revenue \$		)
				<b>-</b>
				<b></b>
4c (Code:) (Expenses \$	including grants of \$	) (Revenue \$		)
Ad Other program assures. (Describe to Co	hadula O)			
4d Other program services (Describe in Sc		ė		
(Expenses \$	including grants of \$ ) (Revenue	3		
4e Total program service expenses ► BAA	104,000. TEEA0102L 07/05/11	_ <del>-</del>	Form <b>990</b>	(2011)
7/1/1	166701026 07103/11			\_~··/

	,	$\longrightarrow$	res	NO_
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	_5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		<u>x</u> _
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		<u>x</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21; 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	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10	х	
17	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable			
i	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a		<u>x</u>
I	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	11 b	Х	
(	c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		X
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		X
•	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		<u> X</u>
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		X
12:	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a		X
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
1	<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? <i>If 'Yes,' complete Schedule F, Parts I and IV</i>	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15_		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		х
	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 .	19		Х
20	aDid the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		X
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 Ь	<u> </u>	<u>L</u>

Part.IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		<u>x</u>
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		<u>x_</u>
24 a	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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		<u>x</u> _
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		<u>X</u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		X
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	<u>`</u>	ę- , -	,
а	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		<u>X</u>
b	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		X
	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M.	28c		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part L	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34_		x
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? .	35a	_	<u> </u>
t	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		X
38 	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Х	<u> </u>
BAA	1	Form	990	(2011)

Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response to any question in this Part V				Г
		Y	es	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.       1a	0			
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		II I	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1 c		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	0			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	L	3a		X
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q	:	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	L	4a		X
b If 'Yes,' enter the name of the foreign country: ►				
See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	_  !	5a	_	<u>X</u>
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? .	·  '	5b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	_  '	5c	_	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		6a		X
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	L	6b		
7 Organizations that may receive deductible contributions under section 170(c).			ľ	
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7 a		Х
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	_	7c		X
d If 'Yes,' indicate the number of Forms 8282 filed during the year				
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	_	7e		<u>X</u>
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	L	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9 Sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966?		9a		
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10 Section 501(c)(7) organizations. Enter:			1	
a Initiation fees and capital contributions included on Part VIII, line 12				
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-16		1	
11 Section 501(c)(12) organizations. Enter:				
a Gross income from members or shareholders			- 1	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  11b				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	·	2a		
b if 'Yes,' enter the amount of tax-exempt interest received or accrued during the year . 12 Section 501(5)(20) mustified perspecific health increases increase.				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	1	3a		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		34 1	وأجو	
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				
c Enter the amount of reserves on hand . 13c				
14a Did the organization receive any payments for indoor tanning services during the tax year?	1	4a		X
<b>b</b> If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	1	4b		

