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### Form **990**

Check if applicable

SCANNED AUG 07

For the 2013 calendar year, or tax year beginning

May the IRS discuss this return with the preparer shown above? (see instructions)

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

C Name of organization

#### Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

and ending

2013

Department of the Treasury
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

Open to Public Inspection

D Employer identification number

RAINTREE VILLAGE CHILDREN'S Address FOUNDATION, INC. Name change 58-2645993 Doing Business As Initial retum Number and street (or P 0 box if mail is not delivered to street address) Room/suite E Telephone number 229-559-5944 Termin-3757 JOHNSTON ROAD 652,233. Amende G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Applica-VALDOSTA, GA 31601 H(a) Is this a group return pendina Yes X No F Name and address of principal officer  $G \cdot R$  . HOLTON for subordinates? 3757 JOHNSTON ROAD, VALDOSTA, GA 31601 H(b) Are all subordinates included? Yes Tax-exempt status: X = 501(c)(3) = 501(c)()◀ (insert no ) 4947(a)(1) or If "No," attach a list. (see instructions) Website: ► WWW.RAINTREEVILLAGE.ORG H(c) Group exemption number ▶ K Form of organization X Corporation L Year of formation 2001 M State of legal domicile GA Trust Association Part I Summary Briefly describe the organization's mission or most significant activities: TO PROMOTE AND RAISE FUNDING FOR Activities & Governance RAINTREE VILLAGE CHILDREN'S HOME, INC. AS WELL AS ALL ACTIVITIES AND Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets 5 Number of voting members of the governing body (Part VI, line 1a)  $\overline{0}$ 4 Number of independent voting members of the governing body (Part VI, line 1b) 8 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) ō 6 Total number of volunteers (estimate if necessary) 0. 7a 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 398,281. 460,149. Contributions and grants (Part VIII, line 1h) Revenue 0. Ο. Program service revenue (Part VIII, line 2g) 1,717.3,908. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 177,474. 577,472. 187,672. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 651,729. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 407,271. 425,156. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Ō. Benefits Rand 6 or normambers (Part IX, column (A), line 4) 0. 123,527. 133,266. 15 Salafies, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Protessional fundralsing fees (Par X, column (A), line 11e) b Total fundraising expenses (PartiX) column (D), line 25) 101,412 132,969. 17 Other expenses (Part IX, column HA), lines 11a-11d, 11f-24e) 632,210. 691,391. Total experses Adolines 13-17 (must equal Part IX, column (A), line 25) <54,738.> <39,662.> Revenue less expenses Subtract line 18 from line 12 **Beginning of Current Year End of Year** 971,067. 998,183. 20 Total assets (Part X, line 16) 135,618. 183,130. 21 Total liabilities (Part X, line 26) ESE ESE 835,449 815,053. Net assets or fund balances Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjuny, indeclare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer Sign G.R. HOLTON, PRESIDENT & CEO Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature RICHARD A. STALVEY ma P00419698 Paid Firm's name ▶ FOWLER, HOLLEY, RAMBO & STATVE Prenarer Firm's EIN 58-1224069 Firm's address 3208 WILDWOOD PLANTATION DRIVE Use Only Phone no (229) 244-1559VALDOSTA, GA 31605

X Yes No

Form 990 (2013)

