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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
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)

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

OMB No 1545-1150

2011Open to Public
Inspection**A** For the 2011 calendar year, or tax year beginning **JUL 1, 2011** and ending **JUN 30, 2012****B** Check if applicable

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

C Name of organization**YAGA'S CHILDREN'S FUND**

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

2314 STRAND

Room/suite

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

GALVESTON, TX 77550**D** Employer identification number**76-0694903****E** Telephone number**409/762-6676****F** Group Exemption
Number ►**G** Accounting Method ☒ Cash ☐ Accrual Other (specify) ►**I** Website ► **WWW.YAGASCHILDRENSFUND.ORG****J** Tax-exempt status (check only one) — ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**H** Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II,

line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.

► \$ **160,333.****Part I** **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	57,455.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events	6	
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	102,878.
6c	Less direct expenses from gaming and fundraising events	6c	55,659.	
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	47,219.	
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	104,674.	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	120,830.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	1,500.
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	426.
	16	Other expenses (describe in Schedule O)	16	3,391.
	17	Total expenses. Add lines 10 through 16	17	126,147.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-21,473.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	116,950.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	95,477.

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

Form **990-EZ** (2011)

G8 11

Part II Balance Sheets. (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II ☐

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	116,950.	95,477.
23 Land and buildings		
24 Other assets (describe in Schedule O)		
25 Total assets	116,950.	95,477.
26 Total liabilities (describe in Schedule O)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	116,950.	95,477.

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)Check if the organization used Schedule O to respond to any question in this Part III ☒What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28	<u>SEE SCHEDULE O</u>		
	(Grants \$ 9,000.) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	9,000.
29	GRANT TO THE SALVATION ARMY FOR THE "ANGEL TREE PROGRAM" WHICH PROVIDES NEW CLOTHES AND TOYS AT CHRISTMAS FOR DISADVANTAGED CHILDREN.		
	(Grants \$ 9,000.) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	9,000.
30	GRANT TO GULF COAST BIG BROTHERS AND BIG SISTERS, INC, WHICH ENRICHES THE COMMUNITY BY MATCHING BIG BROTHERS AND BIG SISTERS WITH CHILDREN FROM SINGLE PARENT HOMES.		
	(Grants \$ 8,300.) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	8,300.
31	Other program services (describe in Schedule O) <u>SEE SCHEDULE O</u>		
	(Grants \$ 94,530.) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	94,530.
32	Total program service expenses (add lines 28a through 31a)	32	120,830.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV ☒

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
MARTHA NORRIS				
PRESIDENT	0.00	0.	0.	0.
BRANDI LISTI				
VICE PRESIDENT	0.00	0.	0.	0.
MIKE TRAMONTE				
TREASURER	0.00	0.	0.	0.
JENE ADLER				
SECRETARY	0.00	0.	0.	0.
MICHAEL GRAY				
DIRECTOR	0.00	0.	0.	0.
JOHN KOZA				
DIRECTOR	0.00	0.	0.	0.
MIKE DEAN				
DIRECTOR	0.00	0.	0.	0.
LINDSEY WHITE				
DIRECTOR	0.00	0.	0.	0.
ASHLEY SHRIVER				
DIRECTOR	0.00	0.	0.	0.
ROSIE ZILE				
DIRECTOR	0.00	0.	0.	0.
ELISE OTT WORTHEN				
DIRECTOR	0.00	0.	0.	0.
ROBERT RODRIGUEZ				
DIRECTOR	0.00	0.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V ☒

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	N/A	
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.		
37b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
38b If "Yes," complete Schedule L, Part II and enter the total amount involved ▶ 38b N/A		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 ▶ 39a N/A		
b Gross receipts, included on line 9, for public use of club facilities ▶ 39b N/A		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0. , section 4912 ▶ 0. , section 4955 ▶ 0.		
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41 List the states with which a copy of this return is filed ▶ NONE		
42a The organization's books are in care of ▶ MIKE TRAMONTE Telephone no ▶ 409/762-6676 Located at ▶ 2314 STRAND, GALVESTON, TX ZIP + 4 ▶ 77550		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country ▶		X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
c Did the organization receive any payments for indoor tanning services during the year?		X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
45b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?

Yes No

If "Yes," complete Schedule C, Part I

46

X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI ☐

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II

Yes No

47

X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48

X

49a Did the organization make any transfers to an exempt non-charitable related organization?

49a

X

b If "Yes," was the related organization a section 527 organization?

49b

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

NONE

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000

0

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt

charitable trusts must attach a completed Schedule A

X Yes No

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

Sign Here

Signature of officer

Type or print name and title

Robert R. Rodriguez President YCF

Date 5/15/13

Paid Preparer Use Only

Print/Type preparer's name

HARRY D. MAXWELL, JR.

