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Department of the Treasury Internal Revenue Service

A For the 2012 calendar year, or tax year beginning

Return of Organization Exempt From Income Tax

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

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

and ending

OMB No 1545-0047

Open to Public Inspection

	Вс	heck if	C Name of organization	D Employer	identifi	cation number
	a	pplicabl	RAINTREE VILLAGE CHILDREN'S			
		Addre	FOUNDATION, INC.			
		Name chang	Doing Business As		<u>58–2</u>	645993
]Initial return	Number and street (or P O. box if mail is not delivered to street address) Room/su			
		Termin	3737 BOHNDION ROAD		<u> 229-</u>	559-5944
	느	Amend	City, town, or post office, state, and ZIP code	G Gross receipt	3 \$	578,193.
	L_	Application pendir		H(a) Is this a	group re	
		Pendi	F Name and address of principal officer: G • R • HOLTON	for affilia		Yes X No
			3757 JOHNSTON ROAD, VALDOSTA, GA 31601	H(b) Are all aff	ilıates inc	cluded? Yes No
						list. (see instructions)
			e: > WWW.RAINTREEVILLAGE.ORG	H(c) Group e		
				ear of formation: 2	001 N	A State of legal domicile GA
	Pa	rt I	Summary			
	e	1	Briefly describe the organization's mission or most significant activities: TO PROMO'	LE AND RA	ISE .	FUNDING FOR
,	Activities & Governance		RAINTREE VILLAGE CHILDREN'S HOME, INC. AS WEI			
	E		Check this box 🕨 📖 if the organization discontinued its operations or disposed of m	ore than 25% of i	1 1	
	9		Number of voting members of the governing body (Part VI, line 1a)		3	8
	<u>«</u>		Number of independent voting members of the governing body (Part VI, line 1b)	•	4	0
	ies		Total number of individuals employed in calendar year 2012 (Part V, line 2a)		5	8
	Ĭ.	i e	Total number of volunteers (estimate if necessary)	•	6	0
	Act		Total unrelated business revenue from Part VIII, column (C), line 12	•	7a	0.
	_	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
				Prior Year		Current Year
	e		Contributions and grants (Part VIII, line 1h)	414,	0.	398,281.
	Revenue	l	Program service revenue (Part VIII, line 2g)			0.
	Re	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		630.	1,717.
		l	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	173,		177,474.
		_	Total revenue - add lines 8 through 11 (must equal Part VIII; column (A), line 12)	590, 382,		577,472.
			Grants and similar amounts paid (Part IX Column.(A)/lines.1-3)	302,	0.	407,271.
			Benefits paid to or for members (Part IX, column (A), line 4)	130,		123,527.
	Expenses	15	Salaries, other compensation, employee penefits (Partrix) (A), lines 5-10)	130,	0.	0.
	eu	16a	Professional fundraising fees (Part IX, column (A), line 11e)			V •
	ŭ	170		108,	065	101,412.
			Other expenses (Part IX, column, (A), Ines 1 (a 17 (4) 11-24e)	620,		632,210.
			Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<30,		
	- S	18	Revenue less expenses. Subtract line 18 from line 12	Beginning of Curre		End of Year
	sets or dafances	20	Total assets (Part X, line 16)	1,027,		971,067.
	Ass		Total liabilities (Part X, line 16)	144,		135,618.
-	Net As Fund B		Net assets or fund balances. Subtract line 21 from line 20	883,		835,449.
2013		rt II				
2	بتسبيه		Ities of perjury, I declare that I have examined this return, including accompanying schedules and state	ements, and to the t	est of m	v knowledge and belief, it is
4			t, and complete/Decktration of preparer (other than officer) is based on all information of which prepare			,
F=={	1100,	001100	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\]		
AUG	Sign	,	Signature of Oricer	Date		
\triangleleft	Here		G.R. HOLTON, PRESIDENT & CEO			
\Box		_	Type or print name and title			
			Print/Type preparer's name Preparer's signature	Date	Check	PTIN
Ž	Paid		RICHARD A. STALVEY frame & talvey, CA	7-8-13	if self-employe	P00419698
SCANNED	Prep		Firm's name FOWLER, HOLLEY, RAMBO & STALVEY, P.O.			58-1224069
Š	Use (Firm's address 3208 WILDWOOD PLANTATION DRIVE			
			VALDOSTA, GA 31605	Phone	<u>no_</u> (:	229) 244-1559
	May	the IF	S discuss this return with the preparer shown above? (see instructions)	0.17.	7.	🐧 🗓 Yes 🗌 No
)1 12-10		716-	~Д	Form 990 (2012)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

4d	Other	program	services	(Describe	in	Schedule O	
----	-------	---------	----------	-----------	----	------------	--

(Expenses \$ including grants of \$

Total program service expenses ► 414,628.

) (Revenue \$

Form 990 (2012)

<u>4e</u>

Part IV Checklist of Required Schedules

	· —· —· — · — · · — · · — · · — · · — · · — · · — · · · — ·		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	_X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		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		X
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, VII, VIII, IX, or X			
	as applicable.			ĺ
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			l
	Part VI	11a	L X	l
Ь	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 167 If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	X	L
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	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	L
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			1
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete] 1		ļ
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?] /		ļ
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		_X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	L	X
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		_X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals		1	
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>_X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
20a	The second of th	20a		<u>X</u>
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990 (2012)

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			, _
	United States on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		ļ	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			ŀ
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			_
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	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	26	X	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes, " complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>X</u>
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	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u> _
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			.,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u> _
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		,	
	Note. All Form 990 filers are required to complete Schedule O	38	<u> </u>	

Form **990** (2012)

Form 990 (2012). FOUNDATION, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance

- 547	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 C	·	162	140
	Enter the number of Forms W-2G included in line 1a. Enter -0 if not applicable	1b C	ī l		
	Did the organization comply with backup withholding rules for reportable payments to vendors and r		1		
	(gambling) winnings to prize winners?	- p-11-1-10 g-11-11-15	10		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 8			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax retuing		2b	x	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
	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		4a		Х
b	If "Yes," enter the name of the foreign country:				
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit	[
	any contributions that were not tax deductible as charitable contributions?		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts	1		
	were not tax deductible?		<u>6b</u>		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
7	Organizations that may receive deductible contributions under section 170(c).				Х
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	vices provided to the payor?			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w to file Form 8282?	as required	7c		Х
d	AND THE RESERVE OF THE PROPERTY OF THE PROPERT	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D				
	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.				
а	Did the organization make any taxable distributions under section 4966?		9a		
þ	Did the organization make a distribution to a donor, donor advisor, or related person?		9ь		
10	Section 501(c)(7) organizations. Enter:	L			
	Initiation fees and capital contributions included on Part VIII, line 12	10a	f l		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	1		
11	Section 501(c)(12) organizations. Enter:	11a			
a	Gross income from members or shareholders	110			-
Þ	amounts due or received from them.)	11b	Ē i		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a	1	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	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.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b]		
c	Enter the amount of reserves on hand	13c	<u> </u>		
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	90	14b		
			Earn	aga /	201101

FOUNDATION, INC.

Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI		<u> </u>	X
<u>Sec</u>	tion A. Governing Body and Management			,
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	3		
	If there are material differences in voting rights among members of the governing body, or if the governing	ļ		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1		
b	Enter the number of voting members included in line 1a, above, who are independent)		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	7		
	officer, director, trustee, or key employee?	2	 	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			_
•	of officers, directors, or trustees, or key employees to a management company or other person?	3	ł	Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	۲		
	more members of the governing body?	7a	}	Х
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	···		
U	and the state of t	7ь		Х
0	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	10		
8		8a	Х	
a	The governing body?	8b	X	
þ	Each committee with authority to act on behalf of the governing body?	OU		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		Х
200	organization's mailing address? If "Yes," provide the names and addresses in Schedule Otion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	1 8		
) 	tion B. Folicies (This Section B requests information about policies not required by the internal nevertibe Code.)		Yes	No
10-	Did the organization have local chapters, branches, or affiliates?	10a	162	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	108		
U	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a		11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	1		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	1.25		
·	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
.0 14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent	***************************************		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	ļ l		
_		15a	х	
	The organization's CEO, Executive Director, or top management official	15b	X	
U	Other officers or key employees of the organization	130		
16-	·	ļ		
IVa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
_	taxable entity during the year?	100		
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	1.00		
17	List the states with which a copy of this Form 990 is required to be filed ▶GA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avaılab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, ar	d finan	cial	
-	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	ıtion: 🕨	•	
	G.R. HOLTON - 229-559-5944			
	3757 JOHNSTON ROAD VALDOSTA, GA 31601			
つついひと	· · · · · · · · · · · · · · · · · · ·			

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

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

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

Check this box if neither the organization n	or any related organization compensat						nsated any current officer, director, or trustee.					
(A)	(B)	(B) (C)						(D)	(E)	(F)		
Name and Title	Average	(do	Position (do not check more than box, unless person is bot officer and a director/trus				one	Reportable	Reportable compensation	Estimated		
	hours per	box				is bot	h an	compensation		amount of		
	week	\vdash				iruus	(ee)	from	from related	other		
	(list any	윭				i		the	organizations	compensation		
	hours for	5	B			쥝		organization	(W-2/1099-MISC)	from the		
	related	15g	豆	İ	8	1		(W-2/1099-MISC)		organization and related		
	organizations below	를	g) §	12 8	_			organizations		
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			Organizations		
(1) J. WILLIAM SCHROER	0.00									-		
DIRECTOR		X		<u> </u>				0.	0.	0.		
(2) HARRY DENNARD	0.00							_	_	_		
DIRECTOR		X		L	_	Ш		0.	0.	0.		
(3) JOEL JOHNSON	0.00			1								
DIRECTOR		X	<u> </u>	L.	$ldsymbol{f eta}$			0.	0.	0.		
(4) BILL HARVEY	0.00			ĺ				•				
DIRECTOR	0.00	X	ļ			<u> </u>		0.	0.	0.		
(5) KEVIN BOYD	0.00							^	<u> </u>			
DIRECTOR	0.00	Х	<u> </u>	ļ	<u> </u>	├	-	0.	0.	0.		
(6) JASON SHELNUTT	0.00					1		0.	0.	_		
DIRECTOR	0.00	X		 		⊢	-			0.		
(7) MARIE WEEKS	0.00	X						0.	ο.	0.		
DIRECTOR	20.00	^	┢		\vdash	╁─				0.		
(8) G.R. HOLTON, JR. CHAIRMAN	20.00	ł		X	ĺ			45,142.	0.	0.		
CIMIRUM			\vdash	-				10/1120				
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Form **990** (2012)

447	Section A. Onicers, Directors, Trus	iees, key Em	<u>נטיץ</u>	<u> </u>	, 211	4 1 11	Mile	31 (zompensated Employe	es (continueu)				
(A)		(B)	(C)						(D)	(E)		(F)	7	
	Name and title	Average hours per	Position (do not check more than one box, unless person is both as						Reportable	Reportable		Estimated ·		
		week		cer ar					compensation	compensation from related		amoun othe		
		(list any	director						the	organizations	CC	mpens		
		hours for related	1 5	8		1	P		organization	(W-2/1099-MISC)	- 1	from t		
		organizations	trustee	E E		8	mperi		(W-2/1099-MISC)		ı	rganiza and rela		
		below	Individual	Institutional trustee	5	Кеу етріоуев	Highest compensated employee) 125				ganiza		
		line)	Ē	<u>\$</u>	ja B B	ě	돌통	퉏						
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								<u> </u>			 			
1 b	Sub-total								45,142.	0			0.	
C	Total from continuation sheets to Part VI								45,142.	0			0.	
<u>d</u>	Total (add lines 1b and 1c)								<u>. </u>		<u>. </u>		<u> </u>	
2	compensation from the organization	ot illilited to th	ose	IISte	iu ai	JOVE	2) WI	10 16	eceived more man \$100	,000 of reportable			0	
	Componed for well the organization -	-,,										Yes		
3	Did the organization list any former officer,	director, or tru	ste	e, ke	y en	nplo	уеө,	or I	highest compensated er	mployee on	7			
	line 1a? If "Yes," complete Schedule J for s	uch individual									3		X	
4	For any individual listed on line 1a, is the su	•								the organization	1 .		.,	
_	and related organizations greater than \$150			-						,	4	- 	X	
5	Did any person listed on line 1a receive or a								ed organization or indivi	dual for services	_		X	
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	piete Scheduie	9 <i>J</i> T	or su	icn j	<u>oers</u>	on				5_		<u> ^ </u>	
1	Complete this table for your five highest co	mpensated inc	depe	ende	nt c	ontr	acto	ors t	hat received more than	\$100.000 of comper	nsation	from		
·	the organization. Report compensation for	•								•				
	(A)								(B)			(C)		
	Name and business	address	NC	ONE	<u> </u>			4	Description of s	ervices	Comp	ensati	on	
								-						
										}				
								+						
								4						
	Table control of the state of t	alicate to				41.			-base North a					
2	Total number of independent contractors (ii \$100,000 of compensation from the organization from the organizati	_	ot IIr	nite	o to	thos (sted	above) who received m	ore than				
	wite or compensation nom the organia	.GUOH P				<u> </u>				<u></u>		- 000	(2012)	

Part VIII . Statement of Revenue

FOUNDATION, INC.

Check if Schedule O contains a response to any question in this Part VIII (D) Revenue excluded from tax under sections 512, 513, or 514 Unrelated Related or Total revenue business exempt function revenue revenue Gifts, Grants ilar Amounts 10 1 a Federated campaigns 1a 1b Membership dues 34,128 c Fundraising events 1c d Related organizations 1d Contributions, (and Other Simi e Government grants (contributions) 1e All other contributions, gifts, grants, and 364,143 similar amounts not included above 10 g Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f **Business Code** Program Service Revenue 2 a All other program service revenue ä. Total, Add lines 2a-2f Investment income (including dividends, interest, and 1,717. 1,717 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 29,592. 6 a Gross rents 0 b Less: rental expenses 129,592 Rental income or (loss) 129,592 d Net rental income or (loss) (i) Securities (II) Other 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 gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ 34,128. of contributions reported on line 1c). See 32,097 Part IV, line 18 721 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 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 7.5K 7 7 **Business Code** Miscellaneous Revenue 12,000. 900099 12,000 11 a RTV SERVICES INCOME 3,600. 900099 3,600 ь VEHICLE LEASE 1,200. 1,200. c CHARGES FOR ACCOUNTING 900099 <294. <294.> 900099 d All other revenue <u> 16,506.</u> e Total. Add lines 11a-11d 577,472 129 Total revenue See instructions.

FOUNDATION, INC.

