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132001 01-23-12

Department of the Treasury

### **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)

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

OMB No 1545-0047 Open to Public Inspection

$\overline{A}$	For th	e 20 11 calendar year, or tax year beginning and ending	3						
В	Check if	C Name of organization	D Employer identification number						
_	applicab	RAINTREE VILLAGE CHILDREN'S							
Г	Addre	ss							
F	Name	David Surviva A	58-2645993						
片	Initial	All the second of the Control of the second							
누	returr Term		229-559-5944						
누	—dated ∏Amer	3737 COINSTON ROAD	G Gross receipts \$ 591,750.						
누	returr		H(a) Is this a group return						
L	tion pend	for affiliates? Yes X No							
		F Name and address of principal officer: G.R. HOLTON							
_		3757 JOHNSTON ROAD, VALDOSTA, GA 31601	<del>,                                     </del>						
_		empt status. X 501(c)(3) 501(c) ( ) ( (Insert no.) 4947(a)(1) or 1	527   If "No," attach a list (see instructions)						
		te: WWW.RAINTREEVILLAGE.ORG	H(c) Group exemption number						
			Year of formation: 2001 M State of legal domicile; GA						
۲	art I	Summary							
ě	1	Briefly describe the organization's mission or most significant activities TO PROMO							
Activities & Governance		RAINTREE VILLAGE CHILDREN'S HOME, INC. AS W							
Ľ	2	Check this box  if the organization discontinued its operations or disposed of							
Š	3	Number of voting members of the governing body (Part VI, line 1a)	3 6						
9	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 0						
S	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5 7						
ZįĮ.	6	Total number of volunteers (estimate if necessary)	6 2						
Ę	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.						
•	b	Net unrelated business taxable income from Form 990-T, line 34	7ь0.						
			Prior Year Current Year						
Revenue	8	Contributions and grants (Part VIII, line 1h)	427,387. 414,989.						
	9	Program service revenue (Part VIII, line 2g)	0. 0.						
e Ve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<18,673.> 1,630.						
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	161,711. 173,670.						
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	570,425. 590,289.						
_	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	392,804. 382,699.						
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.						
	١	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	131,598. 130,152.						
Expenses	15	Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.						
Je C	100	44.040							
Ĕ	, D		113,561. 108,065.						
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	637,963. 620,916.						
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (a), line 25) Revenue less expenses. Subtract line 18 from line 12.	<67,538.> <30,627.3						
	2 19	Hevenue less expenses Subtract line 18 from line 12							
Net Assets or I	<u> </u>		Beginning of Current Year End of Year						
850	일 20	Total assets (Part X, line 16)  Total liabilities (Part X, line 26)	1,066,776. 1,027,799.						
etA	215	Total liabilities (Part X, line 26)	155,063. 144,013.						
	22c	Net assets or fund balances. Subtract line 21 from line 20	911,713. 883,786.						
		Signature Block OGDEN, UI							
		attles of polyury of declare than have examined this return, i <del>ncluding accompanying schedules and s</del>							
tru	e, corre	er and complete (Declaration of preparer (other than officer) is based on all information of which pr	eparer has any knowledge.						
			Data						
Sig	gn	Signature Date 8 0 12							
He	ere	G.R. HOLTON, PRESIDENT & CEO	0 1/12						
		Type or print name and title	Date DTIN						
		न्द्रिंInt/Type preparer's name Preparer's signature	Date Check PTIN						
Pa		RICHARD A. STALVEY Mul a Claber, O							
	eparer		.C. Firm's EIN 58-1224069						
Us	e Only	Firm's address   3208 WILDWOOD PLANTATION DRIVE	,						
_		VALDOSTA, GA 31605	Phone no. (229) 244-1559						
Ma	v the I	RS discuss this return with the preparer shown above? (see instructions)	X Yes No						

LHA For Paperwork Reduction Act Notice, see the separate instructions.

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form **990** (2011)

RAINTREE VILLAGE CHILDREN'S

Form 990 (2011) FOUNDATION, INC.
Part IV Checklist of Required Schedules

	Tie   Oncomot of frequency constraints		Yes	No
_	to the appropriate described to contract E01(a)(0) or 4047(a)(1) (athors then a provint foundation)?		165	INU
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1	X	1
_	If "Yes," complete Schedule A	2	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?  Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	-		
3	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	Ŭ.		
4	during the tax year? If "Yes," complete Schedule C, Part II	4		_x_
_	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
5		5		x
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III  Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			<u> </u>
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
-	Did the organization receive or hold a conservation easement, including easements to preserve open space,			<u> </u>
7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
_	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	•		
8		8		x
_	Schedule D, Part III  Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide			
9	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		· · · · ·	<u> </u>
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	ŀ	х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
11	as applicable		`	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			1
а	Part VI	11a	х	
b	The state of the s			
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
	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	11c	Х	
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			
Ī	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1		
	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_	<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	ļ	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		1	
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	ļ	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	İ	İ	
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	<del> </del>	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	17	1	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	X	<del> </del>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			•
	complete Schedule G, Part III	19	1	X
20a		20a	+	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	gan	(2011)
		FULL	000	(2011)

Form 990 (2011) FOUNDATION, INC.

Part IV Checklist of Required Schedules (continued)

		,	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
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		_X_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	•		
	Schedule J	23		<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			77
	Schedule K If "No", go to line 25	24a		<u>X</u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			v
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_X_
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	OEL		х
20	Schedule L, Part I  Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	25b		
26	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
21	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		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	<u> </u>		_ <del></del> _
	instructions for applicable filing thresholds, conditions, and exceptions):	٠,		
а	A support of the state of the s	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	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	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31	<u></u>	X
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	ļ	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	ļ	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	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
þ	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	ļ	X_
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	<del> </del>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			37
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		v	-
	Note. All Form 990 filers are required to complete Schedule O	38 Form	990 /	<u> </u>  2011)
		rorm	33U (	ZUI1)

### RAINTREE VILLAGE CHILDREN'S Form 990 (2011) FOUNDATION, INC. 58-2645993 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V Yes 0 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 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 X 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) $\mathbf{x}_{-}$ 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 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)? X 4a 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 Х b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b 5¢ c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X 6a any contributions that were not tax deductible? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts 6b were not tax deductible? Organizations that may receive deductible contributions under section 170(c). 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? Х 7a 7b b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х to file Form 8282? 7c d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 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 Sponsoring organizations maintaining donor advised funds. 9a a Did the organization make any taxable distributions under section 4966? 9b b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter. a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: 11a a Gross income from members or shareholders . . . b Gross income from other sources (Do not net amounts due or paid to other sources against

**b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers.

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

**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

amounts due or received from them)

Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Scheol

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

		13a		
			,	,
	13b			
	13c			
	,	14a		X
luk	e O	14b		

Form **990** (2011)

12a

11b

12b

FOUNDATION, INC. Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI			X
<u>Sec</u>	tion A. Governing Body and Management			, 
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 6	•	l	
	If there are material differences in voting rights among members of the governing body, or if the governing	,		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	l		
b	Enter the number of voting members included in line 1a, above, who are independent 0		ļ	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	-	- '	-
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
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's assets?	5		X
6	Did the organization have members or stockholders?	6		_X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	- 1		
	more members of the governing body?	7a		_X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	j		
	persons other than the governing body?	7b		_X_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			-
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	_X_	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	<u> </u>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	, .		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	ļ
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	<u> </u>	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done .	12c	X	
13	Did the organization have a written whistleblower policy?	13	<u>X</u> _	L
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	- , ,	٠ ٠	İ
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization .	15b	<u>X</u>	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		3,00	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	· .	*77	۱
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	. •		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	•		
	exempt status with respect to such arrangements?	16b		<u> </u>
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed GA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vallab	10	
	for public inspection Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finar	icial	
	statements available to the public during the tax year.	_		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	ion. 🕨	<b>-</b>	
	G.R. HOLTON - 229-559-5944			
3200	3757 JOHNSTON ROAD VALDOSTA, GA 31601	Γa	000	(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

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

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

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

Classified   Compensations   Final Process	(A) Name and Title	(B) Average hours per week	offi	not c	Pos heck ss pe	more	than of the than of the than the the than the the than the than the the than the the than the the the than the the the the the the the the the the	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
(1) J. WILLIAM SCHROER  DIRECTOR  (2) HARRY DENNARD  DIRECTOR  (3) JOEL JOHNSON  DIRECTOR  (4) BILL HARVEY  DIRECTOR  (5) KEVIN BOYD  DIRECTOR  (6) G.R. HOLTON, JR.		related organizations in Schedule		Institutional trustee	Officer	Key employee	Highest compensated employee	Former		organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(2) HARRY DENNARD DIRECTOR  (3) JOEL JOHNSON DIRECTOR  (4) BILL HARVEY DIRECTOR  (5) KEVIN BOYD DIRECTOR  (6) G.R. HOLTON, JR.	(1) J. WILLIAM SCHROER										
DIRECTOR 0.00 X	DIRECTOR	0.00	X	<u> </u>					0.	0.	0
(3) JOEL JOHNSON  OIRECTOR  (4) BILL HARVEY  OIRECTOR  (5) KEVIN BOYD  OIRECTOR  (6) G.R. HOLTON, JR.	(2) HARRY DENNARD		ł								
O.00 X   O	DIRECTOR	0.00	X	<u> </u>					0.	0.	0
(4) BILL HARVEY DIRECTOR  (5) KEVIN BOYD DIRECTOR  (6) G.R. HOLTON, JR.	(3) JOEL JOHNSON										
DIRECTOR	DIRECTOR	0.00	X			_			0.	0.	0
(5) KEVIN BOYD DIRECTOR  (6) G.R. HOLTON, JR.	(4) BILL HARVEY	}				ļ					
DIRECTOR 0.00 X 0. (6) G.R. HOLTON, JR.	DIRECTOR	0.00	X		L_				0.	0.	0
(6) G.R. HOLTON, JR.	(5) KEVIN BOYD		}								
(6) G.R. HOLTON, JR. CHAIRMAN  40.00 X  47,846.  0.	DIRECTOR	0.00	X	<u> </u>		_	<u></u>		0.	0.	0
CHAIRMAN 40.00 X 47,846. 0.	(6) G.R. HOLTON, JR.			1							
	CHAIRMAN	40.00		<u> </u>	X				47,846.	0.	0
					Г						

Form 990 (2011)

\$100,000 of compensation from the organization

58-2645993 Page **9** 

		•		-	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
इ इ	1 a	Federated campaigns	1a	10.				
ran	b		1b					
Ω,E	c		1c	26,130.				
iifts ar A	d		1d					
s, G	е							
Sign	f							
brt He		similar amounts not included abo	1 1	388,849.				
EQ.	g	Noncash contributions included in lines	1a-1f \$	10.				
Contributions, Gifts, Grants and Other Similar Amounts	h	Total, Add lines 1a-1f		<b></b>	414,989.			
				Business Code	-			
ě	2 a							
Program Service Revenue	b							
S	c							
eve	d							
og R	е							
ď	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f		<u> </u>				
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		<b>&gt;</b>	1,630.			1,630.
	4	Income from investment of ta	x-exempt bond p	oroceeds >				
	5	Royalties	-	<u> </u>			<del> </del>	
			(ı) Real	(II) Personal				
	6 a	Gross rents	135711.					
	b	Less rental expenses	0.					
	C	, ,	135711.	L				`
		Net rental income or (loss)		,	135,711.	135,711.		
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	-					
	b	Less. cost or other basis						
		and sales expenses		ļ	1			
		Gain or (loss)			,			
	d	• , ,		<u> </u>				
9	8 а	Gross income from fundraisin						
Other Reven			.30. of				•	
8		contributions reported on line Part IV, line 18	•	31,573.				
귤	_		a b	4 4 5 4				
ŏ		Less direct expenses  Net income or (loss) from fund		1,401.	30,112.	:		30,112.
		Gross income from gaming ac	•		JU,114.			30,112.
	ə d	Part IV, line 19						
	h	Less: direct expenses	a b					
		Net income or (loss) from gam						
		Gross sales of inventory, less						
		and allowances	. а	1	,			
	b	Less cost of goods sold	. <b>b</b>					
		Net income or (loss) from sale		<b>&gt;</b>			-	
1		Miscellaneous Revenu		Business Code	, -			, - :
	11 a			900099	5,077.			5,077.
	b	D 670111656 TV	COME	900099	4,000.			4,000.
	c	AMORTIZATION OF		900099	333.			333.
	d			900099	<1,563.	>		<1,563.
1		Total. Add lines 11a-11d	- •	<b>•</b>	7,847.			
	12	Total revenue See instructions.			590,289.	135,711.	0.	39,589.
13200 01-23	9 - 12							Form <b>990</b> (2011)

Form 990 (2011)