Preparer's signature

Harry D. Maxwell

Date

5/6/13

Check ☐ if self-employed

PTIN

P00627267

Firm's name HEAD, MAXWELL & MCKENNA, P.C.

Firm's EIN 76-0354302

Firm's address 2200 MARKET STREET, SUITE 401 GALVESTON, TX 77550

Phone no (409) 763-6479

May the IRS discuss this return with the preparer shown above? See instructions

X Yes No

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

YAGA'S CHILDREN'S FUND

Employer identification number

76-0694903

Part I	Reason for Public Charity Status (All organizations must complete this part) See instructions.
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The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention or churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An 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.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ 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.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box _____

g ☐ Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

h ☐ Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]**Total**

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

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	78,805.	47,325.	53,000.	72,740.	57,455.	309,325.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	78,805.	47,325.	53,000.	72,740.	57,455.	309,325.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						309,325.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	78,805.	47,325.	53,000.	72,740.	57,455.	309,325.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	24.					24.
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 assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						309,349.
12 Gross receipts from related activities, etc. (see instructions)					12	396,845.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	99.99	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	99.97	%
16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>			
b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
17a 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
b 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>			

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

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization'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)						

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 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						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2011

Open To Public Inspection

Name of the organization

YAGA'S CHILDREN'S FUND

Employer identification number
76-0694903

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** ☐ Mail solicitations

- b** ☐ Internet and email solicitations

- c** ☐ Phone solicitations

- d** ☐ In-person solicitations

- e ☐ Solicitation of non-government grants

- ☐ Solicitation of government grants

- g** ☐ Special fundraising events

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☐ No

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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			
Total						

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II 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 WILDGAME COOKOFF	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	102,878.			102,878.
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	102,878.			102,878.
Direct Expenses	4 Cash prizes	12,000.			12,000.
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	10,805.			10,805.
	8 Entertainment	4,295.			4,295.
	9 Other direct expenses	28,559.			28,559.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				55,659.
	11 Net income summary. Combine line 3, column (d), and line 10				47,219.

Part III 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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				()
	8 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? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

☐ Yes ☐ No

☐ Yes ☐ No

13a	%
------------	----------

13b	%
------------	----------

b An outside facility

Name

Address

☐ Yes ☐ No

c If "Yes," enter name and address of the third party:

Name

Address

Name

Gaming manager compensation ▶ \$ _____

Description of services provided ▶

☐ Director/officer

☐ Employee

☐ Independent contractor☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

Part IV **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 (see instructions).

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization

YAGA'S CHILDREN'S FUND

Employer identification number
76-0694903

FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:

ACTIVITY CLASSIFICATION: HEALTH CARE SERVICES FOR TERMINALLY ILL PATIENTS

GRANTEE NAME: HOSPICE CARE TEAM, INC.

GRANTEE ADDRESS: 1708 AMBURN RD. TEXAS CITY, TX 77591

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 08/21/11

AMOUNT GIVEN: 6,750.

ACTIVITY CLASSIFICATION: FEEDING THE HUNGRY

GRANTEE NAME: GLEANINGS FROM THE HARVEST FOR GALVESTON, INC.

GRANTEE ADDRESS: 903 53RD STREET GALVESTON, TX 77551

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 08/21/11

AMOUNT GIVEN: 5,810.

ACTIVITY CLASSIFICATION: SERVING CHILDREN

GRANTEE NAME: THE GULF COAST CENTER

GRANTEE ADDRESS: 123 ROSENBERG, SUITE 6 GALVESTON, TX 77550

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 08/21/11

AMOUNT GIVEN: 6,000.

ACTIVITY CLASSIFICATION: SERVING CHILDREN

GRANTEE NAME: GULF COAST BIG BROTHERS AND BIG SISTERS, INC.

GRANTEE ADDRESS: 1413 TREMONT GALVESTON, TX 77550

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PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 08/21/11

AMOUNT GIVEN: 8,300.

ACTIVITY CLASSIFICATION: SERVING DISADVANTAGED YOUTH AFTER SCHOOL AND IN
THE SUMMER

GRANTEE NAME: BOYS AND GIRLS CLUBS OF GREATER HOUSTON

GRANTEE ADDRESS: 1520-A AIRLINE DR. HOUSTON, TX 77009

PROPERTY DESCRIPTION: CASH

AMOUNT GIVEN: 6,000.

ACTIVITY CLASSIFICATION: SERVING MENTALLY RETARDED CHILDREN

GRANTEE NAME: THE HOPE FOUNDATION FOR RETARDED CHILDREN

GRANTEE ADDRESS: 15403 HOPE VILLAGE ROAD FRIENDSWOOD, TX 77546

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 08/21/11

AMOUNT GIVEN: 6,000.