42-1614034 Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management X

<u> </u>	don A. Governing Body and Management							
1.	Total the country of other many hours of the country had at the country of the formation	ا ما		Yes	No			
16	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.	1a 5						
	of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O							
Ŀ	Enter the number of voting members included in line 1a, above, who are independent	1ь 5						
2	Did any officer, director, trustee, or key employee have a family relationship or a business rofficer, director, trustee or key employee?	relationship with any other	2		X			
2		under the direct supervision	<u> </u>		<del>^</del>			
•	3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		X			
5	Did the organization become aware during the year of a significant diversion of the organization	ation's assets?	5		X			
6	Did the organization have members or stockholders?	,	6		X			
7 a	Did the organization have members, stockholders, or other persons who had the power to e	elect or appoint one or more						
	members of the governing body?		7a		<u> </u>			
t	Are any governance decisions of the organization reserved to (or subject to approval by) mostockholders, or other persons other than the governing body?	embers,	7b		Х			
8	Did the organization contemporaneously document the meetings held or written actions und the following:	dertaken during the year by						
a	The governing body?		8a	Х				
t	Each committee with authority to act on behalf of the governing body?	•	86	Х				
	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who conganization's mailing address? If 'Yes,' provide the names and addresses in Schedule O		9		Х			
Sec	tion B. Policies (This Section B requests information about policies not required by the Int	ernal Revenue Code.)						
				Yes	No			
	Did the organization have local chapters, branches, or affiliates?	•	10a		X			
t	If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, operations are consistent with the organization's exempt purposes?	, and branches to ensure their	10Ь					
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	e form? .	11 a	X				
t	Describe in Schedule O the process, if any, used by the organization to review this Form 99	90. See Schedule O						
	Did the organization have a written conflict of interest policy? If 'No,' go to line 13.		12a	X				
ŀ	Were officers, directors or trustees, and key employees required to disclose annually intere to conflicts?	sts that could give rise	12b	X_				
(	Did the organization regularly and consistently monitor and enforce compliance with the positive of the Schedule O how this is done See Schedule O	licy? If 'Yes,' describe in	12c	х				
13	Did the organization have a written whistleblower policy?		13		Х			
14	Did the organization have a written document retention and destruction policy?		14	Х				
15	Did the process for determining compensation of the following persons include a review and persons, comparability data, and contemporaneous substantiation of the deliberation and d	d approval by independent ecision?						
á	The organization's CEO, Executive Director, or top management official .		15a		Х			
ł	Other officers of key employees of the organization .		15b		X			
	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions)							
16	Did the organization invest in, contribute assets to, or participate in a joint venture or similal taxable entity during the year?	ar arrangement with a	16a		Х			
ı	If 'Yes,' did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and taken step organization's exempt status with respect to such arrangements?	to evaluate its os to safeguard the	16b					
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ► None		<b>-</b>	<b>-</b>				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, inspection. Indicate how you make these available. Check all that apply.	and 990-T (501(c)(3)s only) a	vaılab	le for	public			
	Own website Another's website X Upon request							
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest the public during the tax year.  See Schedule O	t policy, and financial statements avai	lable to					
	State the name, physical address, and telephone number of the person who possesses the Charles Long III P.O Box 6564 Tyler TX 75711 (903) 592-3		anızat	ion:				

Form 990 (2011)

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

Check if Schedule O contains a response to any question in this Part VII

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

List persons in the following order, individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										tee.
		(C) Position (do not check more than one box,							_	
(A) Name and title	(B) Average hours	unles	s per	SON IS	s both	an one n an offi ustee)	box, cer	(D)  Reportable compensation from	(E)  Reportable compensation from	<b>(F)</b> Estimated amount of other
	per week (describe hours for related organiza- tions in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Dr. Steve Wilson									_	_
Trustee	1	Х	Щ					0.	0.	0.
(2) Jim Echols	┨ .	,,	ll	,,				0		0
President (3) Darin Cowart	1	X	$\vdash$	Х				0.	0.	0.
Secretary	1	Х		х				0.	o.	0.
(4) Charles Long III	<del>                                     </del>	_ ^	Н	_	-					<u> </u>
Asst Sec/Treas	1	x		х				0.	0.	0.
(5) Marilyn Hardy	1									·
Treasurer	1 _	Х		Х		į	L.	0.	0.	0.
	<u> </u>	-								
	†									-
	1									
(10)						-,				
<u>(11)</u>						-				
(12)	-									
(13)										
(14)										
	<del></del>				_		_		<del></del>	

Form 990 (2011) CHILDREN'S VILLAGE FOUNDATE PARTY VII Section A. Officers, Directors, Trust	TION	, ]	NC Em	nle			anc	Highest Com	42-161403	4 Page 8
(A) Name and title	(B) Average hours	(do box offic	Position to not check more than one ix, unless person is both an ficer and a director/trustee)				one 1 an tee)	(D) Reportable compensation from	(E) Reportable	(F) Estimated amount of other
	per week (describ e hours for related organi- zations in Sch O)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(15)	0010)									
(16)	<del> </del>									
(71)	<u> </u>							-		
<u>(18)</u>					<u> </u>   					
<u>(19)</u>									<del>-</del>	
(20)	-				<u> </u>					
(21)										
(22)										
(23)										
(24)										
(25)										
1 b Sub-total c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)	<b>A</b> .						V V V	0. 0. 0.	0. 0.	0.
2 Total number of individuals (including but not limite from the organization ► 0	d to th	ose	iste	d ab	ove	) wh	o re	ceived more than	\$100,000 of report	able compensation
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such it.	ndıvıdu	ial	-			•			•	Yes No
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater t such individual	portab han \$1	le cc 50,0	mpe 00?	ensa If '\	ation Yes'	and com	l oth plet	er compensation te Schedule J for	from .	4 X
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,' or a services rendered to the organization?	omper comple	satio	on fr chea	om dule	any <i>J fo</i>	unre r su	elate ch p	ed organization or person	individual	5 X
1 Complete this table for your five highest compensation from the organization. Report compe	ted ind	eper	iden the	t co	ntra	ctors	tha ar ei	at received more t	han \$100,000 of in the organization	's tax year.
(A) Name and business addres							,	(B Description	)	(C) Compensation
						-	_			
		_			_					
2 Total number of independent contractors (including	but no	t lim	nted	to t	hose	e list	ed a	above) who receiv	ed more than	