Form 990 (2012) FOUNDATION, I

Sect	ion 501(c)(3) and 501(c)(4) organizations must com			mplete column (A).	``` ```
	Check if Schedule O contains a respon		s Part IX (B)	(C) ·	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	407,271.	407,271.		·····
2	Grants and other assistance to individuals in				•
	the United States. See Part IV, line 22				······································
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16			!!-!:-!!	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
4	Benefits paid to or for members				······································
5	Compensation of current officers, directors,	45 440		4	
	trustees, and key employees	45,142.		45,142.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	j		j	
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	68,248.	6,816.	50,383.	11,049.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	4,263.		4,263.	
10	Payroll taxes	5,874.	541.	4,456.	877.
11	Fees for services (non-employees):				
а	Management				
b	Legal				
C	Accounting	7,323.		6,123.	1,200.
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
9	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	15 45 4			14 004
13	Office expenses	15,454.		560.	14,894.
14	Information technology				
15	Royalties				10 555
16	Occupancy	21,131.		7,554.	13,577.
17	Travel	3,723.		123.	3,600.
18	Payments of travel or entertainment expenses	1	ĺ		
	for any federal, state, or local public officials				_
19	Conferences, conventions, and meetings	····			
20	Interest				
21	Payments to affiliates			41 600	
22	Depreciation, depletion, and amortization	41,683.	·	41,683.	
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line				•
	24e amount exceeds 10% of line 25, column (A)		:		
	amount, list line 24e expenses on Schedule 0.)	9,481.		9,481.	
a	REPAIRS & MAINTENANCE				1 227
b	MISCELLANEOUS	2,617.		1,280.	1,337.
C					
d	All above average				
9	All other expenses	632,210.	414,628.	171,048.	46,534.
25	Total functional expenses. Add lines 1 through 24e	032,210.	414,020.	1/1,040.	40,334.
26	Joint costs. Complete this line only if the organization	1			
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				
	Check here if following SOP 98-2 (ASC 958-720)			L	

art X	Balance Sheet			
	Check if Schedule O contains a response to any question in this Part X	<u>.</u>		
•		(A) Beginning of year		(B) End of year
1	Cash · non-interest-bearing	54,907.	1	30,072
2	Savings and temporary cash investments	106,867.	2	98,865
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	0.	4	8,500
5	Loans and other receivables from current and former officers, directors,			***************************************
	trustees, key employees, and highest compensated employees. Complete			\$
	Part II of Schedule L		5	1,218
6	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			
1	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
7		86,000.	7	84,500
7 8	Notes and loans receivable, net			04,300
	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	······································
10a				
	basis. Complete Part VI of Schedule D 10a 1,731,685.	715 610		675 456
	Less: accumulated depreciation	715,619.		675,456
11	Investments - publicly traded securities		11	
12	Investments · other securities. See Part IV, line 11	CA 40C	12	70 456
13	Investments · program-related. See Part IV, line 11	64,406.	13	72,456
14	Intangible assets		14	-
15	Other assets. See Part IV, line 11	1 005 500	15	0.71.06
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,027,799.	16	971,067
17	Accounts payable and accrued expenses	8,618.	17	8,355
18	Grants payable		18	
19	Deferred revenue	1,667.	19	1,333
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
21 22	Loans and other payables to current and former officers, directors, trustees,			
1	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		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of			
	Schedule D	133,728.	25_	125,930
26_	Total liabilities. Add lines 17 through 25	144,013.	26	135,618
	Organizations that follow SFAS 117 (ASC 958), check here ► X and			
	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	883,786.	27	835,449
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
27 28 29 30 31 32	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □			
	and complete lines 30 through 34.			•
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	<u></u>
33	Total net assets or fund balances	883,786.	33	835,449
34	Total liabilities and net assets/fund balances	1,027,799.	34	971,067
1 34	Total liabilities and not assets/folio valarities		<u> </u>	Form 990 (2012

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

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

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

review, or compilation of its financial statements and selection of an independent accountant?

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

X

Form **990** (2012)

X

2c

3<u>a</u>

3b

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

RAINTREE VILLAGE CHILDREN'S FOUNDATION, INC.

Employer identification number 58–2645993

			1011/ 11101							0 201	<u> </u>	, , ,
Part I			ity Status (All organiz					tructions.				
The organ	ization is not a	a private foundation	because it is: (For lines	1 through	11, check	only one t	oox.)					
1 🖳	A church, co	nvention of churche	s, or association of chur	ches desc	ribed ın se	ction 170)(b)(1)(A)(i).				
2	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
3 🔲	A hospital or	a cooperative hospi	ital service organization	described	in section	170(b)(1)	(A)(iii).					
4	A medical res	search organization	operated in conjunction	with a hos	pital desci	ribed ın se	ection 170	(b)(1)(A)(i	ii). Enter	the hospr	al's n	iame,
	city, and stat	e:								_		
5 🔲	An organizati	on operated for the	benefit of a college or u	niversity o	wned or op	perated by	a governi	mental un	it descril	bed in		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6	A federal, sta	ite, or local governm	ent or governmental uni	t describe	d in sectio	n 170(b)(1)(A)(v).					
7	An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit o	or from the	e general	public de	scribe	ed in
	section 170(b)(1)(A)(vi). (Comple	te Part II.)			_				•		
8 🔲	-		section 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 🗔	•		eives: (1) more than 33	•	•	rom contri	butions. n	nembersh	ip fees. a	and aross	receir	ots from
·	-		nctions - subject to certa									
		•	axable income (less sec							=		
		509(a)(2). (Complete		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- y			, and orga		anto: 00,11		
10 🔲			perated exclusively to te	st for publ	ic safety. S	See sectio	n 509(a)(4	4).				
11 X	-		perated exclusively for the						v out the	a purposes	of or	ne or
	-		ations described in secti									
			organization and compl	•	-		-,		,,,,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	а П Туре І				nctionally		۱ ،	ı ∏ Tvc	e III - No	n-function	allv ir	itegrated
e X	• •	•	at the organization is not	• •	-	-		• •			•	-
-			han one or more publich									
f			ten determination from						- (-)(-)		() (_,-
•		rganization, check th				po 1, 13po	, 11, OI 13 PC	- ,,,,				
•		•	organization accepted ar			from any	of the follo	 owina ner	 sons?			. —
9	-		lirectly controls, either a							,	V.	es No
			upported organization?	one or tog	JOHNO: WILLI	porsons	20011000	iii (ii) aiio	(11) 501011	11g(X
	_		n described in (i) above?	<i></i>	•••••	•	• •	-	• • • •	11g(i		$\frac{1}{X}$
		•	••				•	•				
_		•	person described in (i)				•		• • • • • • • • • • • • • • • • • • • •	. 11g(i	<u>ar</u>	
h	Provide the to	ollowing information	about the supported or	ganization	(8).							
				bin to the c		(a) Did us		(vi) le	tha	T		
	of supported	(ii) EIN	(ili) Type of organization		organization sted in your		u nouty the ton in col.	(vi) la organizati	on in col.	(vil) Amou		
orga	inization	Į	(described on lines 1-9 above or IRC section	1 ''	document?		r support?	(i) organiz U S	ed in the	S	upport	
			(see instructions))	Yes	No	Yes	No	Yes	No	ł		
RAINT	DEE		500(7)(2)	162	IVO	162	140	res	NO	 		
		EQ 1003667	509(A)(2)]	v	j		ļ		Λ7	271
VILLA	GE, INC	58-1083667	TIPE 3	X		Х		X	 -	4	<u>U / ,</u>	271.
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									:			
Total	1							<u> </u>	<u> </u>	4	07,	271.

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

Schedule A (Form 990 or 990-EZ) 2012

P	art II Support Schedule for						
	(Complete only if you checke				on failed to qualify	under Part III. If the	organization
	fails to qualify under the tests	s listed below, plea	ase complete Part	III.)			
<u>Se</u>	ction A. Public Support		,	,		,	
	endar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	1					
	include any "unusual grants.")					<u> </u>	
2	Tax revenues levied for the organ-]]				Į
	ization's benefit and either paid to						
_	or expended on its behalf	<u> </u>		 	 		
3		1	ł	ł		1	
	furnished by a governmental unit to					1	
	the organization without charge				 		
4	Total. Add lines 1 through 3	ļ					
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)						
A						 	
	Public support. Subtract line 5 from line 4 ction B. Total Support	<u> </u>			1	<u> </u>	
	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 4	(a) 2008	(b) 2009	(6) 2010	10/2011	(e) 2012	
8	Gross income from interest,						
Ü	dividends, payments received on						
	securities loans, rents, royalties				1		
	and income from similar sources						
9	Net income from unrelated business			, <u>-</u>	 		
•	activities, whether or not the		1				
	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						
	Gross receipts from related activities,	etc. (see instruct)	ons)	<u> </u>		12	
	First five years. If the Form 990 is for	•	•		ax vear as a section		
-	organization, check this box and stop	•		•	•		▶□
Se	ction C. Computation of Publ						
14	Public support percentage for 2012 (I	ine 6, column (f) d	rvided by line 11, c	olumn (f))		14	%
15	Public support percentage from 2011	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2012. If the c	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or	more, check this bo	x and
	stop here. The organization qualifies						▶□
b	33 1/3% support test - 2011. If the c	organization did no	t check a box on l	ine 13 or 16a, and	d line 15 is 33 1/39	% or more, check th	is box
	and stop here. The organization qual	fies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop I	here. Explain in Pa	art IV how the organ	ization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supporte	d organization		▶□
b	10% -facts-and-circumstances test	t - 2011. If the org	anization dıd not c	heck a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets th	re "facts-and-circu	mstances" test. cl	neck this box and	stop here. Explai	n in Part IV how the	