ACTIVITY CLASSIFICATION: EDUCATING CHILDREN TO READY THEM FOR ELEMENTARY
SCHOOL

GRANTEE NAME: EAST END PRESCHOOL & KINDERGARTEN

GRANTEE ADDRESS: 1903 CHURCH STREET GALVESTON, TX 77550

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 08/21/11

AMOUNT GIVEN: 9,000.

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ACTIVITY CLASSIFICATION: PROVIDING CHRISTMAS TO DISADVANTAGED CHILDREN

GRANTEE NAME: THE SALVATION ARMY

GRANTEE ADDRESS: P.O. BOX 990 GALVESTON, TX 77553

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 08/21/11

AMOUNT GIVEN: 9,000.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10 56,860.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES: AMOUNT:

INSURANCE 1,150.

BANK CHARGES 2,241.

TOTAL TO FORM 990-EZ, LINE 16 3,391.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - SEEKING TO ENRICH THE
COMMUNITY THROUGH ACTIVITIES PROMOTING SUCH PROVISION INCLUDING RAISING
FUNDS FOR CHARITABLE ORGANIZATIONS THAT SERVE CHILDREN.

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

GRANT TO EAST END PRESCHOOL & KINDERGARTEN, WHICH ENRICHES
THE COMMUNITY BY EDUCATING CHILDREN TO MAKE DISCOVERIES
ABOUT THEMSELVES AND THE WORLD AROUND THEM WHILE ACCEPTING
AND RESPECTING DIFFERENCES IN PEOPLE FOR THEIR MUSIC PROGRAM.

FORM 990-EZ, PART III LINE 31, OTHER PROGRAM SERVICE ACCOMPLISHMENTS:

ARTIST BOAT

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GRANTS \$ 2,000. EXPENSES \$ 2,000.

BOYS AND GIRLS CLUBS OF GREATER HOUSTON

GRANTS \$ 6,000. EXPENSES \$ 6,000.

BOY SCOUT TROOP 104

GRANTS \$ 1,500. EXPENSES \$ 1,500.

THE CHILDREN'S CENTER

GRANTS \$ 4,500. EXPENSES \$ 4,500.

FAMILY SERVICE CENTER OF GALVESTON COUNTY

GRANTS \$ 4,150. EXPENSES \$ 4,150.

GLEANINGS FROM THE HARVEST

GRANTS \$ 5,810. EXPENSES \$ 5,810.

GALVESTON COUNTY ADOPTION DAY

GRANTS \$ 3,200. EXPENSES \$ 3,200.

GALVESTON ISD FOUNDATION

GRANTS \$ 3,200. EXPENSES \$ 3,200.

GALVESTON ISLAND NATURE TOURISM COUNCIL

GRANTS \$ 1,800. EXPENSES \$ 1,800.

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THE GRAND 1894 OPERA HOUSE

GRANTS \$ 4,500. EXPENSES \$ 4,500.

GULF COAST CENTER

GRANTS \$ 6,000. EXPENSES \$ 6,000.

THE HOPE FOUNDATION

GRANTS \$ 6,000. EXPENSES \$ 6,000.

HOSPICE CARE TEAM

GRANTS \$ 6,750. EXPENSES \$ 6,750.

LA MARQUE PUBLIC LIBRARY

GRANTS \$ 3,200. EXPENSES \$ 3,200.

NIA CULTURAL CENTER

GRANTS \$ 2,500. EXPENSES \$ 2,500.

RESOURCE AND CRISIS CENTER

GRANTS \$ 3,200. EXPENSES \$ 3,200.

RONALD MCDONALD HOUSE OF GALVESTON

GRANTS \$ 3,200. EXPENSES \$ 3,200.

ROSENBERG LIBRARY

GRANTS \$ 2,000. EXPENSES \$ 2,000.

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INTERFAITH CARING MINISTRIES

GRANTS \$ 1,860. EXPENSES \$ 1,860.

SHRINER'S HOSPITAL FOR CHILDREN

GRANTS \$ 3,000. EXPENSES \$ 3,000.

TEEN HEALTH CENTER

GRANTS \$ 3,000. EXPENSES \$ 3,000.

TEXAS A&M EDUCATIONAL OUTREACH - G.O. SCIENCES

GRANTS \$ 3,840. EXPENSES \$ 3,840.

UTMB PEDIATRIC LITERACY PROGRAMS

GRANTS \$ 3,000. EXPENSES \$ 3,000.

YMCA OF GREATER HOUSTON AREA - GALVESTON

GRANTS \$ 3,320. EXPENSES \$ 3,320.

LIGHTHOUSE FOUNDATION

GRANTS \$ 5,000. EXPENSES \$ 5,000.

FIREMAN'S UNION

GRANTS \$ 2,000. EXPENSES \$ 2,000.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

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

Schedule O (Form 990 or 990-EZ) (2011)

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THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

YAGA'S CHILDREN'S FUND

Employer identification number
76-0694903

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV)

[illegible]