

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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)

OMB No 1545-0047 2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

_	For the	2012!	day year ander	roon boulin-		204	2					
			dar year, or tax	year beginning		, 2012	2, and endir	ıg	10 c ·	) Ide : 4 °	cation Number	
В		applicable	[C									
		ress change	CHILDREN'S	VILLAGE FO	UNDATION,	, INC				<u> 16140</u>		_
	Nam	ie change	PO BOX 656						E Telepho	ne numbe	r	
	Initia	al return	TYLER, TX	12/11					(903	<u>3) 59</u>	<u>2-3421</u>	
	Term	nınated										
	Ame	ended return							G Gross re	eceipts \$	101	,393.
	$\vdash$	lication pending	F Name and addre	ss of principal officer	CHARLES	LONG III	_	H(a) Is this	a group return			701
	☐, <sub>(PP)</sub>	neation pending			CHARLES	DONG III						$\neg$
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÷		empt status	X 501(c)(3)	<u> </u>	(insert no )	4947(a)(1) (	or 527					
<u>J</u>	Webs	site: ► WW		SVILLAGEOFTE	XAS.ORG			H(c) Group	exemption nu			
K		of organization	X Corporation	Trust Association	on Other ►		Year of Forma	ition 200	3 M s	tate of leg	gal domicile. $T  angle$	<u>{</u>
Pa	rt I	Summar	γ				•					
	1 B	Briefly descri	be the organizat	ion's mission or m	ost significant	activities: ]	ro suppo	RT THE	E ACTIV	ITIES	AND	
a)				EN'S VILLAGE								ŪR
Activities & Governance				CARE CHILDE								
'n			RIBUTIONS		<u> </u>			20 201				
Vel				rganization discon	tinued its ope	rations or dis	posed of m	ore than 2	25% of its i	net asse	ets	
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Revenue			rice revenue (Pa		1 7-1		121		- 405 -			
ě	10 lr	nvestment in	ncome (Part VIII,	column (A), lines	3, 4, and /d)				107,4	76.	101	<u>,393.</u>
œ				mn (A), lines 5, 6d			$\mathbf{U}^{*}$					
	<b>12</b> T	otal revenue	e – add lines 8 t	hrough 11 (must e	qual Rart XHL	≥column (A)-	line=12)=:=		132,4	76.	101	<u>,</u> 393.
	13 G	rants and si	ımılar amounts p	aid (Part IX, colum	ın (A), lınes 1	-3)	•		104,0	00.	98	,696.
	<b>14</b> B	Benefits paid	to or for member	ers (Part IX, colum	n (A), line 4)	•						
				, employee benefit		lumn (A). line	s 5-10)			-+		
es				· -			,					
Expenses			_	(Part IX, column (				<b>——</b>				
X	bТ	otal fundrais	sing expenses (F	art IX, column (D)	, line 25) 🟲 _							
ш	<b>17</b> C	ther expens	es (Part IX, colu	ımn (A), lines 11a-	11d, 11f-24e)				3,5	14.	4	,050.
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Bat			(Part X, line 16)					<u> </u>	2,661,3		2,659	
Fed /	21 T	otal liabilitie	s (Part X, line 2	b) .	•		•			0.		<u>0.</u>
ΣŢ	<b>22</b> N	let assets or	fund balances	Subtract line 21 fro	m line 20				2,661,3	03.	2,659	,950.
Pa	rt II	Signatur	e Block	<del></del>								-
				nined this return, includes	a accompanying s	schedules and stat	lements and to	the best of n	ny knowledce	and belief	it is true correc	t. and
comp	lete Deci	laration of prepa	rer (other than officer)	nined this return, including is based on all informat	on of which prepare	arer has any know	ledge	Dest of f	, m.o.mcoge	501161	,	., 4.10
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			TYLER,	TX 75701-96	09				Phone no	<u>(903)</u>		
May	the IR	S discuss th	is return with the	preparer shown a	hove? (see ii	nstructions)					X Yes	No

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

TEEA0113L 12/18/12

Form 990 (2012)