Schedule A (Form 990 or 990-EZ) 2012 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

Last its outbout oculedne to						
" (Complete only if you check	ced the box on line 9	of Part I or if the o	organization failed	to qualify under F	art II. If the organiza	ation fails to
qualify under the tests liste	d below, please con	nplete Part II.)				
Section A. Public Support			, <u> </u>	·		-·
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
 Gifts, grants, contributions, and 			•			
membership fees received. (Do no	t					
include any "unusual grants.")	.			l		
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in			}		1	
any activity that is related to the organization's tax-exempt purpose	. 1	-	Ì			
3 Gross receipts from activities that				 		
are not an unrelated trade or bus-		ļ				
iness under section 513						
	•	 		<u> </u>		
4 Tax revenues levied for the organ-			ļ			
ization's benefit and either paid to	1	ĺ	1		[
or expended on its behalf	.			ļ		
5 The value of services or facilities	İ		1			
furnished by a governmental unit to	٥	1	1		ļ	
the organization without charge		<u> </u>				
6 Total. Add lines 1 through 5				L		
7a Amounts included on lines 1, 2, an	d	1	İ	1	1	
3 received from disqualified persor	าร					
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that		1		ľ	1	
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	<u>, , , , , , , , , , , , , , , , , , , </u>	16 1111, 1111	······	·	<u> </u>	
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6					1	
10a Gross income from interest,	.					
dividends, payments received on						
securities loans, rents, royalties and income from similar sources	ì	}	ł	ł	1	
	•	 				
b Unrelated business taxable income		İ				
(less section 511 taxes) from business	38			1		
acquired after June 30, 1975	•				 	
c Add lines 10a and 10b	<u>:</u>	<u> </u>	 	<u> </u>	 	
11 Net income from unrelated busines activities not included in line 10b.	\$S	1				
whether or not the business is	İ					
regularly carried on			ļ <u></u> -		ļļ	
12 Other income. Do not include gain or loss from the sale of capital		1	ļ	1		
assets (Explain in Part IV.)					<u> </u>	
13 Total support. (Add lines 9, 10c, 11, and 12		<u> </u>	<u> </u>	<u> </u>]	
14 First five years. If the Form 990 is	for the organization	's first, second, thi	d, fourth, or fifth ta	ax year as a secti	on 501(c)(3) organiza	ation,
check this box and stop here			<u></u>		<u> </u>	▶□
Section C. Computation of Pu	blic Support Pe	ercentage				
15 Public support percentage for 201			column (f))		15	%
16 Public support percentage from 20			<u> </u>		16	%
Section D. Computation of Inv			·			
17 Investment income percentage for				•	17	%
18 Investment income percentage fro					18	%
19a 33 1/3% support tests - 2012. If t				15 is more than	33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box						▶□
b 33 1/3% support tests - 2011. If t						ind
line 18 is not more than 33 1/3%, o						▶□
20 Private foundation. If the organiza						▶□
The state of the s						

SCHEDULE D

(Form 990) ·

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

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

2012 Open to Public Inspection

Name of the organization

RAINTREE VILLAGE CHILDREN'S FOUNDATION, INC.

 $\begin{array}{c} \textbf{Employer identification number} \\ 58-2645993 \end{array}$

Pa	t Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised fu	unds
	are the organization's property, subject to the organization's	-	Van Na
6	Did the organization inform all grantees, donors, and donor a		• • • • • • • • • • • • • • • • • • • •
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the org		
1	Purpose(s) of conservation easements held by the organizati		
	Preservation of land for public use (e.g., recreation or e	·	ally important land area
	Protection of natural habitat	Preservation of a certified	•
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of a	conservation easement on the last
	day of the tax year.		
	•		Held at the End of the Tax Year
а	Total number of conservation easements		2a
ь	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included in (c) acquired	• •	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel		anization during the tax
	year▶		Ţ.
4	Number of states where property subject to conservation ear	sement is located >	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements if	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements during	the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during the	year ▶ \$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4)	(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense stat	ement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes the c	organization's accounting for
	conservation easements.		~
Pa	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statement	and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furtherance o	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of public s	ervice, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financial gair	n, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
a	Revenues included in Form 990, Part VIII, line 1		. ▶ \$
ь			▶ \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 12-10-12

Schedule D (Form 990) 2012

	rt III Organizations Maintaining C	collections of A	rt. Hist	orical Tr	easures o	or Othe	r Simil	ar Asse	ts/contin	uedi
3										
ŭ	(check all that apply):	on, and other record	, oncon	wii) 01 1110	rollowing tha	it alo a oi	griniount	000 01 110	0011001101	,
а		e		oan or eyo	hange progra	ame				
b		e		Other	mange progra	CITIS				
		•	,					-		
C	Provide a description of the organization's co	-lleations and avaloi	n how th	ov further t	ho organizaty	an'a ayan	nnt num	oo in Dor	• VIII	
4								ose III Pai	t Alli.	
5	During the year, did the organization solicit of to be sold to raise funds rather than to be made					er sirrilar	assets		Yes	☐ No
Pa	rt IV Escrow and Custodial Arran					'Ves" to E	Form 990	Port IV		110
L.F. 34	reported an amount on Form 990, Par			organizatio	iii alisweled	165 (01	01111 990	, raitiv,	III 1 0 3, 0;	
	Is the organization an agent, trustee, custodi		tiany for c	ontribution	s or other as	sets not i	included			 -
10	m 000 m 11/0		-		is of office as	3613 1101 1	iiiciaaea		Yes	No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII a						•		_ 1es	110
U	it ies, explain the arrangement in Fait Ain a	and complete me to	mowing to	abie.					Amount	
С	Beginning balance						1c		Alliount	
d					•		1d		-,,	
•	Distributions during the year						1e			
•	=				•••		1f			
2a						-			Yes	No
	If "Yes," explain the arrangement in Part XIII.					 Part YIII		· · · ·	_ _ 162	- 🚟 "-
	rt V Endowment Funds. Complete if								• • •	_
	The state of the s	(a) Current year		ior year	(c) Two year			ears hack	(e) Four	years back
1a	Beginning of year balance	(a) Current year	(5) (1	ioi year	(c) ino year	3 Duon T	uj moo j	OUTO DUON	10/1001	yours buok_
ь.	Contributions		 							
	Net investment earnings, gains, and losses								·	
۲ 0	Grants or scholarships									
a	Other expenditures for facilities									
e	·	j			ļ					
	and programs									
٠ ~	Administrative expenses									
9 2	End of year balance [Provide the estimated percentage of the curr		o (loo 10	column /a)) held se:	J				
	Board designated or quasi-endowment		% %	, coluitiii (e	y neid as.					
a b	Permanent endowment	%	_^							
		% %								
С	The percentages in lines 2a, 2b, and 2c shou									
3a	Are there endowment funds not in the posses		ation that	are held a	nd administe	red for th	e organiz	ation		
Ja	by:	SSION OF the organiza	ation that	are now a	na daministo	100 101 111	o organiz	211011	F,	Yes No
									3a(i)	100 110
								•	3a(ii)	
ь		listed as required a		ule R?		• •-			3ь	
4	Describe in Part XIII the intended uses of the	•				••	••		ا فو	
	rt VI Land, Buildings, and Equipm									
L	Description of property	(a) Cost or o			or other	(c) Ac	cumulate	d	(d) Book	value
	bescription of property	basis (investr		basis			reciation	~	(a) Door	Value
12	Land	322,2 (7,221.			, -	197	,221.
b	B. Tata	•	 †		7,583.	9	61,0	9 .	476	,484.
2				-, -,	.,		,	-		,
d	_	"		2	3,944.		22,19	3.	1	,751.
	Other	•			2,937.		72,9			0.
	I. Add lines 1a through 1e. (Column (d) must ed	gual Form 990. Part	X. colum				· - / - ·	D	675	,456.