### 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)

COITIE	olete columns (B), (C), and (D)  Check if Schedule O contains a response	se to any question in the	s Part IX		·[_]
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	382,699.	382,699.		
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	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	47,846.		47,846.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	61,645.	5,980.	44,865.	10,800.
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	14,123.		14,123.	
10	Payroll taxes	6,538.	477.	5,200.	861.
11	Fees for services (non-employees)				
а	Management				
b	Legal				
c	Accounting	6,400.		5,200.	1,200.
d	Lobbying	•			
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion			•	
13	Office expenses	13,149.		417.	12,732.
14	Information technology				
15	Royalties				
16	Occupancy	20,715.		6,964.	13,751.
17	Travel	3,675.		75.	3,600.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	43,828.		43,828.	
23	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 0.)				,
а	REPAIRS AND MAINTENANCE	15,144.		14,134.	1,010.
b	MISCELLANEOUS	5,004.		4,910.	94.
С	TAXES - LICENSES/PERMIT	150.		150.	
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	620,916.	389,156.	187,712.	44,048.
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)				···········
	0.01_93_12				Form <b>990</b> (2011)

Form **990** (2011)

Form 990 (2011)
Part X Balance Sheet

Pal	<u>τ λ</u>	Balance Sheet			
	_	•	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	37,457.	1	54,907.
	2	Savings and temporary cash investments	115,695.	2	106,867.
	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		1	
		employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net	94,009.	7	86,000.
SS	8	Inventories for sale or use	<u> </u>	8	0070001
•	9	Prepaid expenses and deferred charges		9	
	1	Land, buildings, and equipment cost or other			
	102	, , , , , , , , , , , , , , , , , , , ,			
	b	1 014 540	759,447.	10c	715,619.
	11	Investments - publicly traded securities	133/111	11	71370131
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11	60,168.	13	64,406.
	14	Intangible assets	00,100.	14	0 = 7 = 00 +
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,066,776.	16	1,027,799.
	17	Accounts payable and accrued expenses	9,905.	17	8,618.
	18	Grants payable	2/200:	18	
	19	Deferred revenue	2,000.	19	1,667.
	20	Tax-exempt bond liabilities		20	
s	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,			
li qe		highest compensated employees, and disqualified persons. Complete Part II			
Ľ		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	<del></del>	23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third	<del></del>		
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	143,158.	25	133,728.
	26	Total liabilities. Add lines 17 through 25	155,063.		144,013.
		Organizations that follow SFAS 117, check here ▶ X and complete			, , , ,
တ္		lines 27 through 29, and lines 33 and 34.			7
ဥ	27	Unrestricted net assets	911,713.	27	883,786.
alai	28	Temporarily restricted net assets		28	
9 9	29	Permanently restricted net assets	<u> </u>	29	
Š		Organizations that do not follow SFAS 117, check here  and			
7		complete lines 30 through 34.			
ts (	30	Capital stock or trust principal, or current funds		30	
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	911,713.	33	883,786.
			1,066,776.	34	1,027,799.

Form **990** (2011)

Both consolidated and separate basis

X

За

Form 990 (2011)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

Separate basis

Act and OMB Circular A-133?

X Consolidated basis

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

# SCHEDULE A

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

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

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

RAINTREE VILLAGE CHILDREN'S

Employer identification number

FOUNDATION, 58-2645993 INC. Reason for Public Charity Status (All organizations must complete this part ) See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part !!) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 X An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c X Type III · Functionally integrated d \_\_\_\_ Type III - Other b \_\_\_\_ Type II e X 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) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III f supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? q (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No Х 11g(i) the governing body of the supported organization? (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
		(see instructions))	Yes	No	Yes No		Yes	No	
RAINTREE		509(A)(2)							
VILLAGE, INC	58-1083667	TYPE 3	X		X		X		382,699.
	Ì	ł			1	1	l		
	<u> </u>		↓			ļ			
				-				-	
	-		+						
Total 1					Ì		]		382,699.

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

Schedule A (Form 990 or 990-EZ) 2011

132021 01-24-12

# Schedule A (Form 990 or 990-EZ) 2011 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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not						1
	include any "unusual grants ")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf			,	_		
3	The value of services or facilities		<del>.</del>				
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a	ĺ					
	governmental unit or publicly				•		
	supported organization) included						
	on line 1 that exceeds 2% of the				:		
	amount shown on line 11,						
	column (f)	,			ł		
6	Public support. Subtract line 5 from line 4		4				
	ction B. Total Support	<u></u>					
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on				-		
10	Other income. Do not include gain						
	or loss from the sale of capital					1	
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc (see instruction	ons)			12	
	First five years. If the Form 990 is for			rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	
	organization, check this box and stor	o here					
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2011 (	line 6, column (f) di	vided by line 11,	column (f))		14	%
15	Public support percentage from 2010	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2011. if the	organization did no	t check the box of	on line 13, and line	14 is 33 1/3% or	more, check this b	ox and
	stop here. The organization qualifies	as a publicly supp	orted organizatio	n			. ▶∟
b	33 1/3% support test - 2010. If the	organization did no	t check a box on	line 13 or 16a, and	d line 15 is 33 1/39	% or more, check t	this box
	and stop here. The organization qual	ifies as a publicly s	supported organia	ation .			. ▶
17a	10% -facts-and-circumstances tes	t - 2011. If the org	anızation dıd not	check a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check t	this box and stop I	nere. Explain ın Pa	art IV how the orga	nization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supporte	d organization		
b	10% -facts-and-circumstances tes	t - 2010. If the org	anızatıon dıd not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, c	heck this box and	stop here. Explai	n in Part IV how th	e
	organization meets the "facts-and-circ	cumstances" test	The organization	qualifies as a publi	icly supported org	anızation	▶□
18	Private foundation. If the organization	n did not check a	<u>box on line 13, 16</u>	Sa, 16b, 17a, or 17	b, check this box	and see instruction	ns 🕨 🗌
					Sch	edule A (Form 99	0 or 990-F7\ 2011

# Schedule A (Form 990 or 990-EZ) 2011 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.)

Section A. Public Support	5.5, p.5466 6611					
Calendar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)				<u> </u>		
Section B. Total Support						····
Calendar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					_	
<ul> <li>Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)</li> <li>Total support (Add lines 9, 10c, 11, and 12)</li> </ul>						
14 First five years. If the Form 990 is for	the organization	's first second the	d fourth or fifth t	ax vear as a secti	on 501(c)(3) organi	zation
check this box and stop here						<b>&gt;</b>
Section C. Computation of Publ						
15 Public support percentage for 2011 (I		•	column (f))		15	%
16 Public support percentage from 2010					16	%
Section D. Computation of Inves				<del></del>	1 1	<del></del>
17 Investment income percentage for 20			ne 13, column (f))		17	%
18 Investment income percentage from					18	<u>%</u>
19a 33 1/3% support tests - 2011. If the	•					17 is not
more than 33 1/3%, check this box a	•	•	•			. ▶∟
b 33 1/3% support tests - 2010. If the	_					. $\square$
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check to		hedule A (Form 99	000 E7) 004

### **SCHEDULE D**

(Form 990)

Department of the Treasury .
Internal Revenue Service

### **Supplemental Financial Statements**

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

2011
Open to Public Inspection

Name of the organization

RAINTREE VILLAGE CHILDREN'S

FOUNDATION, INC.