	I'S VILLAGE FOUNDATION, INC	42-1614034 Page <b>2</b>
	ogram Service Accomplishments	
	contains a response to any question in this Part III	<u> </u>
1 Briefly describe the organiz		
	<u>GE IS A CHRISTIAN CHILDREN'S HOME THAT SH</u>	
	COMMUNITY BY PROVIDING HEALING AND HOPE F	OR NEGLECTED AND ABUSED BOYS
AND GIRLS.		
<del>-</del>	ke any significant program services during the year which were not liste	ed on the prior
Form 990 or 990-EZ?		Yes X No
If 'Yes,' describe these nev		<b>-</b> -
	conducting, or make significant changes in how it conducts, any	program services? Yes X No
If 'Yes,' describe these cha	_	
4 Describe the organization's Section 501(c)(3) and 501(c) others, the total expenses,	s program service accomplishments for each of its three largest pr (4) organizations and section 4947(a)(1) trusts are required to report the and revenue, if any, for each program service reported.	rogram services, as measured by expenses. ne amount of grants and allocations to
4a (Code: ) (Expe	nses \$ 98,696. including grants of \$ 98,	. 696.) (Revenue \$ )
	ND INVESTED ENDOWMENT FUNDS AND MADE GRAN'	
	TIES IN A RESIDENTIAL CHILDREN'S HOME THA	
	GLECTED, ABUSED, AND ABANDONED CHILDREN A	
OL DELENDENTY WEG	HECTED, ABOSED, AND ABANDONED CHILDREN AN	ND 1001h.
<b>4b</b> (Code: ) (Expe	nses \$ including grants of \$	) (Revenue \$ )
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	·	
<del></del>		
<b>4c</b> (Code ) (Expe	nses \$ including grants of \$	) (Revenue \$ )
		<del></del>
4 d Other program services. (D	escribe in Schedule O.)	<del></del>
(Expenses \$		evenue \$ )
4 e Total program service exp		
BAA	TEEA0102L 08/08/12	Form <b>990</b> (2012)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A.	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.	3		Х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a		Х
	<b>b</b> Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b	Х	
	c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		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 Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		X
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a		Х
	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 and XII is optional .	12b	=	<u>X</u>
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		<u>X</u>
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.	14b		х
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		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>	16_		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		Х
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		<u> </u>
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		_X
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and IL Х 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part Х IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III 22 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 X Schedule J 23 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25 X 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . . d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?... 2**4**d 25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I 25a Х **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* 25b Х Schedule L, Part L Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II Х 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III X 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): X a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28a b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Х 28b Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV 28c Х Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 X Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M30 Х 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Х Schedule N, Part II. 32 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 Х 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, Х and V, line 1 35a X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . b If 'Yes' to line 35a, 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 35h **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* Х 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI Х 37

38 Note. All Form 990 filers are required to complete Schedule O BAA

Х Form 990 (2012)

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1	a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0			
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1 c		
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State- ments, filed for the calendar year ending with or within the year covered by this return 2 a 0		Ì	
	b if at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
	b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3 b		
	a 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)?  b If 'Yes,' enter the name of the foreign country:	4 a		X
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
5	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	of 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
	•			-
	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		X
	olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6ь		
7	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?	7 a		X
1	olf 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
•	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	_ ]		Х
	Form 8282?	7 c		
	If 'Yes,' indicate the number of Forms 8282 filed during the year 7d	7 e		_ <u>X</u>
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 f		X
	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?	7 g		
1	of the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7 h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
.9.	Sponsoring organizations maintaining donor advised funds.			
	a Did the organization make any taxable distributions under section 4966?	9 a	<del></del> -	=
	Did the organization make a distribution to a donor, donor advisor, or related person?	9 b		-
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
ı	Gross income from other sources (Do not net amounts due or paid to other sources	l		
	against amounts due or received from them)			
	Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
ā	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
	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			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
t	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14 b		

Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 5 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a 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 **b** Enter the number of voting members included in line 1a, above, who are independent 5 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Х officer, director, trustee or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision Х 3 of officers, directors or trustees, or key employees to a management company or other person? 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? X Did the organization have members or stockholders? 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more Х members of the governing body? 7 a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? 7 b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 a a The governing body? .. ... .. . 8ь Х **b** Each committee with authority to act on behalf of the governing body? Is there any officer, director or 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 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No X 10 a 10a Did the organization have local chapters, branches, or affiliates? b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10 b operations are consistent with the organization's exempt purposes? X 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O 12a 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13. b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise X 12b to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done

SEE SCHEDULE Q Х Schedule O how this is done 120 13 Х - Did the organization have a written whistleblower policy?. X 14 14 Did the organization have a written document retention and destruction policy? 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? X a The organization's CEO, Executive Director, or top management official 15 a X 15<sub>b</sub> **b** Other officers of key employees of the organization If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X 16 a taxable entity during the year? 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 taken steps to safeguard the 16 b organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. |X| Upon request Other (explain in Schedule O) Another's website Own website Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, physical address, and telephone number of the person who possesses the books and records of the organization: 20 P.O BOX 6564 TYLER TX 75711 (903) BAA TEEA0106L 08/08/12 Form 990 (2012)

Form <b>990</b> (2012)	CHTLDREN'S	VTLLAGE.	FOUNDATION.	TNC

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

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

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

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

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

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

		(C)								
(A) Name and Title	(B) Average hours per week (list	one bo	er an	less p	perso	more to the more to the more than the more t	h an e)	(D)  Reportable  compensation from	(E)  Reportable compensation from	(F) Estimated amount of other compensation
	any hours for related organiza- tions below dotted line)	Highest compensated employee Key employee Officer Institutional trustee or director		Highest compensated employee	Former	the organization (W 2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations		
(1) DR. STEVE WILSON TREASURER	1 0	х		Х				0.	0.	0.
(2) JIM ECHOLS TRUSTEE	1	X						0.	0.	0.
(3) DARIN COWART PRESIDENT	1	Х		х				0.	0.	0.
(4) CHARLES LONG III ASSIST SEC/TR	10	Х		х				0.	0.	<u> </u>
(5) MARILYN HARDY SECRETARY	1	Х		Х	·			0.	0.	0.
(6)										
<u>(7)</u>			_	-=			-		<u> </u>	
						_	j			
(9)								_		
(10)										
(11)										
(12)										
(13)										
(14)										