Schedule D (Form 990) 2012 FOUNDATION,	INC.	<u></u>	58-2645993 Page
Part VII Investments - Other Securities. See			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuati	on: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests		 	
(3) Other		<u> </u>	
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(1)			······································
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12) ▶		<u> </u>	
Part VIII Investments - Program Related. See			
(a) Description of investment type	(b) Book value	(c) Method of valuation	on: Cost or end-of-year market value
(1) JERKINS INVESTMENT			
(2) ACCOUNT	72,456.	END-OF-YEAR	MARKET VALUE
(3)			
(4)			
(5)			
(6)		 	
(7)			
(8)			·
(9)			
(10)	50 456		······································
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	72,456.	<u> </u>	·
Part IX Other Assets. See Form 990, Part X, line 1			
	escription		(b) Book value
(1)			
(2)			
(3)	 		
(4)	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
(5)			
(6)	·		
(7)			
(8)			
(9)			-
(10)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line		· · · · · · · · · · · · · · · · · · ·	<u></u> ▶l
Part X Other Liabilities. See Form 990, Part X, Irr		(h) Daglaraka	
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes		250	÷
(2) TAXES PAYABLE		250.	
(3) ACCRUED SALARIES		2,679.	
(4) DONOR UNITRUST LIABILITY		123,001.	
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)		125 020	
Total. (Column (b) must equal Form 990, Part X, col. (B) line		125,930.	
2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text	of the footnote to the org	ganization's financial state	ements that reports the organization's

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2012

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 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 X, LINE 2: INCOME TAXES HAVE NOT BEEN PROVIDED AS THE

ORGANIZATION IS A NON-PROFIT CORPORATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND THEREFORE NO PROVISION IS NECESSARY.

FOR THE YEAR ENDED DECEMBER 31, 2012, MANAGEMENT BELIEVES THERE ARE NO MATERIAL AMOUNTS OF UNCERTAIN TAX POSITIONS. ADDITIONALLY, THERE WERE NO AMOUNTS OF INTEREST OR PENALTIES RECOGNIZED IN THE STATEMENT OF FINANCIAL POSITION AS OF DECEMBER 31, 2012 OR THE STATEMENT OF ACTIVITIES FOR THE

Schedule D (Form 990) 2012

Part XIII Supplemental Information (continued)	58-4	2645993	Page 5
YEAR THEN ENDED. FURTHER, ALL YEARS SUBSEQUENT TO DECEMBER	31,	2009_	
REMAIN SUBJECT TO EXAMINATION.			
			
PART XI, LINE 2D - OTHER ADJUSTMENTS:			
SALES FROM SPECIAL EVENTS - THRIFT SHOPS			721.
			
PART XII, LINE 2D - OTHER ADJUSTMENTS:			
COST OF GOODS SOLD - THRIFT SHOPS			721.
PART XII, LINE 4B - OTHER ADJUSTMENTS:			
			
CONTRIBUTION TO RAINTREE VILLAGE - PROGRAM EXPENSE		407	,271.
			
			· · · · ·
		·	
			
			

SCHEDULEG

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

2012

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

RAINTREE VILLAGE CHILDREN'S

Employer identification number

FOUNDAT.	LON, INC.				58-2645	993
Part I Fundraising Activities. required to complete this part	Complete if the organization answ	vered "Y	'es" to	Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
1 Indicate whether the organization raise	ed funds through any of the follow	ing acti	vities	Check all that apply		
a Mail solicitations	·			overnment grants	•	
b Internet and email solicitations			_	nment grants		
			-	-		
c Phone solicitations	g L Specia	al fundra	using	events		
d In-person solicitations						
2 a Did the organization have a written or						<u> </u>
key employees listed in Form 990, Pa	•	•		-		
b If "Yes," list the ten highest paid indiv	-	suant to	agre	ements under which	the fundraiser is to	be
compensated at least \$5,000 by the	organization.					
(i) Name and address of individual or entity (fundraiser)	I IIII ACTIVITY I have custo		ustodv	(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			
		-				
		-				
		 				
		<u> </u>				
otal			•			
3 List all states in which the organization or licensing.	n is registered or licensed to solicit	t contrib	utions	or has been notified	t it is exempt from re	egistration
or ildertaing.						
						
						
						
				 		
						
						······································
						

232081 01-07-13 Schedule G (Form 990 or 990-EZ) 2012

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

58-2645993 Page 2 Schedule G (Form 990 or 990-EZ) 2012 FOUNDATION, INC. 58-2645993 Page 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 gr	oss income on Form 990	-EZ, lines 1 and 6b. List	events with gross recei	pts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
	ĺ		THRIFT SHOP	BENEFIT	NONE	(add col. (a) through
			SALES	DINNER		col. (c))
<u>o</u>	l		(event type)	(event type)	(total number)	
Revenue						
Ę	1	Gross receipts	32,097.	34,128.		66,225.
_	ĺ					
	2	Less: Contributions		34,128.		34,128.
			20 007			20 007
	3	Gross income (line 1 minus line 2)	32,097.			32,097.
	4	Cash prizes				
Ø	5	Noncash prizes				
Se				ļ		
ğ	6	Rent/facility costs				
Direct Expenses	l_		i			
<u>ie</u>	7	Food and beverages		 		
۵	_		-		-	1 -
	8	Entertainment	721.			721.
	9	Other direct expenses				721.
	10	Direct expense summary. Add lines 4 through				31,376.
D:	11	Net income summary. Combine line 3, column Gaming. Complete if the organization and a summary.	n (0), and line 10 answered "Yes" to Form	990 Part IV line 19 or r	enorted more than	31/3/0:
شث	4) (\$15,000 on Form 990-EZ, line 6a.		000,1 (11,1110 10,011	oportod moro mar	
	Г	\$10,000 OH 1 OHH 330 EZ, IIIC GZ.	T	(b) Pull tabs/instant	····	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
, Ke						
æ		Gross revenue				
	i i	Gloss revenue			<u> </u>	
m	2	Cash prizes				
šě	-					
þe	3	Noncash prizes				
Direct Expenses						
9	4	Rent/facility costs				
Ӓ		•				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	,
	6	Volunteer labor	□ No	□ No	☐ No	
					 -	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d) ,			()
	8	Net gaming income summary. Combine line 1	, column d, and line 7	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
9	Ent	ter the state(s) in which the organization opera	tes gaming activities: _			
a	ls t	the organization licensed to operate gaming ac	tivities in each of these	states?		└─ Yes └─ No
t	If "	No," explain:				
						
	_	<u> </u>				
		ere any of the organization's gaming licenses re	•		ear?	└─ Yes └─ No
t	lf "	Yes,* explain:				
	_			·		
_						

RAINTREE VILLAGE CHILDREN'S Schedule G (Form 990 or 990-EZ) 2012 FOUNDATION, INC. 58-2645993 11 Does the organization operate gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed Yes [to administer charitable gaming? 13 Indicate the percentage of gaming activity operated in: a The organization's facility 13a b An outside facility 13b 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Yes No 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party > \$ c If "Yes," enter name and address of the third party: Name ► Address > Gaming manager information: Gaming manager compensation ▶ \$ Description of services provided __ Director/officer Employee ___ Independent contractor 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to 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 > \$ Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, Part IV lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Schedule G (Form 990 or 990-EZ) 2012

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ► Attach to Form 990. RAINTREE VILLAGE CHILDREN'S General Information on Grants and Assistance FOUNDATION, Name of the organization Department of the Treasury Internal Revenue Service SCHEDULEI (Form 990) Parti

2012

Open to Pubilic Inspection

% | **Employer identification number** 58-2645993 X Yes 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?