\$100,000 in compensation from the organization ► 0

Pai	t VIII Statement of Revenue				
		<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
22	1a Federated campaigns 1a				
N N	<b>b</b> Membership dues 1b	1			
25	c Fundraising events. 1c				
E &	d Related organizations 1d				
양	e Government grants (contributions) 1e				
52	f All other contributions gifts grants and				
풀튀	f All other contributions, gifts, grants, and similar amounts not included above 1f 25,000.				
ž O	g Noncash contributions included in Ins 1a-1f: \$				
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	h Total. Add lines 1a-1f	25,000.			[ [
J	Business Code				
Ę	2a				
#	b				
亨	c				
SER	d				
¥.	e				
8	f All other program service revenue			<del></del>	
_=	g Total. Add lines 2a-2f ▶				
	3 Investment income (including dividends, interest and	107 476			107 476
[	other similar amounts)	107,476.			107,476.
	4 Income from investment of tax-exempt bond proceeds				<del></del>
	5 Royalties (i) Real (ii) Personal			·	
- 1	6a Gross rents				
	b Less rental expenses			ı	
	c Rental income or (loss)				
- 1	d Net rental income or (loss)				
	(i) Securities (ii) Other				
	7a Gross amount from sales of assets other than inventory				
	, <u> </u>				
	b Less, cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss)				
l	8a Gross income from fundraising events				
Ä	(not including \$				
OTHER REVENU	of contributions reported on line 1c).				
8	See Part IV, line 18				
풀	b Less: direct expenses b			·	
	c Net income or (loss) from fundraising events			<del>_</del>	ļ
	9a Gross income from gaming activities. See Part IV, line 19				1
	b Less: direct expenses b				<b> </b>
	c Net income or (loss) from gaming activities				<del> </del>
	10 a Gross sales of inventory, less returns and allowances a				1
	and allowances a b Less: cost of goods sold b				
	c Net income or (loss) from sales of inventory				
	Miscellaneous Revenue Business Code		-		
	11 a				<del>                                     </del>
	b			<u> </u>	
	c		-		
	d All other revenue .				
	e Total. Add lines 11a-11d				
	12 Total revenue. See instructions	132,476.	0.	0.	107,476.

#### 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) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX									
Do i 6b, 1	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses				
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	104,000.	104,000.						
2	Grants and other assistance to individuals in the United States. See Part IV, line 22								
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16								
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	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			·					
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions).								
9	Other employee benefits								
10	Payroll taxes								
11	Fees for services (non-employees):				<del></del> _				
	Management								
	b Legal		· <del></del> ·						
	: Accounting	3,500.		3,500.	<del>-</del>				
	Lobbying	3,300.		3,500.					
					<del></del>				
	Professional fundraising services. See Part IV, line 17								
	Investment management fees								
_	Other								
	Advertising and promotion				<u></u>				
13	Office expenses	<del></del>							
14	Information technology			<u> </u>					
15	Royalties								
16	Occupancy								
17	Travel			<del></del>	·				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials								
	Conferences, conventions, and meetings								
	Interest	<u> </u>							
	Payments to affiliates				<u> </u>				
	Depreciation, depletion, and amortization								
	Insurance								
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)								
a	Printing and Publications	14.		14.					
Ŀ	)								
C	·								
c	1								
e	All other expenses								
25	Total functional expenses. Add lines 1 through 24e	107,514.	104,000.	3,514.	0.				
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 ► if following SOP 98-2 (ASC 958-720)								