Part VII   Section A. Officers, Directors, Trus		Key	Em			es,	anc	d Hignest Com	pensated Emp	oyees (cont)
(A) Name and title	Average hours per	box	, unle cer ar	heck ss pe	sition more erson direct	than is both or/trus	h an tee)	(D)  Reportable compensation from	(E)  Reportable compensation from	(F) Estimated amount of other
	week (list any hours for related organiza tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(15)										
(16)								<del></del> ,		
(17)		-								
(18)							_			<del></del>
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1 b Sub-total		٠					<b>&gt;</b>	0.	0.	0.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)	1 A			• •			•	0.	0.	0.
2 Total number of individuals (including but not limited to from the organization ▶ 0	those li	sted	abov	/e) v	vho	receiv	ved	more than \$100,00	0 of reportable comp	ensation
3 Did the organization list any former officer, directo	r⁼or⁻trus	tee≔	kev	emi	olov	ee÷o	or hi	ahest compensate	ed employee	Yes No
on line 1a? If 'Yes,' complete Schedule J for such  For any individual listed on line 1a, is the sum of ri	<i>individu</i> enortabl	<i>al</i> e cor	mne	nsa	i. tion	and	oth	er compensation t		3 X
the organization and related organizations greater such individual	than \$1	50,00	007	If 'Y ·	'es'	com	olet	e Schedule J for		. 4 X
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,'	compen comple	satio te Sc	n fro hed	om a lule	any <i>J fo</i>	unre r suc	late h pe	d organization or erson	ındıvıdual	5 X
Section B. Independent Contractors  1 Complete this table for your five highest compensation from the organization. Report compensation from the organization.	ited inde	pend	dent	cor	ntra	tors	tha	t received more th	nan \$100,000 of	
compensation from the organization. Report compensation (A)  Name and business addresses address		ne ca	alend	dar y	/ear	enair	ng w	(B)  Description of		(C) Compensation
							$\dashv$			
2 Total number of independent contractors (including but \$100,000 in compensation from the organization ▶		ted to	tho	se li	stec	abov	/e) \	who received more	than	
\$100,000 in compensation from the organization								<del></del>		Form <b>990</b> (2012

Total revenue Related or exempt Unrelated business revenue State of the state of exempt of the state of the state of exempt of the state of exempt of the state	<u> </u>	Check if Schedule O contains a response to any quest	tion in this Part VIII			П
Total Add lines 1a-1			<del>,</del>	Related or exempt function	Unrelated business	Revenue excluded from tax under sections
Total Add lines 1a-1	S STA	1 a Federated campaigns 1 a		-		
Total Add lines 1a-1	GRA	<b>b</b> Membership dues 1 b	1			
Total Add lines 1a-1	TS.	c Fundraising events 1c	]			
Total Add lines 1a-1	₽,₹	d Related organizations 1 d				
Total Add lines 1a-1	ONS SIV	e Government grants (contributions) 1 e				
Total Add lines 1a-1	RIBUTI	f All other contributions, gifts, grants, and similar amounts not included above 1 f				 
Total Add lines 1a-1	S S	g Noncash contributions included in lns 1a-1f: \$				
3 Investment income (including dividends, interest and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 Gross rents b Less: rental expenses c Rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net quan or (loss)  4 Royalties  6 Gross rents b Less: cost or other basis and sales expenses c Gain or (loss)  5 Royalties  101, 393.	<u>_</u>	h Total. Add lines 1a-1f				
3 Investment income (including dividends, interest and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 Gross rents b Less: rental expenses c Rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net quan or (loss)  4 Royalties  6 Gross rents b Less: cost or other basis and sales expenses c Gain or (loss)  5 Royalties  101, 393.		Business Code				
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(i) Personal   (ii) Personal   (iii) P		4 Income from investment of tax-exempt bond proceeds.	•			
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b Less: rental expenses c Rental income or (loss) d Net rental income or (loss)  7 a Gress amount from sales of assets other than inventory b Less. cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss) d Net gain or (loss) foot including: \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events See Part IV, line 19 b Less: direct expenses b C Net income or (loss) from gaming activities See Part IV, line 19 a Less: direct expenses b C Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory.  Miscellaneous Revenue  Business Code  11 a b C C C All Other revenue e Total. Add lines 11a-11d	1	(i) Real (ii) Personal				
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C Gain or (loss) d Net gain or (loss)  8a Gross income from fundraising events (not including: \$ of contributions reported on line 1c) See Part IV, line 18  b Less direct expenses c Net income or (loss) from fundraising events  9a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory.  Miscellaneous Revenue  Business Code  11a b c d All other revenue e Total. Add lines 11a-11d						
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8 a Gross income from fundraising events  (not including .\$ of contributions reported on line 1c)  See Part IV, line 18  b Less direct expenses c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19  b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a  b  c  d All other revenue e Total. Add lines 11a-11d		1 Nich many or (local)				
Groot including .\$ of contributions reported on line 1c) see Part IV, line 18 a b Less direct expenses b c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold b c Net income or (loss) from sales of inventory.  Miscellaneous Revenue Business Code  11 a b c c d All other revenue c Total. Add lines 11a-11d					<del></del> _	<del> </del>
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9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory.  Miscellaneous Revenue Business Code  11 a b c d All other revenue e Total. Add lines 11a-11d	2	See Part IV, line 18 . a				
9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory.  Miscellaneous Revenue Business Code  11 a b c d All other revenue e Total. Add lines 11a-11d	뜀	<b>b</b> Less direct expenses <b>b</b>	1			
b Less: direct expenses b c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory.  Miscellaneous Revenue Business Code  11 a b c c c c c c c d All other revenue e Total. Add lines 11a-11d	0	c Net income or (loss) from fundraising events.				
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10a Gross sales of inventory, less returns and allowances  b Less: cost of goods sold  c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11a  b  c  d All other revenue  e Total. Add lines 11a-11d		b Less: direct expenses b				
b Less: cost of goods sold b c Net income or (loss) from sales of inventory  Miscellaneous Revenue Business Code  11 a b c d All other revenue e Total. Add lines 11a-11d		c Net income or (loss) from gaming activities .				
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c Net income or (loss) from sales of inventory.  Miscellaneous Revenue  Business Code  11 a  b  c  d All other revenue. e Total. Add lines 11a-11d			<u> </u>			
Miscellaneous Revenue Business Code  11 a b c d All other revenue e Total. Add lines 11a-11d				·		
b c d All other revenue e Total. Add lines 11a-11d	ļ	<del></del>				
b c d All other revenue e Total. Add lines 11a-11d			<b></b>			
e Total. Add lines 11a-11d	ļ				<del></del>	<del></del>
e Total. Add lines 11a-11d		0		<u> </u>		<del></del>
e Total. Add lines 11a-11d	ļ	d All other revenue	<del> </del>			<del></del>
			101 202			101 302

Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) Check if Schedule O contains a response to any question in this Part IX (D) Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII Total expenses Program service Management and Fundraising expenses **expenses** general expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 98,696 98,696 Grants and other assistance to individuals in the United States. See Part IV, line 22 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 Compensation of current officers, directors, trustees, and key employees 0 0 0 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 0. 0 0. Other salaries and wages Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees): a Management **b** Legal c Accounting 4,050. 4,050. **d** Lobbying e Professional fundraising services. See Part IV, line 17 . f Investment management fees g Other. (If line 11g amt exceeds 10% of line 25, column (A) amt, list line 11g expenses on Sch O) ... 12 Advertising and promotion 13 Office expenses . . . . 14 - Information technology 15 Royalties . . 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings— 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance . . Other expenses. Itemize expenses not 24 covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) d e All other expenses Total functional expenses. Add lines 1 through 24e 98,696 4,050 0. 102,746 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) .

31

32

33

34

2,661,303

2,661,303.

2,661,303.

2,659,950.

2,659,950.

2,659,950.

Paid-in or capital surplus, or land, building, or equipment fund

Total net assets or fund balances.

Total liabilities and net assets/fund balances

Retained earnings, endowment, accumulated income, or other funds

31

32

33

34

Page 11 Part X **Balance Sheet** Check if Schedule O contains a response to any question in this Part X (A) Beginning of year (B) End of year 1 10,823. Cash - non-interest-bearing. 11,174 16,900. 2 17,902 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 Accounts receivable, net. 4 4 Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 7 Notes and loans receivable, net 8 8 Inventories for sale or use Prepaid expenses and deferred charges . . 9 10 a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D 10 a 10 c 10b **b** Less accumulated depreciation. 11 11 Investments - publicly traded securities. 12 Investments - other securities. See Part IV, line 11 2,632,227 2,632,227 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets . . 15 15 Other assets See Part IV, line 11 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 2,661,303 2,659,950 Accounts payable and accrued expenses 17 17 18 18 Grants payable Deferred revenue 19 19 20 20 Tax-exempt bond liabilities. 21 21 Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 25 26 Total liabilities. Add lines 17 through 25 0. 0. Organizations that follow SFAS 117 (ASC 958), check here ▶ and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 27 27 28 28 Temporarily restricted net assets 29 Permanently restricted net assets 29 R X Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds

Form 990 (2012) BAA

Forn	n 990 (2012) CHILDREN'S VILLAGE FOUNDATION, INC 4	<u>2-1614034</u>		Pa	ge 12
Pai	t XI Reconciliation of Net Assets			_	
	Check if Schedule O contains a response to any question in this Part XL				$\perp \sqcup$
1	Total revenue (must equal Part VIII, column (A), line 12)	1		01,3	
2	Total expenses (must equal Part IX, column (A), line 25)	2			46.
3	Revenue less expenses. Subtract line 2 from line 1	3		<u>-1,3</u>	<u> 53.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,66	<u>51,3</u>	03.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O).	9			<u>0.</u>
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,65	59,9	)50 <u>.</u>
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII	•			
				Yes	No
1	Accounting method used to prepare the Form 990. X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2 8	Were the organization's financial statements compiled or reviewed by an independent accountant? .		2 a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviseparate basis, consolidated basis, or both:	ewed on a			
	Separate basis Consolidated basis Both consolidated and separate basis				
ł	Were the organization's financial statements audited by an independent accountant?		2 b		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, or both:    Separate basis	oarate			
			-		
•	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a review, or compilation of its financial statements and selection of an independent accountant?	uait,	2 c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
3 8	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing Audit Act and OMB Circular A-133?	le	3 a		Х
1	o If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits	audit 	3 b		
BAA			Form	990	(2012)

# SCHEDULE A (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

OMB No 1545-0047

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.