Employer identification number 58-2645993

Pai	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held in donor adv	sed funds
-	are the organization's property, subject to the organization's e		Yes No
6	Did the organization inform all grantees, donors, and donor ad		e used only
•	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?	, , , ,	Yes No
Pai	t II Conservation Easements. Complete if the org	anization answered "Yes" to Form 990,	Part IV, line 7
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (e.g., recreation or ed		storically important land area
	Protection of natural habitat	<del></del>	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		
	·		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic struc	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the peri	iodic monitoring, inspection, handling o	
	violations, and enforcement of the conservation easements it		└── Yes └── No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements	during the year
7	Amount of expenses incurred in monitoring, inspecting, and e	enforcing conservation easements durin	g the year ► \$
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	[]
	and section 170(h)(4)(B)(ii)?		L Yes
9	In Part XIV, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization	ion's financial statements that describe	s the organization's accounting for
D-:	conservation easements.  † III   Organizations Maintaining Collections of	Art Historical Transuras or	Other Similar Assets
rai	Till Organizations Maintaining Collections of Complete if the organization answered "Yes" to Form 9		Juliei Sililliai Assets.
			was t and balance about works of ort
па	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh		arice of public service, provide, in Fart XIV,
	the text of the footnote to its financial statements that described the organization elected, as permitted under SFAS 116 (AS		nt and halance shoot works of art. historical
D	treasures, or other similar assets held for public exhibition, ed		
		deation, or research in furtherance of p	ublic service, provide the following amounts
	relating to these items		▶ ¢
	<ul><li>(i) Revenues included in Form 990, Part VIII, line 1</li><li>(ii) Assets included in Form 990, Part X</li></ul>	•	► \$ ► \$
2	If the organization received or held works of art, historical trea		
2	the following amounts required to be reported under SFAS 1		iai gain, provide
_	-	TO (ACC 300) Telating to these itelis.	<b>▶</b> \$
a	Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X	•	► \$ ► \$
D	ASSELS INCIDUED IN FORM 350, FAR A	• ••	F •

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051

Schedule D (Form 990) 2011

RAINTREE VILLAGE CHILDREN'S

Sche	dule D (Form 990) 2011 FOUNDAT:	ION, INC.					5	8-264	<u> 15993</u>	Page 2
Pa	rt III Organizations Maintaining C		rt, His	torical Tr	easures, c	or Other	Simila	r Asset	S (continu	ıed)
3	Using the organization's acquisition, accession	on, and other record	ls, chec	k any of the	following tha	t are a sig	nıfıcant us	se of its c	ollection i	tems
	(check all that apply)								•	
а	Public exhibition	c	ı 🗀	Loan or exc	hange progra	ams				•
b	Scholarly research	e	$\Box$	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explai	n how th	ney further t	he organizati	on's exem	pt purpos	e in Part	XIV.	
5	Dunng the year, did the organization solicit or	receive donations	of art, hi	storical trea	sures, or oth	er sımılar a	assets			
	to be sold to raise funds rather than to be ma	untained as part of	the orga	nization's co	ollection?				Yes	No_
Pai	t IV Escrow and Custodial Arrang	<b>gements.</b> Compl	ete if the	organizatio	n answered '	"Yes" to F	orm 990, I	Part IV, lı	ne 9, or	
	reported an amount on Form 990, Par	t X, line 21								<del></del>
1a	is the organization an agent, trustee, custodi	an or other intermed	diary for	contribution	ns or other as	sets not ir	ncluded		_	
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing	table.			,			
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f		·	
2a	Did the organization include an amount on Fo	orm 990, Part X, line	217						Yes	No
b	If "Yes," explain the arrangement in Part XIV.									
Pai	t V Endowment Funds. Complete it	the organization ar	swered	"Yes" to Fo	rm 990, Part	IV, line 10	)			
		(a) Current year	(b) F	rior year	(c) Two year	rs back (d	d) Three ye	ars back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions				<u> </u>					
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities		1							
	and programs									,
f	Administrative expenses									
g	End of year balance								`	2
2	Provide the estimated percentage of the curr	ent year end baland	ce (line 1	g, column (a	a)) held as <sup>.</sup>					
а	Board designated or quasi-endowment		%						-	
b	Permanent endowment	%								
С	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c should	ld equal 100%.								
За	Are there endowment funds not in the posse	ssion of the organiz	ation th	at are heid a	ınd admınıste	ered for the	e organiza	ation	_	
	by.								\Y	es No
	(i) unrelated organizations	•		•					3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	listed as required of	on Sche	dule R?					3b	
4	Describe in Part XIV the intended uses of the									
Pa	t VI   Land, Buildings, and Equipm	ent. See Form 99	0, Part X	, line 10.						
	Description of property	(a) Cost or o			t or other (other)		cumulated reciation	1	(d) Book	value
1a	Land .	<u> </u>			7,221.				197	,221.
ь	Buildings				6,065.	9	19,81	4.		,251.
c	Leasehold improvements				· , · · · ·					<u> </u>
d	Equipment			2	3,944.		21,79	7.	2	,147.
	Other				2,937.		72,93		<del></del> .	0.
	. Add lines 1a through 1e (Column (d) must e	gual Form 990. Part	X. colui					<b>D</b>	715	,619.

Schedule D (Form 990) 2011

FOUNDATTON	TNC

(a) Description of security or category (including name of security)	(b) Book value		hod of valuation I-of-year market valu	10
) Financial derivatives				
) Closely-held equity interests				
) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)		<u></u>		
(I)			<del></del>	
otal. (Col (b) must equal Form 990, Part X, col (B) line 12.) ► Part VIII Investments - Program Related.				
(a) Description of investment type	(b) Book value		hod of valuation I-of-year market valu	ne
(1) JERKINS INVESTMENT				
(2) ACCOUNT	64,406.	END-OF-YEAR	MARKET VAL	<u>'ÚE</u>
(3)				
(4)	···			
(5)				
(6)				
(7)				
(8)				
(9)				
(10)  otal. (Col (b) must equal Form 990, Part X, col (B) line 13 )▶	64,406.			-
Part IX Other Assets. See Form 990, Part X, II				
	(a) Description		(k	) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
otal. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part			<b>&gt;</b>	<del></del>
(a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2) TAXES PAYABLE		207.		
(3) ACCRUED SALARIES		2,594.		
(4) DONOR UNITRUST LIABILITY	7	130,927.		
(5)				
(6)				
(7)				
(8)				
(9)	<del>-</del>			
(10)				
(11)		100 500		
otal. (Column (b) must equal Form 990, Part X, col (B) in Fin 48 (ASC 740) Footnote in Part XIV, provide the text of the footnote. Fin 48 (ASC 740)	line 25)	ents that reports the organization's list	ability for uncertain tax no	sitions under
FIN 48 (ASC: 7411) FOOIDOIS IN PART XIV DIOVIDE THE TEXT OF THE TOOLOG				