Page	•

Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	للل
1	Briefly describe the organization's mission	) NT
	AID RAINTREE VILLAGE, INC. IN PROVIDING SHELTER, SUPPORT & SUPERVISION OF HOMELESS CHILDREN THROUGH PROVIDING FUNDING TO THE ORGANIZATION.	<u></u>
	OF HOMELESS CHILDREN THROUGH PROVIDING FUNDING TO THE ORGANIZATION:	
2	Did the organization undertake any significant program services during the year which were not listed on	
-	the prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	i I
	revenue, if any, for each program service reported.	
4a	(Code) (Expenses \$ 425,156. including grants of \$ 425,156.) (Revenue \$ 128,95)	<u>.0 .</u> )
	PROVIDED FUNDING TO RAINTREE VILLAGE, INC. FOR THE PHYSICAL AND	
	EMOTIONAL NEEDS OF CHILDREN IN THE CARE OF RAINTREE VILLAGE, INC.	
4b	(Code) (Expenses \$ 5 , 324 • including grants of \$) (Revenue \$	
	CHAPLAIN'S SALARIES & BENEFITS FOR SERVICES PROVIDED TO CHILDREN OF	
	RAINTREE VILLAGE, INC.	
4c	(Code) (Expenses \$	)
4d	Other program services (Describe in Schedule O )	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses ► 430,480.	
000	Form <b>990</b>	(2013)
332002 10-29-	2	•

Part IV Checklist of Required Schedules

FOUNDATION, INC.

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Х	
_	If "Yes," complete Schedule A	2	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?			
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	3		Х
	public office? If "Yes," complete Schedule C, Part I  Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	ا ا		
4	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
_	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	<u>`</u>		
5	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			-
Ü	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			ļ
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D,			
	Part VI	11a	Х	
Ь	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	١		.
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total		Х	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
a	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	110		X
	Part X, line 16? If "Yes," complete Schedule D, Part IX  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
e f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's separate or consolidated inhalicial statements for the tax year incided a recentled that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI 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		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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	ĺ		
	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 other assistance to or for any			
	foreign organization? 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 other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	Х	
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	Α	
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		Х
202	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<del></del> -
	The state of the s		990	(2013)

FOUNDATION, INC. Form 990 (2013) FOUNDATION, INC.

Part IV Checklist of Required Schedules (continued)