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

Open to Public Inspection

Schedule A (Form 990 or 990-EZ) 2012

Name of	me of the organization Employer identification number											
CHIL	<u>D</u> R	REN'S VILLAGE	FOUNDATION, I	NC					42-16	5140 <u>3</u> 4	4	
Part		Reason for Publ	ic Charity Status	(All organizations	must d	comple	te this	part.)	See ii	nstruct	ions.	
The or	gar	nization is not a priva	te foundation becaus	e it is: (For lines 1 thro	ugh 11,	check o	nly one	box.)				
1 [		A church, convention	of churches or associ	ciation of churches desc	cribed in	section	170(b)	(1)(A)(i)				
2	7	A school described in	n section 170(b)(1)(A)	(ii). (Attach Schedule E	Ξ.)							
3	7	A hospital or a coope	erative hospital servic	e organization describe	ed in sec	tion 17	0(b)(1)(A	A)(iii).				
4	_	A medical research of	organization operated	in conjunction with a h	ospital o	describe	d in sec	tion 17	0(b)(1)(A	A)(iii) E	nter the hospital's	
		name, city, and state	<b>:</b> :									
5 [		An organization operation (Coi	ted for the benefit of a mplete Part II.)	college or university own	ed or op	erated by	a gove	rnmenta	I unit des	cribed in	section	
6				overnmental unit descri								
7 [	≒	in section 170(b)(1)(/	<b>A)(vi).</b> (Complete Par				ental un	it or fron	n the ger	neral pub	lic described	
8 <u>[</u>	. لي	A community trust de	escribed in <b>section 17</b>	<b>70(b)(1)(A)(vi).</b> (Comple	te Part I	1.)						
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	٦.	An organization orga	nized and operated e	xclusively to test for pu	ıblıc safe	ety. See	section	1 509(a)	(4).			
11 [	—J	supported organization	zed and operated exclus as described in section ion and complete line	sively for the benefit of, to 509(a)(1) or section 509( s 11e through 11h	perform (a)(2) Se	the func ee <b>sectio</b>	tions of, on 509(a)	or carry (3). Che	out the p ck the bo	urposes ox that de	of one or more publicly escribes the type of	
		a ∏Type I b		Type III - Function	nally inte	grated		d 🗌 .	Гуре III	– Non-f	unctionally integrated	
e [	⊸,	By checking this box	L certify that the org	anization is not controll an one or more publicly s	led direc	tly or in	directly ations d	by one escribed	or more	disqual on 509(a)	ified persons (1) or	
f		If the organization rece check this box	eived a written determir	nation from the IRS that i	s a Type	I, Type	II or Typ	e III sup	porting o	irganizati	ion,	
g		Since August 17, 200	06, has the organizati	on accepted any gift o	r contrib	ution fr	om any	of the f	ollowing	persons	s?	
											Yes No	
	(	(i) A person who o	directly or indirectly co	ontrols, either alone or oported organization?	togethe	r with pe	ersons d	lescribe	a in (ii)	and (III)	11 g (i)	
		• •	er of a person describ	_							11 g (ii)	
			•		 hava2	•		•	•		<del>                                     </del>	
h		• •		described in (i) or (ii) a e supported organizatio		• •			•	•	11 g (iii)	
	_		(ii) EIN	<del></del>		te the	AA Did w		600	s the	(vii) Amount of monetary	
		(i) Name of supported organization	(11) 2114	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiz column (i your go	s the ation in i) listed in overning ment?	(v) Did yo the organ column ( supp	ization in of your oort?	organiz colur organize	ation in mn (i) ed in the S?	support	
					Yes	No_	_Yes	No_	_Yes_	No_		
	_				1							
(A)												
(B)												
(C)								_				
(D)												
			<u> </u>			_						
(E)					<del>                                     </del>							
Total					1							