			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash — non-interest-bearing .	9,957.	1	11,174.
	2	Savings and temporary cash investments	19,157.	2	17,902.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
A	7	Notes and loans receivable, net		7	
Š	8	Inventories for sale or use		8	
ASSETS	9	Prepaid expenses and deferred charges		9	
٠					
		Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a			
	1	Less accumulated depreciation . 10b		10 c	
	1	Investments — publicly traded securities.	0 605 005	11	
	12	Investments – other securities. See Part IV, line 11	2,607,227.	12	2,632,227.
	13	Investments – program-related See Part IV, line 11		13	
	14			14	
	15		0 606 041	15	0 661 202
	16		2,636,341.	16	2,661,303.
	17	Accounts payable and accrued expenses.	<del> </del>	17 18	<u></u>
	18   19	Grants payable . Deferred revenue		19	<del></del>
	20	Tax-exempt bond liabilities		20	
Ĭ	21	Escrow or custodial account liability Complete Part IV of Schedule D.		21	<del></del>
B	22	- · · · · · · · · · · · · · · · · · · ·			
i I T	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
E S	23	Secured mortgages and notes payable to unrelated third parties		23	
\$	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25.	0.	26	0.
Ę		Organizations that follow SFAS 117, check here ▶ ☐ and complete lines			
	1	27 through 29 and lines 33 and 34.			
ş	27	Unrestricted net assets		27	
人とと しょう	28	Temporarily restricted net assets	<u> </u>	28	
	29	Permanently restricted net assets		29	
Q R		Organizations that do not follow SFAS 117, check here ► X and complete			
FUZD		lines 30 through 34.			
B	30	Capital stock or trust principal, or current funds		30	
B	31	Paid-in or capital surplus, or land, building, or equipment fund.		31	
BALAZCES	32	Retained earnings, endowment, accumulated income, or other funds	2,636,341.	32	2,661,303.
Č	33	Total net assets or fund balances	2,636,341.	33	2,661,303.
_ \$	34	Total liabilities and net assets/fund balances	2,636,341.	34	2,661,303.

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Form **990** (2011)

Form 990 (2011) CHILDREN'S VILLAGE FOUNDATION, INC	42-1614034	Page <b>12</b>			
Part XI: Reconciliation of Net Assets	<del></del>				
Check if Schedule O contains a response to any question in this Part XI					
1 Total revenue (must equal Part VIII, column (A), line 12)	1	132,476.			
2 Total expenses (must equal Part IX, column (A), line 25)	2	107,514.			
3 Revenue less expenses. Subtract line 2 from line 1 .	3	24,962.			
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).	4	2,636,341.			
5 Other changes in net assets or fund balances (explain in Schedule O) .	5	0.			
6 Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) .	6	2,661,303.			
Part XII: Financial Statements and Reporting					
Check if Schedule O contains a response to any question in this Part XII					
	<del></del>	Yes No			
1 Accounting method used to prepare the Form 990: X Cash Accrual Other		<b>建物理</b>			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		透透素			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a X_			
b Were the organization's financial statements audited by an independent accountant?		2b X			
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig review, or compilation of its financial statements and selection of an independent accountant?	ht of the audit,	2c			
If the organization changed either its oversight process or selection process during the tax year, explain	1				
in Schedule O.  d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both					
Separate basis Consolidated basis Both consolidated and separate basis					
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth Audit Act and OMB Circular A-133?	in the Single	3a X			
<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the or audits, explain why in Schedule O and describe any steps taken to undergo such audits	ne required audit	3ь			
BAA		Form 990 (2011)			

TEEA0112L 07/06/11

# SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

OMB No 1545-0047

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

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Employer identification number