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,		Officering of Trequired Contractory	_	Yes	No
Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2° 1" "Yes", "complete Schedule I, Parts I and III 22 X X 23 Dut the organization charactery "Yes" to Part VI; Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 24 Dut 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 Schedule K If "No", go to line 25a Dut the organization meet any proceeds of tax-exempt bonds beyond a temporary peniod exception? 2 But the organization meet any proceeds of tax-exempt bonds outstanding at any time during the year to defease any tax-exempt bonds? 2 Dut the organization meet any increase any tax-exempt bonds? 3 Dut the organization meet any increase 3 Dut t	21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			,
column (A), line 2° II "Yes," complete Schedule I, Parts I and III 2  Did the organization answer "Yes" to part VI, Section A, line 3 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I and to 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 240 through 24d and complete Schedule If "Yes," that was issued after December 31, 2002? If "Yes," answer lines 240 through 24d and complete Schedule If "Yes," that was issued after December 31, 2002? If "Yes," answer lines 240 through 24d and complete Schedule II "Yes," the 25d bid the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization are as an "on behalf of" issuer for bonds outstanding at any time during the year?  Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage 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-E27 If "Yes," complete Schedule II, Part II  Did 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-E27 If "Yes," complete Schedule II, Part IV  Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from payables to any current or former officer, director, trustee, or director, trustee, or disposite schedule II, Part IV  Did the organization provide a grant of other assistance to an officer, dire		government on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21	X	
Did the organization answer "Yes" to Part VII, Section A, Inie 3.4, or 5 about compensation of the organization's current and former officers, directors, flustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, If "Not 7 go to Inie 25a	22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,	1		
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J Quality 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 lanes 24b through 24d and complete Schedule If "No", or to time 25a be the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year of defease any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Did the organization have that it angaged 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-E27 If "Yes," complete Schedule L, Part II  Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employees thereof, agrant selection committee member, or to a 35% controlled entity or family member of a unrent of former officer, director, trustee, or key employees (if "Yes," complete Schedule L, Part IV and Institutions or aphicable lining thresholds, conditions, and exceptions)  A current		column (A), line 2 <sup>9</sup> If "Yes," complete Schedule I, Parts I and III	22	L	X
Schedule J 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 Schedule K If "No", go to line 25a  24b	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
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 Schedule K. If "No", go to line 25a  5 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  5 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  5 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  6 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  7 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  8 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person of during the year?  8 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage 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-E27 if "Yes," complete Schedule L, Part II  8 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustee, sey employees, or disqualified person? If 9, complete Schedule L, Part III  7 Did the organization provide a grant or other assistance to an officer, director, trustee, key employees, 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  8 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)  9 Did the organization receive more than \$25,000 in non-cash contributions? If		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
last day of the year, that was issued after December 31, 2002? If "Yes," answer times 24b through 24d and complete Schedule K If "No", go to fine 25a  b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  c Did the organization maintain an escrow account other than a refunding escrow at any time during the year?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d Did the organization and son to been reported on any soft the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of these schedule L, Part IV  Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, current or former officer, director, trustee, or deceived, respectively or supply on the organization or supply on the organization or provide 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 IV  a No but the organization receive more than \$25.000 in non-cash controllutions? If "Yes," complete Schedule L, Part I		Schedule J	23		X
Schedule K II **No**, go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary penod exception? c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary penod exception? c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary penod exception? d Did the organization and as an 'on behalf of' issuer for bonds outstanding at any time during the year? d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?  24d J Section 501(p)(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 I Is Is the organization has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I I Is Is the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, director, trustees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part I I Is It Is I	24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
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any tax-exempt bonds?  Of the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?  25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage 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 Dr the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II  25b Dr 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 IIV  27c A section of these persons? If "Yes," complete Schedule L, Part IIV  28c Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV  29c A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  29c A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  29c A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  29c A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  29c A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  29d Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV  29d Did the organization organization endity distributions? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Ine I  30d The organization organization endits of the	b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?  25a 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    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 II    25b	С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
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 I 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-E2? If "Yes," complete Schedule L, Part I I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II I I Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereol, 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 IV I I I I I I I I I I I I I I I I I I		any tax-exempt bonds?	24c		<u> </u>
disqualified person during the year? If "Yes," complete Schedule L, Part I 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-E2? If "Yes," complete Schedule L, Part I   25b	đ	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		<u> </u>
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part II  25b X  26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II  27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereol, 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  28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions)  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule II, Part IV  29 Did the organization increave more than \$25,000 in non-cash contributions? If "Yes," complete Schedule II, Part IV  30 Did the organization increave more than \$25,000 in non-cash contributions? If "Yes," complete Schedule II, Part II  31	25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			ļ
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sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I  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  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35a 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 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 Jud 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 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 X			32		<u>X</u>
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  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35a X  35b 3  35b 3  35b 3  35b 3  35b 3  37b 35b 3  38b 35b 3  38b 35b 3  39b 35b 35b 35b 35b 35b 35b 35b 35b 35b 35	33				
Part V, line 1  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  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  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  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 X		·	33		_X_
Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  356  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  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  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  X	34	•			
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 X  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  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 X		·		<u> X</u>	- <u></u>
within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2  36 X  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  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 X			35a		X
Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2  36  X  37  Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  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  X	b	·			
If "Yes," complete Schedule R, Part V, line 2  36 X  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  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 X	••		35b		
Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  37 X  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O  38 X	36				17
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  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 X	27		36		<u> </u>
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 X	3/	· · · · · · · · · · · · · · · · · · ·	_	}	v
Note. All Form 990 filers are required to complete Schedule O	20	·	37		Λ_
	30			v	
		Note: Air Lotting and Ledulled to complete achievale o			2012

Form 990 (2013)

FOUNDATION, INC.
Statements Regarding Other IRS Filings and Tax Compliance

1.01	Gheck if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  1b  0			
~	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			ĺ
·	(gambling) winnings to prize winners?	1c		l
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 returns?	2b	Х	1
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	-		
За	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," to line 3b, provide an explanation in Schedule O	3ь		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
-	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
ь	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.			ŀ
5a		5a		x
		5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		L
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			l
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			<del></del>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	<b>3</b>	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	<del></del> -	
9	Sponsoring organizations maintaining donor advised funds.		1	
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
a b	Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
-	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	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.		1	
	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			<del></del>
ь	Enter the amount of reserves the organization is required to maintain by the states in which the		ļ	
	organization is licensed to issue qualified health plans	Ì		
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

FOUNDATION, INC.