RAINTREE VILLAGE CHILDREN'S

	edule D (Form 990) 2011 FOUNDATION, INC.  rt XI Reconciliation of Change in Net Assets from Form 990 to	Audited	Einanaial State		645993 Page 4
		Auditeu		ments	
1	Total revenue (Form 990, Part VIII, column (A), line 12)				590,289. 620,916.
2	Total expenses (Form 990, Part IX, column (A), line 25)		3		<30,627.>
3	Excess or (deficit) for the year. Subtract line 2 from line 1		4	<del></del>	<u> </u>
4 5	Net unrealized gains (losses) on investments		5		
-	Donated services and use of facilities	•	6		
6	Investment expenses		7		
7	Prior period adjustments Other (Percepte in Part XIV)		8		2,700.
8	Other (Describe in Part XIV.)		9		2,700.
9	Total adjustments (net) Add lines 4 through 8  Excess or (deficit) for the year per audited financial statements. Combine lines 3 are	ad 0	10		<27,927·>
10 Par	rt XII Reconciliation of Revenue per Audited Financial Statements			leturn	(41,341.)
1	Total revenue, gains, and other support per audited financial statements			TIT	594,450.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.				
а	Net unrealized gains on investments	2a	2,700.		
b	Donated services and use of facilities	2b		1	
C	Recoveries of prior year grants	2c		1	
d	Other (Describe in Part XIV)	2d	1,461.	1	
e	Add lines 2a through 2d			2e	4,161.
3	Subtract line 2e from line 1			3	<u>4,161.</u> 590,289.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b		]	
С	Add lines 4a and 4b		<del>-</del>	4c	0.
_5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	590,289.
Par	rt XIII Reconciliation of Expenses per Audited Financial Statem	nents With	Expenses per	Return	
1	Total expenses and losses per audited financial statements			1	239,678.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	,		1 1	
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b	· · · · · · · · · · · · · · · · · · ·	]	
С	Other losses .	2c		] ]	
d	Other (Describe in Part XIV)	2d	1,461.	1	
е	Add lines 2a through 2d			2e	1,461.
3	Subtract line 2e from line 1			3	238,217.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		1 1	
b	Other (Describe in Part XIV)	4b	382,699.		
С	Add lines 4a and 4b			4c	382,699.
_	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	<del></del>		5	620,916.
Par	rt XIV Supplemental Information				
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part				
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also com			ditional ir	nformation.
<u>PAF</u>	RT X, LINE 2: INCOME TAXES HAVE NOT BEEN F	ROVIDE	D AS THE		
000	TANTELETON TO A MON BROWN GORDON MICH	מם מפע	mTON E01/6	11/21	OH MITH
<u>ORC</u>	GANIZATION IS A NON-PROFIT CORPORATION UNI	ER SEC	TION SOILC	.)(3)	OF THE
<b>ተ</b> እተበ	DEDNAI DEVENUE CODE AND MUEDEFODE NO DDOVI	CTON T	C NECECCAL	v	
T1/1	<u> TERNAL REVENUE CODE AND THEREFORE NO PROVI</u>	T MOTO	S NECESSAL		<del></del>
<u>FOF</u>	R THE YEAR ENDED DECEMBER 31, 2011, MANAGE	MENT B	ELIEVES TH	IERE	ARE NO
MΔη	TERIAL AMOUNTS OF UNCERTAIN TAX POSITIONS.	ΔΠΩΤ	TIONALLY,	яянт	E WERE NO
<u>AMC</u>	OUNTS OF INTEREST OR PENALTIES RECOGNIZED	IN THE	STATEMENT	OF	FINANCIAL
<u> POS</u>	SITION AS OF DECEMBER 31, 2011 OR THE STAT	EMENT	OF ACTIVIT		
				Schedu	le D (Form 990) 2011

Schedule D (Form 990) 2011

### **SCHEDULE G**

**Supplemental Information Regarding Fundraising or Gaming Activities** (Form 990 or 990-EZ)

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, Department of the Treasury or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Internal Revenue Service ➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No 1545-0047

Open To Public

Name of the organization

RAINTREE VILLAGE CHILDREN'S FOUNDATION, INC.

**Employer identification number** 

Inspection

58-2645993

Part I Fundraising Activities required to complete this part	<ul> <li>Complete if the organization answer</li> </ul>	ered "Y	'es" to	Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
Indicate whether the organization rail  a Mail solicitations  b Internet and email solicitations  c Phone solicitations  d In-person solicitations  2 a Did the organization have a written of key employees listed in Form 990, F	e Solicitat  f Solicitat  g Special	tion of tion of fundra (includ	non-g gover ising i	overnment grants nment grants events fficers, directors, trus	stees or	□ No
<b>b</b> If "Yes," list the ten highest paid ind compensated at least \$5,000 by the		uant to	agre	ements under which	the fundraiser is to	oe .
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	ustody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
			•			
	N-3					
	<u> </u>	L				
3 List all states in which the organization	on is registered or licensed to solicit	contrib	ution	s or has been notified	d it is exempt from re	egistration
or licensing.						
			_			
						<del></del>

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

Schedule G (Form 990 or 990-EZ) 2011

RAINTREE VILLAGE CHILDREN'S 58-2645993 Page 2 Schedule G (Form 990 or 990-EZ) 2011 FOUNDATION, INC. Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events THRIFT SHOP BENEFIT NONE (add col. (a) through SALES DINNER col. (c)) (total number) (event type) (event type) Revenue 31,573. 26,130 <u>57,703.</u> Gross receipts 26,130 26,130. 2 Less Charitable contributions 31,573. 31,573 Gross income (line 1 minus line 2) Cash prizes Noncash prizes Direct Expenses Rent/facility costs 6 Food and beverages 8 Entertainment 461 1,461. Other direct expenses 461 10 Direct expense summary. Add lines 4 through 9 in column (d) 30,112. Net income summary. Combine line 3, column (d), and line 10 Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming Revenue (a) Bingo col (a) through col (c)) bingo/progressive bingo Gross revenue Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes Volunteer labor Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities: a is the organization licensed to operate gaming activities in each of these states?

Schedule G (Form 990 or 990-EZ) 2011

Yes

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "No," explain:

b If "Yes," explain.