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	Governments and \$5,000. Part II can	1 Organizations in the be duplicated if addition	e United States. Conal space is need	omplete if the orgaled.	anization answered "Y	es" to Form 990, Part	IV, line 21, for any
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, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RAINTREE VILLAGE, INC. 3757 JOHNSTON ROAD VALDOSTA, GA 31601	58-1083667	501(C)(3)	407,271.	0.	N/A.	N/A	PROVIDED FUNDING FOR CHILDREN IN THE CARE OF RAINTREE VILLAGE, INC.
	and government or		isted in the line 1 table				1
3 Enter total number of other organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	s, see the Instruct	1 table ions for Form 990.					Schedule I (Form 990) (2012)

232101 12-18-12

29

FOUNDATION, INC. Schedule I (Form 990) (2012)

58-2645993 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. Partill

Page 2

Schedule I (Form 990) (2012) (f) Description of non-cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) LINE 2: ALL FUNDS ARE DISBURSED TO RAINTREE VILLAGE, MANAGEMENT REVIEWS THE ON A REGULAR BASIS. (d) Amount of non-cash assistance (c) Amount of cash grant 30 ACCOUNTING RECORDS OF RAINTREE VILLAGE, INC. (b) Number of CHILDREN IN ITS CARE. recipients (a) Type of grant or assistance THE H PART INC. TO SUPPORT SCHEDULE I, 232102 12-18-12 Partiv

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No 1545-0047
2012
Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

RAINTREE VILLAGE CHILDREN'S

Employer identification number

-	FOUNDAT	OI	N, INC.							58	<u>-2</u> 6	459	93		
Part I Excess Be	enefit Transa	actio	ons (section 50	01(c)(3) and :	section 5	01(c)(4) org	anıza	ations only).						
Complete if t	he organization						e 25a or 25t	o, or	Form 990-EZ, F	art V,	line 40	Jb		-	
1 (a) Name of disqualific	ed person	(b) Re	elationship bet	ween	dısqua	lified	10	-) De	scription of trai	neactio	NO.		(d)	Corre	cted?
(a) Name of disquain			person and or	rganiz	ation			-, 00			<u></u>		Y	es	No
													 		
															
													+		
													+	\dashv	
				_									\dashv	\dashv	
2 Enter the amount of t section 4958	tax incurred by t	the or			or disc		persons du	ring t	he year under		▶ \$				
3 Enter the amount of t	tax, if any, on lin	e 2, a					on ,				> \$				
Part II Loans to	and/or From	Inte	rested Per	sons											
	he organization					, Part V.	line 38a or f	Form	990, Part IV. lir	ne 26:	or if th	ne oras	ınizati	on	
•	amount on Form														
(a) Name of	(b) Relation	ship	(c) Purpose	(d) L	an to or	, (~, `	Original	(f)	Balance due		In	(h) App	proved	(i) W	ritten
interested person	organizatı	ion	of loan		n the zation?	princip	principal amount		delault co		comm	ittee?	agree	ment?	
				То	From					Yes	No	Yes	No	Yes	No
G.R. HOLTON	OFFICE	R	HOUSING_	<u> </u>	X		1,218.		1,218.		X	X	 		X
					ļ	ļ				_	ļ	 	 		├
					 	 				<u> </u>		╂╼╼═┤			├─
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				ļ <u> </u>	 									-	┢
		-+			† -					<u> </u>				l —	
				<u> </u>	1				 						
					†										
Total							▶ \$		1,218.						
Part III Grants or	Assistance	Ben	efiting Inter	reste	d Pe	rsons.									
Complete if t	he organization	answ	ered "Yes" on	Form 9	990, Pa	art IV, line	2 7.								
(a) Name of Interest	ed person) Relationship interested pers the organiza	on an			Amount of ssistance		(d) Type assistan) Purp assista		i
		 						-							
		 													
								_			$\neg \dagger$				
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		1						7				_			
			 												
						1									

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

Schedule L (Form 990 or 990-EZ) 2012

SEE PART V FOR CONTINUATIONS

Complete if the organization answered	"Yes" on Form 990, Part IV, line 28a, 2	8b, or 28c.			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	zatioh's
			ļ	Yes	No
			<u> </u>	 	
				 	
				†	
				 	ļ
			-	 	
				 	
Part V Supplemental Information					
Complete this part to provide additionate	al information for responses to question	s on Schedule L (see	instructions).		
SCHEDULE L, PART II, LOANS	TO AND FROM INTERES	STED PERSON	is:		
(A) NAME OF PERSON: G.R. H	OLTON	-			
(B) RELATIONSHIP WITH ORGA	NIZATION: OFFICER O	F ORGANIZAT	ידוי		
(b) REBATIONEDIT WITH ORGA	MIDATION: OTTICER OF	ONGANIBAI	1014		
(C) PURPOSE OF LOAN: HOUSI	NG OVERAGE TO BE AP	PLIED TO 20	13		
(D) TORN MO OD EDON ODGANT	GAMTONO - EDOM				
(D) LOAN TO OR FROM ORGANI	ZATION? = FROM				
(E) ORIGINAL PRINCIPAL AMO	OUNT \$ 1,218. (F) B	ALANCE DUE	\$ 1,218.		
(G) LOAN IN DEFAULT? = NO	· · · · · · · · · · · · · · · · · · ·				
(H) APPROVED BY BOARD OR C	OMMITTEE? = YES				
	. –				
(I) WRITTEN AGREEMENT? = N	Ю				
		 	· · · · · · · · · · · · · · · · · · ·		
			·····		
		<u> </u>			
					

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

RAINTREE VILLAGE CHILDREN'S FOUNDATION. INC.

Employer identification number 58-2645993

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

Schedule R (Form 990) 2012 (g) Section 512(b)(13) 2012 Open to Public Inspection Employer identification number 58-2645993 ž OMB No 1545-0047 × controlled entity? Direct controlling Yes entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Direct controlling entity End-of-year assets status (if section Public charity 501(c)(3)) 509(A)(2) Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ► See separate instructions. Total income Related Organizations and Unrelated Partnerships Exempt Code ত্ত 501(C)(3) ছ Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or Legal domicile (state or foreign country) foreign country) GEORGIA SUPPORT, AND SUPERVISION TO HOMELESS CHILDREN RAINTREE VILLAGE CHILDREN'S Primary activity Primary activity TO PROVIDE SHELTER, For Paperwork Reduction Act Notice, see the Instructions for Form 990. FOUNDATION, INC. Name, address, and EIN (if applicable) - 58-1083667 Name, address, and EIN of related organization of disregarded entity RAINTREE VILLAGE, INC. Name of the organization VALDOSTA, GA 31601 3757 JOHNSTON ROAD Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990) Part II Part t

232161 12-10-12 LHA

Schedule R (Form 990) 2012 FOUNDATION, INC.

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

Page 2

58-2645993

General or Percentage managing ownership Schedule R (Form 990) 2012 (i) Section 512(b)(13) controlled entity? Yes No Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Percentage ownership Yes No Ξ Code V-UBI camount in box 20 of Schedule - K-1 (Form 1065) Share of end-of-year assets ate allocations? Yes No Disproportion-Ξ Share of total income $\boldsymbol{\varepsilon}$ Share of end-of-year assets Type of entity (C corp, S corp, or trust) <u>e</u> Share of total income Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>e</u> Legal domicile (state or foreign country) Q Direct controlling entity ਉ Primary activity (c)
Legal
domicile
(state or
foreign Primary activity 9 Name, address, and EIN of related organization Name, address, and EIN of related organization 232162 12-10-12 Part IV

Schedule R (Form 990) 2012 FOUNDATION, INC.