	CHILDREN'S VILLAGE FOUNDATION, INC 42-1614034													
Par					s (All organizations					See ir	<u>nstructi</u>	ons.		
The c	rga		•		se it is: (For lines 1 thro	•		-	-					
1	Н				ciation of churches des		section	170(b)	(1)(A)(i).	•				
2	Н				(Attach Schedule I	-								
3	Н	•	-	•	ce organization describe				• • •		=			
4	Ш			•	d in conjunction with a h	nospital	lescribe	d in sec	tion 170	U(b)(1)(A	V(III). En	iter the ho	spital's	5
5		An organi	/, and state zation oper <b>A)(iv).</b> (Coi		of a college or university	owned	or oper	ated by	a gover	nmental	unit des	scribed in	section	n —
6 7	X	A federal, An organi	state, or lo	ocal government or g	povernmental unit descri substantial part of its su					or from	n the ger	neral public	desci	rıbed
8	$\Box$			<i>,</i> , , ,	70(b)(1)(A)(vi). (Comple	to Part I	1.5							
9		An organi from activ investmen	zation that ities related it income a	normally receives: (	more than 33-1/3% o lons — subject to certail ss taxable income (less)	f its supp	oort fron	d (2) no	more t	han 33-1	1/3% of	its support	from	aross
10		An organi	zation orga	nized and operated	exclusively to test for pu	ublic safe	ety. See	section	509(a)	(4).				
11		more publi describes	licly suppor the type of	ted organizations de supporting organiza	exclusively for the bene scribed in section 509(a lition and complete lines	a)(1) or s 11e thro	ection 5 ough 11	509(a)(2) h.	). See s	of, or car section 5	509(a)(3)	. Check th	ne box	that
	$\overline{}$	аТуре		<b>b</b> ∐Type II		l – Fund	•	_			_d	Type III -		r
е	e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)													
f		If the orga	nızatıon re box	ceived a written dete	ermination from the IRS	that is a	Type I	, Type II	or Typ	e III sup	porting o	organizatio	n,	
g		Since Aug	just 17, 200	06, has the organizat	tion accepted any gift o	r contrib	ution fro	om any	of the fo	ollowing	persons	?		
													Yes	No
		(i) A pe	erson who d w. the gove	directly or indirectly ( erning body of the si	controls, either alone or upported organization?	togethe	with pe	ersons a	escribe	a in (ii) i	and (III)	11 g (i)		
				er of a person descr	., -							11 g (ii)		
		• •	-	•	described in (i) or (ii) a	bove?						11 g (iii)		
h		Provide th	ne following	information about t	he supported organization	on(s)								
		(i) Name of s organiz		(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) Isted in your governing document?  (v) Did you notify the organization in column (i) of your support?  (vi) Is the organization in column (i) organized in the U S?				nt of sup	port			
						Yes	No	Yes	No	Yes	No			
/A\														
<u>(A)</u>							-		ļ					
<u>(B)</u>			<del></del> -			ļ								
(C)														
<u>(D)</u>												<del></del>		
<u>(E)</u>			<u> </u>									_		
Total	1													

## 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.)

Sec	tion A. Public Support							
begi	ndar year (or fiscal year nning in) ►	(a) 2007	<b>(b)</b> 2008	(c) 2009	<b>(d)</b> 2010	<b>(e)</b> 2011		(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')	36,617.	269,493.			25,00	00.	331,110.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge							0.
4	Total. Add lines 1 through 3	36,617.	269,493.	0.	0.	25,00	00.	331,110.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						:	6,667.
6	Public support. Subtract line 5 from line 4							324,443.
Sec	tion B. Total Support		· .	·				
	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2007	<b>(b)</b> 2008	(c) 2009	<b>(d)</b> 2010	<b>(e)</b> 2011		<b>(f)</b> Total
7	Amounts from line 4	36,617.	269,493.	0.	0.	25,00	50.	331,110.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	111,864.	123,555.	127,721.	114,936.	107,47	76.	585,552.
9	Net income from unrelated business activities, whether or not the business is regularly carried on					•		0.
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)			10 0 0				0.
11	Total support. Add lines 7 through 10							916,662.
12	Gross receipts from related activ	rities, etc (see inst	ructions)		•		12	0.
	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here							
	tion C. Computation of Pu							
	Public support percentage for 20		-	e 11, column (f))		<del> </del>	14	35.39%
15	15 Public support percentage from 2010 Schedule A, Part II, line 14 . 15 34.82 %							
16a 33-1/3% support test — 2011. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization								
b 33-1/3% support test — 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization								
17a 10%-facts-and-circumstances test — 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.								
	<b>b 10%-facts-and-circumstances test</b> — <b>2010.</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 IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization							
18 BAA	Private foundation. If the organi	zation did not che	ck a box on line 1	3, 16a, 16b, 17a,			_	tructions •
					Sch	тепие 🕰 🗁 🗠	rm uu	いってタタロットノキンロー

### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support							
Calen	dar year (or fiscal yr beginning in)►	(a) 2007	<b>(b)</b> 2008	(c) 2009	<b>(d)</b> 2010	<b>(e)</b> 2011	(f) Total	
1	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')					<b></b>		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513		1					
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. The value of services or facilities furnished by a governmental unit to the							
_	organization without charge						<del> </del>	
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons							
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
c	: Add lines 7a and 7b					_		
	Public support (Subtract line 7c from line 6.)							
<u>Sec</u>	tion B. Total Support			<del> </del>				
Calen	dar year (or fiscal yr beginning in)►	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total	
	Amounts from line 6							
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					:		
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)					<u> </u>		
13	Total support. (Add Ins 9, 10c, 11, and 12.)							
	14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here							
Sec	tion C. Computation of Pu	blic Support P	ercentage					
	Public support percentage for 20	• •	• • • • • • • • • • • • • • • • • • • •	ne 13, column (f))		15	용	
16	Public support percentage from	2010 Schedule A,	Part III, line 15			16	ક	
	tion D. Computation of Inv			e				
	Investment income percentage f				ımn (f))	. 17	8	
	Investment income percentage f	•	• • • • • • • • • • • • • • • • • • • •			18	8	
19 <i>a</i>	<b>33-1/3% support tests – 2011.</b> If is not more than 33-1/3%, check	f the organization this box and <b>sto</b>	did not check the p here. The organ	e box on line 14, a nization qualifies a	as a publicly supp	orted organizati	on . • 📘	
t	33-1/3% support tests - 2010. If line 18 is not more than 33-1/3%	the organization, check this box	did not check a t and <b>stop here.</b> Th	oox on line 14 or l ne organization qu	line 19a, and line Jalifies as a public	16 is more than ly supported org	33-1/3%, and ▶ ☐	
20	Private foundation. If the organi	zation did not che	eck a box on line	14, 19a, or 19b, o	check this box and	see instruction	s <u> </u>	

Schedule A	(Form 990 or	990-EZ) 2011	CHILDREN'S	VILLAGE	FOUNDATION,	INC	42-1614034	Page 4
Part IV	Supplemer Part II, line (See instru	ntal Informat 17a or 17b;	i <b>on.</b> Complete and Part III, I	this part to ine 12. Also	provide the ex complete this	planations re part for any a	equired by Part II, lin	e 10; n.
	<u>-</u>							
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			<b>-</b>					

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

#### **Supplemental Financial Statements**

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

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Employer identification number

CHILDREN'S VILLAGE FOUNDATION, INC 42-1614034 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year Aggregate contributions to (during year) 2 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised No Yes funds are the organization's property, subject to the organization's exclusive legal control? 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 No purpose conferring impermissible private benefit? Yes Part II | Conservation Easements. Complete if the organization answered 'Yes' to Form 990, 1 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of an historically important land area Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Protection of natural habitat 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 2a a Total number of conservation easements. **b** Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2 c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear ► Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? No In Part XIV, 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' to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: ▶\$ (i) Revenues included in Form 990, Part VIII, line 1.