132082 01-23-12

٠	RAINTREE VILLAGE CHILDREN 5	2645002 5 -
		-2645993 Page 3
	Does the organization operate gaming activities with nonmembers?	└── Yes └── No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed	——————————————————————————————————————
	to administer charitable gaming?	Yes No
	Indicate the percentage of gaming activity operated in	
	The organization's facility	13a %
	An outside facility	13b %
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
	Name	
	Address	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount	
	of garning revenue retained by the third party > \$	
c	If "Yes," enter name and address of the third party	
	Name	
	Address >	
16	Gaming manager information:	
	Name	
	Gaming manager compensation > \$	
	Description of services provided ▶	
	Director/officer Employee Independent contractor	
17	Mandatory distributions	
	Is the organization required under state law to make charitable distributions from the gaming proceeds to	
	retain the state gaming license?	Yes No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	<b>э</b>
	organization's own exempt activities during the tax year ▶ \$	
Pa	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns	(iii) and (v), and Part III,
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information	tion (see instructions)

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

2011	Open to Public
------	----------------

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

Name of the organization RAINTREE VILLAGE FOUNDATION. INC.		CHILDREN'S					Employer identification number 58–2645993
Part I General Information on Grants and Assistance	nd Assistance						
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	to substantiate the	e amount of the grants	or assistance, the	grantees' eligibilit	y for the grants or ass	sistance, and the selec	[
	stance?	•	:				X Yes No
앎	ocedures for moni	toring the use of grant	funds in the United	States			
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	Governments and	d Organizations in the	e United States. C	complete if the org.	anization answered "\	res" to Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of or government (a) EIN (a) IRC section (d) Amount of or government (e) EIN (a) IRC section (d) Amount of or government (e) EIN (e) IRC section (d) Amount of or government (e) EIN (e) IRC section (d) Amount of or government (e) EIN (e) IRC section (d) Amount of or government (e) EIN (e) IRC section (d) Amount of or government (e) EIN (e) IRC section (d) Amount of or government (e) EIN (e) IRC section (d) Amount of or government (e) Amount of or government (e) EIN (e) IRC section (d) Amount of or government (e) EIN (e) IRC section (d) Amount of or government (e) EIN (e) IRC section (d) Amount of or government (e) EIN (e) IRC section (d) Amount of or government (e) IRC section (d) Amount of or government (e) IRC section (d) Amount of or government (e) IRC section (d) Amount of or government (e) IRC section (d) Amount of or government (e) IRC section (d) Amount of or government (e) IRC section (d) Amount of or government (e) IRC section (d) Amount of or government (e) IRC section (d) Amount of or government (e) IRC section (d) Amount of or government (e) IRC section (d) Amount of or government (e) IRC section (d) Amount of or government (e) IRC section (d) Amount of or government (e) IRC section (d) IRC section (d) Amount of or government (e) IRC section (d) IRC sec	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RAINTREE VILLAGE, INC. 3757 JOHNSTON ROAD	58-108-167	501(0)(3)	382 699	0	ď,	4/Z	PROVIDED FUNDING FOR CHILDREN IN THE CARE OF RAINTREE VILLAGE. INC.
1							
			-				
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	and government or	rganizations listed in the 1 table	he line 1 table				1.
٦,	s, see the Instruct	tions for Form 990.					Schedule I (Form 990) (2011

RAINTREE VILLAGE CHILDREN'S

FOUNDATION, INC. Schedule I (Form 990) (2011)

Part

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

Page 2

58-2645993

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information LINE 2: ALL FUNDS ARE DISBURSED TO RAINTREE VILLAGE, MANAGEMENT REVIEWS THE INC. ON A REGULAR BASIS. (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients TO SUPPORT THE CHILDREN IN ITS CARE. ACCOUNTING RECORDS OF RAINTREE VILLAGE, (a) Type of grant or assistance PART I, SCHEDULE I, Part IV INC.

### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization

RAINTREE VILLAGE CHILDREN'S FOUNDATION, INC.

Employer identification number 58-2645993

1000001111011/ 11101
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SERVICES INCIDENTAL THERETO.
FORM 990, PART VI, SECTION B, LINE 11: THE 990 IS REVIEWED BY MANAGEMENT
AND COPIES ARE PROVIDED TO THE GOVERNING BOARD.
FORM 990, PART VI, SECTION B, LINE 12C: PERSONNEL AND POLICY COMMITTEE
MONITORS COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY.
FORM 990, PART VI, SECTION B, LINE 15: APPROVED BY BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION C, LINE 18: ALL INFORMATIONAL DOCUMENTS ARE
AVAILABLE UPON REQUEST BY AN INDIVIDUAL.
AVAILABLE OFON REQUEST BY AN INDIVIDUAL.
FORM 990, PART VI, SECTION C, LINE 19: ALL INFORMATIONAL DOCUMENTS ARE
AVAILABLE UPON REQUEST BY AN INDIVIDUAL.
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:
UNREALIZED HOLDING GAINS ON SECURITIES 2,700.
FORM 990, PART XII, LINE 2C:
ORGANIZATION HAS NOT CHANGED ITS OVERSIGHT OR SELECTION PROCESS SINCE
PRIOR YEAR.

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

➤ See separate instructions.

OMB No 1545-0047

2011 Open to Public Inspection

(g) Section 512(bX13) controlled £ **Employer identification number** × entity? Direct controlling Yes 58-2645993 Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Direct controlling entity End-of-year assets <u>e</u> status (if section Public charity 501(c)(3)) 509(A)(2) Total income Exempt Code ਉ section 501(C)(3)Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) Legal domicile (state or Legal domicile (state or foreign country) foreign country) GEORGIA SUPPORT, AND SUPERVISION Primary activity TO HOMELESS CHILDREN RAINTREE VILLAGE CHILDREN'S Primary activity TO PROVIDE SHELTER, FOUNDATION, INC. - 58-1083667 Name, address, and EIN Name, address, and EIN of related organization of disregarded entity RAINTREE VILLAGE, INC. Name of the organization 31601 3757 JOHNSTON ROAD VALDOSTA GA Part II Partl