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.) Part V

Page 3

58-2645993

YEAR Schedule R (Form 990) 2012 ž × × × × × × × × Yes. SUPPORT FOR 90,000. YEARLY AMOUNT PER AGREEMENT 12,000. YEARLY AMOUNT PER AGREEMENT 12,000. YEARLY AMOUNT PER AGREEMENT ξ 4 2 P - 5 5 4 13 (d)
Method of determining amount involved <u>-</u> <u>5</u> 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. 407,271.ACTUAL AMOUNT OF During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? (c) Amount involved Performance of services or membership or fundraising solicitations for related organization(s) (b) Transaction type (a-s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) 36 m Performance of services or membership or fundraising solicitations by related organization(s) Н ф Ь Σ Receipt of (i) interest (ii) annuttles (iii) royaltles or (iv) rent from a controlled entity k Lease of facilities, equipment, or other assets from related organization(s) Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. Lease of facilities, equipment, or other assets to related organization(s) Purchase of assets from related organization(s) Sharing of paid employees with related organization(s) Gift, grant, or capital contribution from related organization(s) Other transfer of cash or property from related organization(s) Reimbursement paid by related organization(s) for expenses Reimbursement paid to related organization(s) for expenses r Other transfer of cash or property to related organization(s) Gift, grant, or capital contribution to related organization(s) d Loans or loan guarantees to or for related organization(s) e Loans or loan guarantees by related organization(s) . .. (a)
Name of other organization Exchange of assets with related organization(s) (2) RAINTREE VILLAGE, INC. (1) RAINTREE VILLAGE, INC. (3) RAINTREE VILLAGE, INC. (4) RAINTREE VILLAGE, INC Sale of assets to related organization(s) Dividends from related organization(s) 232163 12-10-12 ۵ 5 S 9

58-2645993

Page 4

FOUNDATION, INC.

Schedule R (Form 990) 2012

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

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

3	Dopropor- Code V-UBI General or Percentage tonds amount in box 20 managing ownership allocations? (5 Schedule K-1 partner?)						ŧ
L	Own O						
9	neral or unaging					_	
-	용물립 <u>></u> 구유	P		<u> </u>			
	1-UBI 1-Dex 1-Jee						
€	Sched						
_	6 g			<u></u>	 <u> </u>		
ε	spropor tonate ocations	8					
-	으 등 >	-1		<u></u>	 		
(6)	Share of end-of-year assets						
		ļ		ļ 	 		
E	Share of total income						
	Sh tr		1				
_	<u>.</u>						
e	Predominant income partners sec. (related, unrelated, 501(0)3 excluded from tax	<u> </u>			 		
<u>i</u>	5 5 g ₀ 3						
	elated m tax						
ত	inant i						
	elated xclud						
				<u> </u>	 		
	Legal domicile (state or foreign country)	i					İ
ত	gal domic ite or fore country)						
	Legal domicile (state or foreign country)						
(a) (b) (c) (d)							
n	ıjt.						
[~	Primary activity						
9	тагу				,		
	<u>P</u>						
_		 			 		
	Z E						
	and						
(a)	Name, address, and EIN of entity						
	, add of						
	lame						
	_						

Schedule R (Form 980) 2012

RAINTREE VILLAGE CHILDREN'S 58-2645993 Page 5 FOUNDATION, INC. Schedule R (Form 990) 2012 Part VII Supplemental Information Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

990

Department of the Treasury Internal Revenue Service (99)	See separate inst	ructions.	► Attac	h to your tax re	eturn.		Attachment Sequence No 179
Name(s) shown on return			Busin	ess or activity to wh	ich this form relate	es	Identifying number
RAINTREE VILLAGE CHI	LDREN'S						
FOUNDATION, INC.			FOF	M 990 P	AGE 10		58-2645993
Part I Election To Expense Certain Proj	erty Under Section 1	79 Note: If yo	u have any li	sted property, o	omplete Part	V before yo	ou complete Part I.
1 Maximum amount (see instructions)						11	500,000.
2 Total cost of section 179 property pla						2	
3 Threshold cost of section 179 proper	•	•				3	2,000,000.
4 Reduction in limitation. Subtract line	•		 er-Ω-			4	
5 Dollar limitation for tax year Subtract line 4 from I			• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·		5	
6 (a) Description of		-o- ir maried iiii	(b) Cost (busin		(c) Elected	d cost	
						1	
	_ 						
							
							
7 Listed property. Enter the amount fro							
8 Total elected cost of section 179 pro			e), lines 6 and	7	•	8	
9 Tentative deduction. Enter the small						9	
10 Carryover of disallowed deduction from	•					10	
11 Business income limitation. Enter the		•		•		11	
12 Section 179 expense deduction. Add	lines 9 and 10, but	do not enter	more than li	ne 11	· <u>· · · · · · · · · · · · · · · · · · </u>	12	
13 Carryover of disallowed deduction to				. 13			
Note: Do not use Part II or Part III below							
Part II Special Depreciation Allow	rance and Other D	epreciation	(Do not inclu	de listed prope	rty.)		 ·
14 Special depreciation allowance for qu	alified property (otl	ner than liste	d property) p	aced in service	during		
the tax year						14	
15 Property subject to section 168(f)(1) e	election					15	
16 Other depreciation (including ACRS)		<u> </u>		·		16	41,516.
Part III MACRS Depreciation (Do	not include listed pr	roperty.) (See	instructions	.)			
		Se	ction A				
17 MACRS deductions for assets placed	d in service in tax ye	ears beginnin	g before 201	2		17	167.
18 If you are electing to group any assets placed in s	ervice during the tax year	into one or more	general asset acc	ounts, check here	▶ 🗀		
Section B - Asset	ts Placed in Servic	e During 20	12 Tax Year	Using the Gen	eral Deprecia	tion Syste	m
(a) Classification of property	(b) Month and year placed in service	(business/in	depreciation vestment use instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						Ī	
b 5-year property							
c 7-year property							
d 10-year property	7						
e 15-year property							
f 20-year property							
g 25-year property	_			25 yrs.		S/L	
	,			27.5 yrs.	MM	S/L	
h Residential rental property	,			27.5 yrs.	MM	S/L	
	/			39 yrs.	MM	S/L	
 Nonresidential real property 	/				MM	S/L	
Section C - Assets		During 2012	Tax Year U	sing the Altern			
	1 10000 111 001 1100	Doining 2012	- 10x 100. <u>0</u>			S/L	
20a Class life				12 vm			
b 12-year				12 yrs.	2424	S/L	
c 40-year		L		40 yrs.	MM	S/L	
Part IV Summary (See Instructions.					, ·· · · ·	- T	
21 Listed property. Enter amount from lin					• •	21	
22 Total. Add amounts from line 12, line							//1 //2
Enter here and on the appropriate line		-		uons · see instr	• • • • •	22	41,683.
23 For assets shown above and placed i		e current yea	r, enter the			ļ	
portion of the basis attributable to see	CTION 263A COSTS	.		23		t.	