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following

amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

(ii) Assets included in Form 990, Part X

b Assets included in Form 990, Part X

a Revenues included in Form 990, Part VIII, line 1

Partilla Organizations Maintai	ning Collection	s of Art, Histo	orical	Treasures, or	Other Similar Ass	ets (co	ontinu	ed)
3 Using the organization's acquisition items (check all that apply)	on, accession, and	other records, ch	eck ar	y of the following	that are a significant u	ise of its	collec	lion
a Public exhibition		<b>d</b> Loan	or exc	hange programs				
<b>b</b> Scholarly research		e [ ] Other		·				
c Preservation for future general								
4 Provide a description of the organ Part XIV.		·	_	_		se in		
5 During the year, did the organizat assets to be sold to raise funds ra	tion solicit or receivather than to be ma	e donations of ar aintained as part	t, histo	orical treasures, o organization's col	r other similar lection?	Yes		No
Partitiva Escrow and Custodial line 9, or reported an a	Arrangements amount on Forn	. Complete if to n 990, Part X,	the or line 2	rganization an 21.	swered 'Yes' to Foi	m 990 	, Part	. IV, ———
1a Is the organization an agent, trus included on Form 990, Part X?	,				er assets not	Yes		No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIV and co	mplete the follow	ıng tat	ole		Amount		
c Beginning balance					1c	- 4770 477		
<b>d</b> Additions during the year		•			1d		******	
e Distributions during the year	•				1e	_		
f Ending balance .			•	• •	1f			
2a Did the organization include an a	mount on Form 990	) Part X line 217	,	•	<u> </u>	Yes		No
<b>b</b> If 'Yes,' explain the arrangement		5, 1 art X, mic 21		•			L	
Partivi Endowment Funds. Co		nanization ans	swere	d 'Yes' to For	m 990 Part IV. line	10.		
- Societa Control Cont	(a) Current year	(b) Prior year		(c) Two years back			our year	s back
1a Beginning of year balance.	2,635,961			2,638,84		1		
<b>b</b> Contributions .	25,000				269,493			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
								E ENTRE
c Net investment earnings, gains, and losses	107,476	. 114,9	36.	127,72	1. 123,555.			
d Grants or scholarships	104,000	<del></del>		122,72		1		1 195
e Other expenditures for facilities and programs					0.			
f Administrative expenses	3,514	. 16,5	76.	4,68	3. 6,601.		3 /	
<b>g</b> End of year balance	2,660,923	. 2,635,9	61.	2,639,15	5. 2,638,842			
2 Provide the estimated percentage	of the current year	r end balance (lir	ne 1g,	column (a)) held	as:			
a Board designated or quasi-endow	/ment ►	8						
<b>b</b> Permanent endowment ►	%	<del></del>						
c Temporarily restricted endowmen	nt ► 100.	00 %						
The percentages in lines 2a, 2b,	and 2c should equa	al 100%.						
3a Are there endowment funds not in	n the nossession o	f the organization	that a	re held and admi	nistered for the	_		
organization by:	ir the possession o	Title Organization	· mar c	ire nota ana aani	motored for the	i	Yes	No
(i) unrelated organizations						3a(i)		X
(ii) related organizations				•		3a(ii)		X
<b>b</b> If 'Yes' to 3a(II), are the related of	organizations listed	as required on So	chedul	e R <sup>?</sup>		3b		L
4 Describe in Part XIV the intended					t XIV			
<u>Partivis Land, Buildings, and I</u>	<b>Equipment.</b> See	e Form 990, Pa	art X,	line 10.	<del></del>			
Description of property		ost or other basis (investment)		Cost or other asis (other)	(c) Accumulated depreciation	(d) i	Book va	alue 
1a Land					TO A THE STATE OF			
<b>b</b> Buildings							_	
c Leasehold improvements.								
<b>d</b> Equipment								
e Other								
Total. Add lines 1a through 1e. (Colum	nn (d) must equal F	orm 990, Part X,	colum	n (B), line 10(c).)	•			0.
BAA		•			Sched	lule <b>D</b> (F	orm 99	90) 2011

42-1614034

Page 2

Schedule D (Form 990) 2011 CHILDREN'S VILLAGE FOUNDATION, INC

2 FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Schedule D. (Form 990) 2011 CHILDREN'S VILLAGE FOUNDATION, INC	42-1614034	Page 4
Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements	N/A	
1 Total revenue (Form 990, Part VIII, column (A), line 12)		
2 Total expenses (Form 990, Part IX, column (A), line 25)		
3 Excess or (deficit) for the year. Subtract line 2 from line 1		
4 Net unrealized gains (losses) on investments		
5 Donated services and use of facilities		
6 Investment expenses		
7 Prior period adjustments		
8 Other (Describe in Part XIV.)		
9 Total adjustments (net) Add lines 4 through 8		
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		
Reconciliation of Revenue per Audited Financial Statements With Reven	ue per Return N/A	
1 Total revenue, gains, and other support per audited financial statements .	1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	·	
a Net unrealized gains on investments		
b Donated services and use of facilities 2b		
c Recoveries of prior year grants 2c		
d Other (Describe in Part XIV.)		
e Add lines 2a through 2d.		
3 Subtract line 2e from line 1 .	3	
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 XIV)		
c Add lines 4a and 4b .	. <u>4c</u>	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5	
Reconciliation of Expenses per Audited Financial Statements With Expe	enses per Return N/A	·
1 Total expenses and losses per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25.		
a Donated services and use of facilities . 2a		
<b>b</b> Prior year adjustments . <b>2b</b>		
c Other losses		
d Other (Describe in Part XIV ) . 2d		
e Add lines 2a through 2d.	2 e	
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		<del></del>
a Investment expenses not included on Form 990, Part VIII, line 7b.		
b Other (Describe in Part XIV.) . 4b		
c Add lines 4a and 4b	. 4c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	
Part XIV Supplemental Information		
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an Part V, line 4; Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Al any additional information	d 4; Part IV, lines 1b and 2b, Iso complete this part to provi	de
Part_V, Line 4 - Intended Uses_Of Endowment Fund		<b>-</b>
The endowment funds are intended to be used to make grants for	r_the_benefit_of_th	re
supported activities in a residential children's home that me	ets_a_variety_of_ne	eeds
of_dependent, neglected, abused, and abandoned_children_and_y	outh	<b>-</b> -
		- <b>-</b>