Schedule R (Form 990) 2011

RAINTREE VILLAGE CHILDREN'S

FOUNDATION, INC. Schedule R (Form 990) 2011

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Part III

Page 2

58-2645993

(a) (b) (b) (c)	(a)	(c)	(p)	(e)	<b>(£)</b>	(6)	ε	(i)	5	<b>&amp;</b>
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	ne Share of total d, income nder 1)	Share of end-of-year assets	Disproportionate ate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	General or Percentage managing ownership pariner?
Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	yanizations Taxable as poration or trust during	s a Corpo	oration or Trust (Co	mplete if the orga	nization answered "Y	es" to Form 990, F	art IV, line 34	t because it had o	one or mor	e related
(a) Name, address, and EIN of related organization	<u>Z</u> c		(b) Primary activity	(C) Ity Legal domcile (state or foreign country)	(d)  mode Direct controlling or entity n	(C corp, S corp, or trust)	(f) Share of total rp, income	of total Sha	(g) Share of end-of-year assets	(h) Percentage ownership
							_			•
									,	
132162 01-23-12				33				Schedu	le R (Forn	Schedule R (Form 990) 2011

# RAINTREE VILLAGE CHILDREN'S

FOUNDATION, INC Schedule R (Form 990) 2011 Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36) Part V

Page 3

58-2645993

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Yes

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19

× ×

19

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Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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: II-IV
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- Receipt of (i) interest (ii) annuties (iii) royalties or (iv) rent from a controlled entity
  - Gift, grant, or capital contribution to related organization(s)
- Gift, grant, or capital contribution from related organization(s) d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)
- Sale of assets to related organization(s)
- Purchase of assets from related organization(s)
- Exchange of assets with related organization(s)
- Lease of facilities, equipment, or other assets to related organization(s)
- Lease of facilities, equipment, or other assets from related organization(s)
- Performance of services or membership or fundraising solicitations for related organization(s)
- Performance of services or membership or fundraising solicitations by related organization(s)
  - Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- Sharing of paid employees with related organization(s)
- Reimbursement paid to related organization(s) for expenses

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- Reimbursement paid by related organization(s) for expenses
- Other transfer of cash or property to related organization(s)
- Other transfer of cash or property from related organization(s)
- 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount involved
ONL SOCIETA	E E	382,699.	382, 699, ACTUAL, AMOUNT OF SUPPORT FOR YEAR
(2) RATNTREE VILLIAGE, INC.	) H	.000,06	90,000. YEARLY AMOUNT PER AGREEMENT
(3)			
(4)			
(5)			
(9)			

Schedule R (Form 990) 2011

132163 01-23-12

58-2645993

Page 4

RAINTREE VILLAGE CHILDREN'S

FOUNDATION, INC. Schedule R (Form 990) 2011

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

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(h) (i) (j) (k)  Dispropor- Libraria amount in box 20 managing ownership																												Schedule R (Form 990) 2011
(j) eneral or F anaging	Yes No																1				1				-			Forn
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de V-Ul	rm 106			!																								Sche
amor Screen	[E]									ļ							_				_	_						
(h) Dispropor tonate allocations	Yes No	<del></del> .	· · ·							-					_						+							$\dashv$
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(g) Share of end-of-year	assets																ŀ											
S																												
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(f) Share of total	income																											
(e) Are all Are all Predominant income partners sec (related, unrelated, or prelated, unrelated, or prelated,	S S	•							•													_						
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(a) Name, address, and EIN of entity																												
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Name(s) shown on return

Department of the Treasury Internal Revenue Service

## Depreciation and Amortization

(Including Information on Listed Property) ▶ See separate instructions.

Attach to your tax return.

Business or activity to which this form relates

990

OMB No 1545-0172 

Identifying number

<b>201</b>	7
Attachment	
Camuanaa Na	470

RAINTREE VILLAGE CHILDREN'S FOUNDATION, INC. FORM 990 PAGE 10 58-2645993 Part I | Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 500,000. 1 Maximum amount (see instructions) 2 2 Total cost of section 179 property placed in service (see instructions) 2,000,000. 3 Threshold cost of section 179 property before reduction in limitation 4 Reduction in limitation Subtract line 3 from line 2 if zero or less, enter 0 5 5 Dollar limitation for tax year Subtract line 4 from line 1 ff zero or less, enter -0- If married filing separately, see instructions (c) Elected cost (a) Description of property (b) Cost (business use only) 6 7 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction Enter the smaller of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2010 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2012 Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during 14 15 Property subject to section 168(f)(1) election 15 43,578 16 Other depreciation (including ACRS) 16 MACRS Depreciation (Do not include listed property ) (See instructions ) 17 250 17 MACRS deductions for assets placed in service in tax years beginning before 2011 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2011 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and (d) Recovery year placed in service (e) Convention (f) Method (a) Depreciation deduction (a) Classification of property only - see instructions) 3-year property 19a 5-year property 7-year property 10-year property 15-year property e 20-year property S/L 25-year property 25 yrs g MM S/L 27 5 yrs h Residential rental property MM S/L 1 27 5 yrs. ММ S/L 39 yrs Nonresidential real property MM S/L Section C - Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System Class life S/L 20a 12 yrs. S/I b 12-year 40 yrs. MM S/L c 40-year Part IV Summary (See instructions.) 21 21 Listed property. Enter amount from line 28 22 Total, Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 43,828. 22 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr

110251 11-21-11 LHA For Paperwork Reduction Act Notice, see separate instructions.

23 For assets shown above and placed in service during the current year, enter the

Form 4562 (2011)