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support			· · · · · · · · · · · · · · · · · · ·						
begi	ndar year (or fiscal year nning in) ►	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	<b>(e)</b> 2012	(f) Total			
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.).	269, 493.			25,000.		294,493.			
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.			
3	The value of services or facilities furnished by a governmental unit to the organization without charge			!			0.			
4	Total. Add lines 1 through 3	269,493.	0.	0.	25,000.	0.	294,493.			
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).						7,609.			
6	Public support. Subtract line 5 from line 4						286,884.			
Sec	tion B. Total Support					· · · · · · · · · · · · · · · · · · ·				
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	<b>(e)</b> 2012	(f) Total			
7	Amounts from line 4	269,493.	0.	0.	25,000.	0.	294,493.			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	123,555.	127,721.	114,936.	107,476.	101,393.	575,081.			
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.			
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0.			
11	Total support. Add lines 7 through 10.						869,574.			
12	Gross receipts from related active	ities, etc (see ins	tructions)	<u></u>		12	0.			
	First five years. If the Form 990 is organization, check this box and	stop here		rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	. ▶ 🗍			
Sec	tion C. Computation of Pul					<del></del>				
14		•	• • •	e 11, column (f))	• • •	. 14	32.99%			
	Public support percentage from 2					15	35.39 %			
16 a	<b>33-1/3% support test – 2012.</b> If and <b>stop here.</b> The organization	the organization of qualifies as a pub	lid not check the l licly supported or	box on line 13, ar ganization	nd the line 14 is 3	3-1/3% or more, c	heck this box			
b	33-1/3% support test — 2011. If t and stop here. The organization	he organization d qualifies as a put	d not check a box blicly supported or	c on line 13 or 16 ganization	a, and line 15 is 3	33-1/3% or more, o	check this box			
17 a	17a 10%-facts-and-circumstances test — 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.									
	<b>b 10%-facts-and-circumstances test</b> — <b>2011.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.									
18	Private foundation. If the organiz	zation did not che	ck a box on line 1	3, 16a, 16b, 17a,	or 17b, check thi	s box and see inst	ructions			
BAA					Sch	edule A (Form 990	or 990-E7) 2012			

42-1614034

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

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

Sec	tion A. Public Support						
Calen	dar year (or fiscal yr beginning in) 🕨	(a) 2008	<b>(b)</b> 2009	(c) 2010	<b>(d)</b> 2011	<b>(e)</b> 2012	(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						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. The value of services or						
	facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 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						
С	Add lines 7a and 7b . [						
	Public support (Subtract line 7c from line 6)			ではない はない			
	tion B. Total Support				<del></del>		T
Calen	dar year (or fiscal yr beginning in) 🕨 📗	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 2012	(f) Total
-	Amounts from line 6 .						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511						
	taxes) from businesses acquired after June 30, 1975.						
C	: Add⁼lines 10a-and 10b -   - <del></del> - [						<u> </u>
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 Ins 9, 10c, 11, and 12)						<u></u>
14	First five years. If the Form 990 organization, check this box and	is for the organization	ation's first, seco	nd, third, fourth, o	r fifth tax year as	a section 501(c)	(3)
Sec	tion C. Computation of Pul		Percentage				
15	Public support percentage for 20	12 (line 8, colum	n (f) divided by lii	ne 13, column (f))		. 15	%
16	Public support percentage from 2					. 16	%
	tion D. Computation of Inv			e			
17	Investment income percentage for	or <b>2012</b> (line 10c,	column (f) divide	ed by line 13, colu	mn (f))	. 17	%
18	Investment income percentage fr					18	8
	33-1/3% support tests - 2012. If is not more than 33-1/3%, check	the organization this box and sto	did not check the p here. The organ	e box on line 14, a nization qualifies a	as a publicly supp	orted organizatio	n. – 📙
b	<b>33-1/3% support tests</b> — <b>2011.</b> If line 18 is not more than 33-1/3%	the organization, check this box a	did not check a t and <b>stop here.</b> Th	oox on line 14 or l le organization qu	ine 19a, and line alifies as a public	16 is more than 3 ly supported orga	33-1/3%, and anization . ►
20	Private foundation. If the organization	zation did not che	eck a box on line	14, 19a, or 19b, c	heck this box and	see instructions.	•[]

Schedule A	(Form 990 or 9	90-EZ) 2012	CHIL	DREN'S	VILLAGE	FOUNDATI	ION,	INC	42-1614034	Page 4
Part IV	Suppleme Part II, line (See instru	ntal Inform 17a or 17t actions).	ation. Co o; and Pa	omplete art III, li	this part to ne 12. Also	provide the complete	he ex this	part for	ons required by Part II, line any additional information.	10;
	·	<b>-</b>			·	<b></b> _				
-~ -~						- <b></b>	- <b>-</b> -			
	·		- <b></b> -		· <b>-</b>					
-~	. <b></b>			. <b></b> .			- <b>-</b> -			<b>-</b> -
-~						<b>-</b>	<b>-</b>			<b>-</b> -
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			. <b></b> -	<del>_</del>						
		<del>-</del>					 			