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

	Check if Schedule O contains a response or note to any line in this Part VI			X			
Sec	tion A. Governing Body and Management			, <u>.</u>			
			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 5						
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0						
þ	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						
	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			İ			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		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						
	more members of the governing body?	7a		X			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or						
	persons other than the governing body?	7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following						
а	The governing body?	8a	Х				
	Each committee with authority to act on behalf of the governing body?	8b	Х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			١,,			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X			
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)						
40-	Delther and the last of the la		Yes	No X			
	Did the organization have local chapters, branches, or affiliates?	10a		Λ_			
Đ	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	40.					
110	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х				
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	^				
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990						
b	Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a	X				
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12b					
·	In Schedule O how this was done	12c	х				
13	Did the organization have a written whistleblower policy?	13	X				
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	-17					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official	15a	х				
b	Other officers or key employees of the organization	15b	X				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a						
	taxable entity during the year?	16a		Х			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			•			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's						
	exempt status with respect to such arrangements?	16b	Ì				
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ▶GA						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailabi	е				
	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, and	finan	cıal				
	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.	ion 🕨	-				
	G.R. HOLTON - 229-559-5944						
	3757 JOHNSTON ROAD VALDOSTA, GA 31601						
~~~~~	10.00.10	-	$\alpha \alpha \alpha \gamma$				

Form 990 (2013)

FOUNDATION, INC.

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 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 organiza  (A)  Name and Title	(B) Average hours per	(do box	not c		C) Ition more	than	one h an	compensation from the	(E) Reportable compensation	(F) Estimated amount of other
	week (list any hours for related organizations below line)	stee or director	Institutional frustee	Officer		Highest compensated employee			from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) J. WILLIAM SCHROER	0.00								•	^
DIRECTOR	0.00	Х	_	ļ	<u> </u>	ļ		0.	0.	0
(2) BILL HARVEY	0.00	J	ŀ					0.	0.	0
DIRECTOR	0.00	X		<u> </u>		<del> </del>		U •	V •	0
(3) KEVIN BOYD	0.00	X	ŀ					0.	0.	0
DIRECTOR (4) DON COVAN	0.00	^				<del> </del>		•	<u> </u>	
DIRECTOR		X	l					0.	0.	0
(5) G.R. HOLTON, JR.	20.00		<del> </del>							
CHAIRMAN		1		X				23,339.	0.	13,487
		_	_							
	<u></u>	1	l	ı	}	1	l			

	RAINTREE FOUNDATION FOUNDATION RAINTREE			CHI	[LI	DRI	EN '	S		58-26	5459	93	Ps	ige <b>8</b>
				2005	20	a Hi	iaha	et C	Compensated Employe		7433		1.0	ige <b>c</b>
ı- di	rt VII   Section A. Officers, Directors, Trus (A)	(B) Average	рюу		((	d Hi C) ition		st C	(D)	(E)		· (		.—
	Name and title	hours per week (list any hours for related organizations below line)	box	not c , unle	heck ss pe	more erson lirecto	Highest compensated than some safety of the semployee	h an tee)	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensatio from related organizations (W-2/1099-MIS	s (SC)	amo ot compe	ther ensatensaten the nizate	of tion e on ed
											-			
											+			
	1													
					-						_			_
											_			
							,		22.220			12	A (	77