portion of the basis attributable to section 263A costs

Fo	rm 4562 (2011)	FOI	NDATIO	N TN	IC.	*****	11211	•				58-	2645	993	Page 2
_	art V Listed Property	v (Include at	utomobiles, o	ertain ot	her vehic	les, cert	tain comp	outers	s, and prop	erty use	ed for en				
	amusement) Note: For any ve	ehicle for wl	hich vou are	using the	standaro	i mileag	e rate or								
	through (c) of S Section A -							struc	tions for lu	nits for i	passeng	er autom	obiles )		
24	a Do you have evidence to si		•			$\overline{}$	es		24b If "Y					Yes	No
24		(b)	(c)	icint dae ci		<del></del>	(e)	1 140	(f)		g)		h)		<u></u>
	(a) Type of property (list vehicles first)	Date placed in service	Business investmer use percent	nt o	(d) Cost or ther basis		is for depre siness/inves use only)	tment	Recovery period	Me	thod/ rention	Depre	ciation iction	Elec sectio	cted
25	Special depreciation allo			property	y placed	ın servic	ce during	the ta	ax year an	d	05				
_	used more than 50% in a				· · ·					•	25	<u> </u>			
<u>26</u>	Property used more than	150% in a q	uainied busi												
				%					<del> </del> -	ļ					
				%					-			-			
_				%						L		_			
<u>27</u>	Property used 50% or le	ss ın a qualı	fied busines	s use.					1	т					
				%					<del> </del>	S/L·		ļ			
_				%					ļ	S/L		-			
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28	Add amounts in column	(h), lines 25	through 27	Enter her	e and on	line 21	, page 1				28	ļ			
<u>29</u>	Add amounts in column	(i), line 26 E	nter here an	d on line	7, page 1	<u> </u>							29		
				Section	B - Infor	mation	on Use	of Vel	hicles						
If y	implete this section for velvou provided vehicles to yo												ng this s	ection fo	or
	ose vehicles					r	——— <sub>1</sub>			1		,			
					(a)	1	b)	(c) (d)		-	1	e)	<b>(f)</b>		
30	30 Total business/investment miles driven during the			Ve	hicle	Vel	hicle	\	/ehicle	Vehicle		Vehicle		Vehicle	
	year (do not include comm	nuting miles)								<del> </del>					
31	Total commuting miles d	rıven durıng	the year							ļ		<b>}</b>			
32	Total other personal (nor driven	ncommuting	) miles												
33	Total miles driven during	the year.													
	Add lines 30 through 32										·r	<u> </u>	<del>,</del>		
34	Was the vehicle available	e for person	al use	Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No
	during off-duty hours?						ļ				<u> </u>	ļ			
35	Was the vehicle used pri	marily by a	more							1					
	than 5% owner or relate	d person?									ļ	<u> </u>			
36	Is another vehicle availab	ole for perso	nal									1			,
	use?									<u> </u>		<u> </u>	<u></u>		
An	swer these questions to d		<ul> <li>Questions</li> <li>you meet an</li> </ul>	-	_								re not m	ore than	ı 5%
ow	ners or related persons													-1	
37	Do you maintain a writter employees?	n policy stat	ement that p	rohibits : 	all persor	nal use (	of vehicle	s, inc	cluding coi	nmuting	, by you	r		Yes	No
38	Do you maintain a writtei	n policy stat	ement that p	orohibits (	personal	use of v	rehicles,	excep	ot commut	ing, by	your				
	employees? See the inst	ructions for	vehicles use	d by cor	porate of	ficers, c	lirectors,	or 1%	6 or more	owners					<u> </u>
39	Do you treat all use of ve	hicles by er	nployees as	personal	use?										<u> </u>
40	Do you provide more that	n five vehic	les to your e	mployees	, obtain i	informat	tion from	your	employee	s about					
	the use of the vehicles, a		-												
41	Do you meet the requirer	ments conc	erning qualifi	ed auton	nobile de	monstra	ation use	?						·	
. •	Note: If your answer to 3		• .						covered ve	hicles					
P	art VI Amortization														
	(a) Description of	costs	Da	(b) te amortization begins		(c) Amortizal amoun	ble t		(d) Code section		(e) Amortiza period or pe	ation		(f) mortization or this year	
42	Amortization of costs that	at begins du	ring your 20		ar						,				
<u> </u>											-				
_		-	<del></del>		†			$\top$				+			

Form **4562** (2011)

43

44

43 Amortization of costs that began before your 2011 tax year

44 Total. Add amounts in column (f) See the instructions for where to report

### Form 8868 (Rev. January 2012) Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

OMB No. 1545-1709

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Form 8868 (Rev. 1-2012)

• If you are filing for an Additional (Not Automatic) 3-Month I	Extension, o	complete only Part II (on page 2 of t	his form).								
Do not complete Part II unless you have already been granted	d an automa	itic 3-month extension on a previous	y filed For	rm 8868							
Electronic filing (e-file). You can electronically file Form 8868	f you need a	a 3-month automatic extension of tim	e to file (6	months for a cor	poration						
required to file Form 990-T), or an additional (not automatic) 3-n	nonth extens	sion of time. You can electronically fil	e Form 88	68 to request an	extension						
of time to file any of the forms listed in Part I or Part II with the	exception of	Form 8870, Information Return for T	ransfers A	Associated With C	Certain						
Personal Benefit Contracts, which must be sent to the IRS in pa	aper format	(see instructions). For more details o	n the elec	tronic filing of this	s form,						
visit www.irs.gov/efile and click on e-file for Charities & Nonprof		,		_							
Part I Automatic 3-Month Extension of Tin	ne. Only s	submit original (no copies nee	eded)								
A corporation required to file Form 990-T and requesting an aut											
Part I only			•								
All other corporations (including 1120-C filers), partnerships, RE to file income tax returns.	MICs, and t	rusts must use Form 7004 to reques	t an exten	sion of time							
Type or Name of exempt organization or other filer, see inst	ructions.		Employer	identification nur	mber (EIN) or						
print RAINTREE VILLAGE CHILDREN			, ,		, ,						
FOUNDATION, INC.			X	58-26459	93						
e by the e date for Number, street, and room or suite no. If a P.O box, see instructions Social security numb											
filing your 3757 JOHNSTON ROAD			,								
City, town or post office, state, and ZIP code. For a foreign address, see instructions.  VALDOSTA, GA 31601											
1 1111111111111111111111111111111111111											
Enter the Return code for the return that this application is for (	file a separa	te application for each return)			0 1						
Application		Return									
Is For	Code	Application Is For			Code						
Form 990	01	Form 990-T (corporation)			07						
Form 990-BL	02	Form 1041-A		08							
Form 990-EZ	01	Form 4720		09							
Form 990-PF	04	Form 5227	10								
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11						
Form 990-T (trust other than above)	06	Form 8870			12						
G.R. HOLTON											
• The books are in the care of ▶ 3757 JOHNSTON	ROAD '	VALDOSTA, GA - 31	601								
Telephone No. ► 229-559-5944		FAX No. ► 229-559-77	60								
If the organization does not have an office or place of business.	ess in the Ur	nited States, check this box			▶ □						
• If this is for a Group Return, enter the organization's four dig	rt Group Exe	emption Number (GEN) I	f this is fo	r the whole group	, check this						
box ▶ . If it is for part of the group, check this box ▶	and atta	ach a list with the names and EINs of	all memb	ers the extension	is for.						
1 I request an automatic 3-month (6 months for a corporate AUGUST 15, 2012 , to file the exem				The extension							
is for the organization's return for:	. 5	<b>5</b>									
► X calendar year 2011 or											
tax year beginning	, an	id ending									
				<del></del>							
2 If the tax year entered in line 1 is for less than 12 months  Change in accounting period	, check reas	on: Initial return	Final retur	'n							
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720	), or 6069. e	enter the tentative tax, less any									
nonrefundable credits. See instructions.			3a	\$	0.						
b If this application is for Form 990-PF, 990-T, 4720, or 606	9. enter anv	refundable credits and			<del></del>						
estimated tax payments made. Include any prior year over			3ь	\$	0.						
c Balance due. Subtract line 3b from line 3a. Include your			<del>- </del>		<del></del>						
-			3c	<b> </b>	0.						
by using EFTPS (Electronic Federal Tax Payment System). See instructions.  Saution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.											