BAA

## 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, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2012

Open to Public linspection

CHILDREN'S VILLAGE FOUNDATION, INC	42-1614034
Organizations Maintaining Donor Advised Funds or Other Similar Futher organization answered 'Yes' to Form 990, Part IV, line 6.	
(a) Donor advised funds  1 Total number at end of year	(b) Funds and other accounts
` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	
Aggregate grants from (during year)	
	laner advaced funds
are the organization's property, subject to the organization's exclusive legal control?	∐ Yes ☐ No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant fur for charitable purposes and not for the benefit of the donor or donor advisor, or for any other impermissible private benefit?	er purpose conferring Yes No
artilla Conservation Easements. Complete if the organization answered 'Yes	s' to Form 990, Part IV, line 7.
1 Purpose(s) of conservation easements held by the organization (check all that apply)	
Preservation of land for public use (e.g., recreation or education)	of an historically important land area
Protection of natural habitat	of a certified historic structure
Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the foliast day of the tax year	rm of a conservation easement on the
	Held at the End of the Tax Year
a Total number of conservation easements	
<b>b</b> Total acreage restricted by conservation easements	2 b
c Number of conservation easements on a certified historic structure included in (a)	2 c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a histostructure listed in the National Register	oric 2d
Number of conservation easements modified, transferred, released, extinguished, or terminated by tax year ►	the organization during the
Number of states where property subject to conservation easement is located	
Does the organization have a written policy regarding the periodic monitoring, inspection, he and enforcement of the conservation easements it holds?	andling of violations,
Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements	during the year
Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements duri	ing the year
Does each conservation easement reported on line 2(d) above satisfy the requirements of s and section 170(h)(4)(B)(ii)?.	ection 170(h)(4)(B)(i) Yes No
In Part XIII, describe how the organization reports conservation easements in its revenue and experinclede, if applicable, the text of the footnote to the organization's financial statements that conservation easements	nse statement, and balance sheet, and describes the organization's accounting for
Organizations Maintaining Collections of Art, Historical Treasures, o Complete if the organization answered 'Yes' to Form 990, Part IV, line	r Other Similar Assets. 8.
1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its review art, historical treasures, or other similar assets held for public exhibition, education, or research in in Part XIII, the text of the footnote to its financial statements that describes these items.	enue statement and balance sheet works of furtherance of public service, provide,
<b>b</b> If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue historical treasures, or other similar assets held for public exhibition, education, or research in furth following amounts relating to these items:	e statement and balance sheet works of art, lerance of public service, provide the
(i) Revenues included in Form 990, Part VIII, line 1	<b>►</b> \$
(ii) Assets included in Form 990, Part X	. <b>&gt;</b> \$
If the organization received or held works of art, historical treasures, or other similar assets for fina amounts required to be reported under SFAS 116 (ASC 958) relating to these items	ncial gain, provide the following
a Revenues included in Form 990, Part VIII, line 1	. ►\$
<b>b</b> Assets included in Form 990, Part X .	. ▶\$

Schedule D (Form 990) 2012 CHILI	REN'S VILLAG	E FOUNDATION,	INC	42-161	4034 Page 2
Part III Organizations Mainta	ining Collections	s of Art, Historica	Treasures, or	Other Similar Ass	ets (continued)
3 Using the organization's acquisition items (check all that apply):	, accession, and other	records, check any of	the following that are	a significant use of its	collection
a Public exhibition		d Loan or exc	change programs		
<b>b</b> Scholarly research		e Other			
c Preservation for future gener	ations	<u> </u>			
4 Provide a description of the organiz Part XIII	ation's collections and	explain how they furth	er the organization's	exempt purpose in	
5 During the year, did the organiza to be sold to raise funds rather the	tion solicit or receive	e donations of art, hist I as part of the organi	orical treasures, or zation's collection?	other similar assets	Yes No
Part IV Escrow and Custodial Arra	angements. Comple	te if the organization	answered 'Yes' to	Form 990, Part IV, line	e 9, or
reported an amount or	n Form 990, Part	X, line 21.			
1 a Is the organization an agent, trus on Form 990, Part X?	tee, custodian, or ot	her intermediary for c	ontributions or othe	er assets not included	Yes No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII and com	plete the following tal	ole:	í	
					Amount
c Beginning balance.				1 c	
d Additions during the year		•		1 d	
e Distributions during the year				1 e	
f Ending balance			• •	1f	
2 a Did the organization include an a	mount on Form 990,	Part X, line 21?			Yes No
<b>b</b> If 'Yes,' explain the arrangement	ın Part XIII. Check h	nere if the explantion b	nas been provided	n Part XIII	
F					
Part V Endowment Funds. C					<del></del>
(	(a) Current	(b) Prior year	(c) Two years	(d) Three years	(e) Four years
<b>1 a</b> Beginning of year balance	2,660,923.	2,635,961.	2,639,155	. 2,638,842.	269,493.
<b>b</b> Contributions .		25,000.			123,555.
c Net investment earnings, gains,	101 202	107 476	114 026	127 721	112 220
and losses	101,393.	107,476.	114,936		113,330.
d Grants or scholarships	98,696.	104,000.	101,554	. 122,725.	<del></del>
<ul> <li>Other expenditures for facilities and programs</li> </ul>	1,995.	1		0.	6,601.
f Administrative expenses	4,050.	3,514.	16,576	. 4,683.	2,638,842.
g End of year balance	2,657,575.	2,660,923.	2,635,961		2,638,842.
2 Provide the estimated percentage					
a Board designated or quasi-endowment	ent ►	%			
<b>b</b> Permanent endowment ▶	8				
c Temporarily restricted endowmer	100.0	0 %			
The percentages in lines 2a, 2b,	and 2c should equal	100%.			
-3 a Are-there endowment funds not-in-the	ne possession of the d	organization that are hel	d_and_administered t	or the	
(i) unrelated organizations					3a(i) X
(ii) related organizations	•				3a(ii) X
<b>b</b> If 'Yes' to 3a(ii), are the related of	rganizations listed a	s required on Schedu	le R?	,	3b
4 Describe in Part XIII the intended				XTTT	
Part VI Land, Buildings, and				71111	
Description of property	(a) Cos	st or other basis (b)	Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1 a</b> Land	——————————————————————————————————————	iivesuiieiii)		depreciation	
<b>b</b> Buildings.	. ——			このできていれることがのは電産業品を必ず	
c Leasehold improvements.	.	·			<del></del>
d Equipment					<del></del>
e Other	<b>—</b>	-			
Total. Add lines 1a through 1e. (Colum	n (d) must equal For	rm 990 Part X colum	n (B), line 10(c) )	-	0.
BAA	(a) mast equal 1 of	Joy . are ri, column	(2), 10(0) )	Schedu	ule <b>D</b> (Form 990) 2012