Schedule D (Form 990) 2011 CHILDREN'S VILLAGE FOUNDATION, INC	42-1614034	Page <b>5</b>
Schedule D. (Form 990) 2011 CHILDREN'S VILLAGE FOUNDATION, INC  Part XIV Supplemental Information (continued)		
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		OMB No 1
SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States	20
Department of the Treasury Internal Revenue Service	Complete if the organization answered 'Yes' to Form 990, Part IV, lines 21 or 22. ➤ Attatch to Form 990.	Open to Inspe
Name of the organization	Employer iden	Employer identification number
CHILDREN'S VII	CHILDREN'S VILLAGE FOUNDATION, INC	514034
Part   General Ir	Part I General Information on Grants and Assistance	
	1 December and the monthly for the trade the amount of the grants or assistance the granted for the grants or assistance and	1

Open to Public Inspection

OMB No 1545-0047 2011 **≗** □ (h) Purpose of grant or assistance See Part IV Description X Yes Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Grants and Other Assistance to Governments and Organizations in the United States. Complete of the organization answered 'Yes' to (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) ö (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 104,000. (d) Amount of cash grant 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 1 Does the organization maintain records to substantiate the amount of the grants the selection criteria used to award the grants or assistance? (c) IRC section if applicable Part II can be duplicated if additional space is needed 75-1634826|501(c)(3)3 Enter total number of other organizations listed in the line 1 table (b) EIN 1 (a) Name and address of organization or government 1 1 1 -----Tyler, TX 75711 1111 PO Box 6564 (1) CVFSA, Inc. 1111 1 1111 C **S £** ତ୍ର |84 ଫ୍ର ତ୍ର

Schedule I (Form 990) (2011)

TEEA3901L 06/01/11

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

Page 2 Schedule I (Form 990) (2011) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (f) Description of non-cash assistance Part W. Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information 42-1614034 (e) Method of valuation (book, FMV, appraisal, other) \_\_\_The\_purpose\_of\_the\_grant\_is\_to\_support\_activities\_in\_a\_residential\_children's\_home\_ that meets a variety of needs of dependent, neglected, abused, and abandoned (d) Amount of non-cash assistance (c) Amount of cash grant CHILDREN'S VILLAGE FOUNDATION, (b) Number of recipients Part IV - Additional Supplemental Information (a) Type of grant or assistance \_\_children\_and\_youth. Schedule I (Form 990) (2011) [Part III S 9 8 က 4

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# SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

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 990-EZ. Department of the Treasury Internal Revenue Service

Open to Public Inspection

Name of the organization  CHILDREN'S VILLAGE FOUNDATION, INC	Employer identification number 42-1614034
Form 990, Part VI, Line 11b - Form 990 Review Process	112 2021001
The foundation's CPAs review the Form 990 with the foundation'	s assistant
secretary/treasurer prior to the filing of the form 990.	
Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Co	nflicts
Conflicts of interest are required to be disclosed to the gove	rning board, who is
responsible for the monitoring of potential conflicts and enfo	rcement of the
conflict of interest policy.	
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available	
The foundation makes its governing documents and financial sta	tements available to
the general public by inspection at the foundation's office.	