С	Sub-total  Total from continuation sheets to Part VI  Total (add lines 1b and 1c)	I, Section A						<b>&gt;</b>	23,339. 0. 23,339.		0.	13		0.
2		ot limited to th	ose	liste	d al	bove	e) wh	o re	· · · · · · · · · · · · · · · · · · ·	,000 of reportable			/ 10	0
3	Did the organization list any former officer,	director, or tru	ıste	e, ke	y er	nplo	yee,	or I	highest compensated e	mployee on		Y	es	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su		le co	ompe	ensa	ation	n and	l oth	her compensation from	the organization		3		Х
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a									dual for services		4		X
Sec	rendered to the organization? If "Yes," cometion B. Independent Contractors	plete Schedule	<u>J f</u>	or su	ıch	pers	son			<del></del>		5		<u>X</u>
1	Complete this table for your five highest co										pensati	on fro	m	
	(A) Name and business	address	NC	ONE	<u> </u>				(B) Description of s	ervices	Con	(C)	ation	
-														
								_						
							<del>.</del>	_						

Form **990** (2013)

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Pa	rt VII	<del></del>		ar note to easy lin	o in this Part VIII			
	<	Check if Schedule O cont	ains a response o	or note to any iii	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	f 9	Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo	its, and ive 1f	30,000.  36,376.  393,773.  30,000.	460,149.			
Program Service Revenue	2 a b c d e f	All other program service reve		Business Code				
	g	Total. Add lines 2a-2f		<b>&gt;</b>				
	3	Investment income (including other similar amounts) Income from investment of ta	·	<b>•</b>	3,908.			3,908.
	5	Royalties	(ı) Real	(II) Personal			-,,	
	6 a b c	Less rental expenses	128,910. 0. 128,910.		100 010	100 010		
		Gross amount from sales of assets other than inventory Less cost or other basis	(i) Securities	(II) Other	128,910.	128,910.		
o o	d	and sales expenses  Gain or (loss)  Net gain or (loss)  Gross income from fundraisin	g events (not	<b>&gt;</b>				
Other Revenue	b	contributions reported on line Part IV, line 18 Less direct expenses	376 of 1c). See	34,304. 504.				***************************************
		Net income or (loss) from fund Gross income from gaming ad Part IV, line 19	-	<u> </u>	33,800.		······	33,800.
	С	Less direct expenses  Net income or (loss) from gan  Gross sales of inventory, less	-	<b>&gt;</b>			- <del></del>	
	b	and allowances Less cost of goods sold Net income or (loss) from sale	a b	<b>•</b>				
Ì		Miscellaneous Revenu	ıe	Business Code				
	11 a	RTV SERVICES IN		900099	12,000.		<del></del>	12,000.
	b	MANAGEMENT FEES	<u> </u>	900099	4,994.			4,994.
	ر د	VEHICLE LEASE All other revenue		900099	3,900. 4,068.			3,900. 4,068.
	م	Total. Add lines 11a-11d	ı	<u> </u>	24,962.			4,000.
	12	Total revenue See instructions		•	651,729.	128,910.	0.	62,670.
33200 10-29-	9		- T V.		·	· · · · · · · · · · · · · · · · · · ·		Form <b>990</b> (2013)

FOUNDATION, INC.

# Form 990 (2013) FOUNDATION, I Part IX Statement of Functional Expenses

Sec	tion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon		<del></del>	mplete column (A)	·
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and	425 156	425 156		
	organizations in the United States See Part IV, line 21	425,156.	425,156.		
2	Grants and other assistance to individuals in				
_	the United States See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	26 926		26 026	
_	trustees, and key employees	36,826.		36,826.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	72,692.	4,920.	52,855.	14 017
	Other salaries and wages	12,092.	4,920.	32,833.	14,917
8	Pension plan accruals and contributions (include				
9	section 401(k) and 403(b) employer contributions) Other employee benefits	16,163.		16,163.	<del></del>
10	Payroll taxes	7,585.	404.	6,338.	843
11	Fees for services (non-employees).	7,303.		0,330.	043
''			1		
b	· · · · · · · · · · · · · · · · ·	<del></del>			
c	, · · .	8,422.		7,122.	1,300
	Lobbying	0/1220		1,122.	1,300
e			7		<del></del>
f	Investment management fees				<del></del>
g		<del></del>			
Ŭ	column (A) amount, list line 11g expenses on Sch O )				
12	Advertising and promotion				7.5
13	Office expenses	17,592.		728.	16,864.
14	Information technology				10,001
15	Royalties				
16	Occupancy	18,065.		7,664.	10,401.