Schedule D. (Form 990) 2012 CHILDREN'S VILLAGE FOUNDATION, INC

BAA

42-1614034

Page 3

Schedule D (Form 990) 2012 CHILDREN'S VILLAGE FOUNDAT	ION, INC	42-1614034 Page 4
Part XI Reconciliation of Revenue per Audited Financial	Statements With Revenue per	Return N/A
1 Total revenue, gains, and other support per audited financial statem	nents	1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12.		
a Net unrealized gains on investments	2a	
<b>b</b> Donated services and use of facilities .	. 2b	
c Recoveries of prior year grants	2c	<b>-</b>
d Other (Describe in Part XIII.)	2 d	_
e Add lines 2a through 2d .		2 e
3 Subtract line 2e from line 1	•	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	
<b>b</b> Other (Describe in Part XIII.)	. 4b	<b></b>
c Add lines 4a and 4b.		4c
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Par	t I, line 12.)	5
Part XII Reconciliation of Expenses per Audited Financia	I Statements With Expenses p	er Return N/A
1 Total expenses and losses per audited financial statements .		1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	.   2a	
<b>b</b> Prior year adjustments	. 2b	
c Other losses	. 2c	<del></del>
d Other (Describe in Part XIII ) .	2d	7
e Add lines 2a through 2d	· · · · · · · · · · · · · · · · · · ·	2 e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	] ]	
a Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	
<b>b</b> Other (Describe in Part XIII.)	4 b	
c Add lines 4a and 4b.		4 c
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Pa	rt I, line 18)	5
Part XIII Supplemental Information		
Complete this part to provide the descriptions required for Part II, lines 3,	5, and 9; Part III, lines 1a and 4; Part	t IV, lines 1b and 2b; Part V,
line 4, Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and	4b. Also complete this part to provide	any additional information.
PART V, LINE 4 - INTENDED USES OF ENDOWMENT F	UND	
		-
THE ENDOWMENT FUNDS ARE INTENDED TO BE USEI	) TO MAKE GRANTS FOR THE	BENEFIT OF THE
	_	
SUPPORTED ACTIVITIES IN A RESIDENTIAL CHILI	OREN'S HOME THAT MEETS A	VARIETY_OF_NEEDS
OF_DEPENDENT, NEGLECTED, ABUSED, AND ABANDO	NED_CHILDREN_AND_YOUTH.	
	. <b>--</b>	
BAA		Schedule <b>D</b> (Form 990) 2012
DAY.		Schedule D (FUIII 330) 2012

# SCHEDULE I

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No 1545-0047

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

**Employer identification number** 42-1614034

> 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 criteria used to award the grants or assistance? CHILDREN'S VILLAGE FOUNDATION, INC Rants and Assistance

**&** □ X Yes

Rants 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 recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

1 (a) Name and address of organization or government	(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,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) cypes Two					other)		
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2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	) and government or	ganizations listed i	n the line 1 table		-		

Schedule I (Form 990) (2012)

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 3 Enter total number of other organizations listed in the line 1 table

Page 2 (f) Description of non-cash assistance 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. Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other 42-1614034 (e) Method of valuation (book, FMV, appraisal, other) THE PURPOSE OF THE GRANT IS TO SUPPORT ACTIVITIES IN A RESIDENTIAL CHILDREN'S HOME THAT MEETS A VARIETY OF NEEDS OF DEPENDENT, NEGLECTED, ABUSED, AND ABANDONED (d) Amount of non-cash assistance (c) Amount of cash grant CHILDREN'S VILLAGE FOUNDATION, INC PART IV - ADDITIONAL SUPPLEMENTAL INFORMATION (b) Number of recipients additional information. (a) Type of grant or assistance CHILDREN AND YOUTH. Schedule I (Form 990) (2012)

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Schedule I (Form 990) (2012)

### SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

Name of the organization Employer identification number 42-1614034 CHILDREN'S VILLAGE FOUNDATION, INC FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS THE FOUNDATION'S CPAS REVIEW THE FORM 990 WITH THE FOUNDATION'S ASSISTANT SECRETARY/TREASURER PRIOR TO THE FILING OF THE FORM 990. FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS CONFLICTS OF INTEREST ARE REQUIRED TO BE DISCLOSED TO THE GOVERNING BOARD, WHO IS RESPONSIBLE FOR THE MONITORING OF POTENTIAL CONFLICTS AND ENFORCEMENT OF THE CONFLICT OF INTEREST POLICY. FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE THE FOUNDATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE GENERAL PUBLIC BY INSPECTION AT THE FOUNDATION'S OFFICE.