Fo	rm 4562 (2012)		NDATION										<u> 2645</u>		Page 2
_	art V Listed Propert	ty (Include a	utomobiles, ce	ertain otl	ner vehic	cles, cer	tain con	puters	s, and pro	perty us	ed for e	ntertainn	nent, rec	réation,	or
	amusement.) Note: For any v	vehicle for wi	hich vou are u	sina the	standar	d milead	ne rate o	r dedu	ctına leas	e expens	se, com	olete onl	y 24a, 2	4b, colu	mns (a)
	through (c) of S	Section A, all	of Section <u>B,</u>	<u>and Sec</u>	ction C ii	applica	ble.								<u> </u>
			on and Other			$\overline{}$		_	T						
24:	a Do you have evidence to s			ent use cl	aimed?	<u> </u>	es L	_ No	24b If "Y	т :		nce writ	ten? L	_ Yes L	No
	(a)	(b) Date	(c) Business/		(d)	l _{Rs}	(e) sis for depr	eciation	(f)		(g)	1	(h)		(i) cted
	Type of property (list vehicles first)	placed in	investment	1 01	Cost or ther basis	l /hi	siness/inve	estment	Recovery period		thod/ /ention		eciation uction		on 179
		service	use percenta	ge		1	use only	<u>. </u>	<u> </u>	1				<u> </u>	ost
25	Special depreciation allo	owance for q	ualified listed	property	/ placed	in servi	ce durin	g the t	ax year ar	ıd	ľ				
	used more than 50% in							<u> </u>	<u>. </u>		25	L			
<u>26</u>	Property used more tha	n 50% in a c							T	1					
		ļ		<u>% </u>						 		 		-	
		<u> </u>		%					1	<u> </u>		ļ			
				%	·						_	<u> </u>			
<u>27</u>	Property used 50% or le	ess in a quali T							l	100		1		T	
	 			%		$-\vdash$				S/L·		 		1	
		 		%		-			-	S/L·	_	<u> </u>		1	
		<u> </u>	<u> </u>	%					İ	S/L·		 		1	
	Add amounts in column										28	1	00	 	
<u>29</u>	Add amounts in column	(I), line 26. E					on Use					<u></u>	29	<u> </u>	
_			_									_			
UQ.	mplete this section for verou provided vehicles to y	enicies used vour employe	by a sole prop	onetor, p or the au	artner, c	in Sect	more in	an o% see if v	owner, o	or related	a persor	ı. completi	na this s	section f	or
-	ose vehicles.	our employe	,03, 11131 411311	or tho qu	300110110	0001			,00 111001	۵,, ۵,,۵۵,					•
-				1	2)		/b)	T	(c)	1	d)	1 6	۵۱	,	n
20	Total business/investment	milas drivan d	uring the	(a) Vehicle		1	(b) Vehicle		'ehicle		nicle	(e) Vehicle		(f) Vehicle	
30	year (do not include com		•			Vernois		 	Cilicio	70111010		 '''	11010	10.	11010
24	Total commuting miles					 				 		ļ			
	Total other personal (no								·			 			
32	driven	incommunity) Times			1				ļ				1	
22	Total miles driven during	the vear								 		 	···········		
00	Add lines 30 through 32	-				1								1	
34	Was the vehicle availab			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
•	during off-duty hours?	•										1			
35	Was the vehicle used p											1			
•	than 5% owner or relate			l		ł				}		l			
36	Is another vehicle availa	•													
	use?			ł		ļ	1							l	
_		Section C	- Questions	or Emp	loyers V	Vho Pro	vide Vel	hicles	for Use b	y Their I	Employ	ees	- <u>-</u>		
An	swer these questions to	determine if	you meet an e	xception	n to com	pleting	Section	B for v	ehicles us	ed by e	mployee	s who a	re not m	ore than	า 5%
ow	ners or related persons.														
37	Do you maintain a writte	en policy stat	tement that pr	ohibits a	all perso	nal use	of vehicl	es, inc	luding coi	mmuting	, by you	r		Yes	No
	employees?										-				
38	Do you maintain a writte	en policy stat	tement that pr	ohibits p	personal	use of	vehicles,	excep	t commu	ing, by y	our/				
	employees? See the ins	tructions for	vehicles used	by com	orate of	fficers, c	directors	, or 1%	or more	owners				<u> </u>	
39	Do you treat all use of ve	ehicles by er	mployees as p	ersonal	use?									<u> </u>	ļ
40	Do you provide more that	an five vehic	les to your em	ployees	, obtain	informa	tion fron	your	employee	s about				1	
	the use of the vehicles,	and retain th	e information	received	d?										ļ
41	Do you meet the require	ements conc	erning qualifie	d autom	obile de	monstr	ation use	?							J
	Note: If your answer to	37, 38, 39, 4	0, or 41 is "Ye	s," do n	ot comp	lete Sec	tion B fo	or the c	overed ve	hicles.					
P	art VI Amortization				,							 .			
	(a) Description of	f costs	Pate	(b) amortization	1	(c) Amortiza	ble		(d) Code		(e) Amortiza		A	(f) mortization	
	·			begins	<u> </u>	amoun			section		period or pe		ft	or this year	
<u>42</u>	Amortization of costs th	at begins du	ring your 201	2 tax yea	ar:										
				·	<u> </u>										
					<u></u>							1 1			
43	Amortization of costs th	at began be	fore your 2012	2 tax vea	ar							43			

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

Form **8868**

(Rev. January 2013)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

OMB No. 1545-1709

• If you a	re filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box .			▶ 🗓			
	re filing for an Additional (Not Automatic) 3-Month Ex			f this form).	•				
Do not co	omplete Part II unless you have already been granted	an automa	atic 3-month extension on a previou	sly filed Fo	rm 8868.				
Electronic	c filing (e-file) You can electronically file Form 8868 if y	you need a	a 3-month automatic extension of ti	me to file (6 months for a	a corporation			
required to	o file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically	file Form 8	868 to reques	at an extension			
	file any of the forms listed in Part I or Part II with the ex-		-		•				
	Benefit Contracts, which must be sent to the IRS in pap								
	irs gov/efile and click on e-file for Chanties & Nonprofits		·			_			
Part I	Automatic 3-Month Extension of Time		submit original (no copies ne	eded).					
	tion required to file Form 990-T and requesting an autor								
Part I only				•		▶ 🗀			
	orporations (including 1120-C filers), partnerships, REM me tax returns.	IICs, and t	rusts must use Form 7004 to reque	st an exter	sion of time				
Туре ог	Name of exempt organization or other filer, see instru	ctions.		Employe	r identification	number (EIN) or			
print	RAINTREE VILLAGE CHILDREN'S								
•	FOUNDATION, INC.		58-2645993						
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, s 3757 JOHNSTON ROAD	ee instruc	tions.	Social se	r (SSN)				
return See Instructions	City, town or post office, state, and ZIP code. For a fo	oreign add	ress, see instructions.						
	VALDOSTA, GA 31601								
Enter the I	Return code for the return that this application is for (file	e a separa	te application for each return)	•		0 1			
Application	on	Return	Application			Return			
ls For		Code	Is For						
	or Form 990-EZ	01	Form 990-T (corporation)	07					
Form 990-BL			Form 1041-A			08			
) (individual)	03	Form 4720	09					
Form 990-		04	Form 5227 .			10			
Form 990-T (sec. 401(a) or 408(a) trust)			Form 6069			11			
	T (trust other than above)	06	Form 8870			12			
	G.R. HOLTON	<u> </u>							
• The bo	oks are in the care of > 3757 JOHNSTON I	ROAD V	VALDOSTA, GA - 31	601					
Telepho	one No. ▶ 229-559-5944		FAX No. ► 229-559-77	60					
	rganization does not have an office or place of business	s in the Un	ited States, check this box			▶ 🗆			
	s for a Group Return, enter the organization's four digit (oup, check this			
oox ▶ [If it is for part of the group, check this box. ▶								
	uest an automatic 3-month (6 months for a corporation								
	·		tion return for the organization nam		The extension	1			
	r the organization's return for:								
	X calendar year 2012 or								
▶Ĉ	tax year beginning	. an	d ending		_				
					*				
2 If the	e tax year entered in line 1 is for less than 12 months, ci	heck reas	on: Initial return	Final retur	n				
					,				
3a If thi	s application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069, e	nter the tentative tax, less any						
nonrefundable credits. See instructions.					\$	0.			
	s application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and						
	nated tax payments made. Include any prior year overp		3ь	\$	0.				
	nce due. Subtract line 3b from line 3a. Include your pa								
		-		3c	\$	0.			
by u	sing EFTPS (Electronic Federal Tax Payment System). S			3c	\$				