17	Travel	3,806.		106.	3,700.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	2,714.		2,714.	
21	Payments to affiliates				· · · ·
22	Depreciation, depletion, and amortization	43,747.		43,747.	
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 O)				
а	REPAIRS & MAINTENANCE	23,465.		23,465.	
b	SERVICES PROVIDED TO RT	12,000.		12,000.	
С	MISCELLANEOUS	3,158.		2,289.	869.
d				_,,	
е	All other expenses				
25_	Total functional expenses Add lines 1 through 24e	691,391.	430,480.	212,017.	48,894.
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here If following SOP 98-2 (ASC 958-720)				

FOUNDATION, INC.

Pa	rt X	Balance Sheet			<del></del>
		Check if Schedule O contains a response or note to any line in this Part X			
	•		(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	30,072.	1	35,762.
	2	Savings and temporary cash investments	98,865.	2	93,924.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	8,500.	4	8,500.
	5	Loans and other receivables from current and former officers, directors,			
	1	trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L	1,218.	5	0.
	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			
y)		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net	84,500.	7	66,500.
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other			
		basis. Complete Part VI of Schedule D 10a 1,767,898.			
	ь	1 000 076	675,456.	10c	667,922.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11	72,456.	13	95,574.
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	0.	15	30,001.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	971,067.	16	998,183.
	17	Accounts payable and accrued expenses	8,355.	17	19,978.
	18	Grants payable		18	
	19	Deferred revenue	1,333.	19	1,000.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to current and former officers, directors, trustees,	· ·	Ì	
≝		key employees, highest compensated employees, and disqualified persons.			
Liabilities	1	Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	43,048.
	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	125,930.	25	119,104.
	26	Total liabilities. Add lines 17 through 25	135,618.	26	183,130.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
es		complete lines 27 through 29, and lines 33 and 34.	005 440		
auc	27	Unrestricted net assets	835,449.	27	815,053.
Bal	28	Temporarily restricted net assets		28	
5	29	Permanently restricted net assets		29	
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here			
S Of	1.	and complete lines 30 through 34.	-		
set	30	Capital stock or trust principal, or current funds		30	"
As	31	Paid in or capital surplus, or land, building, or equipment fund		31	<u> </u>
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	025 440	32	015 050
_	33	Total net assets or fund balances	835,449.	33	815,053.
	34	Total liabilities and net assets/fund balances	971,067.	34	998, 183.

Form **990** (2013)

	RAINTREE VILLAGE CHILDREN'S				
Form	990 (2013) FOUNDATION, INC.	58	<u> -2645993</u>	Pag	ge <b>12</b>
	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
					4 ^
1	Total revenue (must equal Part VIII, column (A), line 12)	1			$\frac{29}{21}$ .
2	Total expenses (must equal Part IX, column (A), line 25)	2			91.
3	Revenue less expenses. Subtract line 2 from line 1	3			62.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			49.
5	Net unrealized gains (losses) on investments	5	$\frac{1}{1}$	9,2	66.
6	Donated services and use of facilities	6	ļ <u>.</u>		
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	81	<u>5,0</u>	53.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
			<b></b>	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			ĺ	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		ĺ	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	ļ	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a		ĺ	
	separate basis, consolidated basis, or both:			į	
	Separate basis Consolidated basis Both consolidated and separate basis		l		
b	Were the organization's financial statements audited by an independent accountant?		_2b_	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	te bası	s,		
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audi	t,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule	0.	į.	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle A	udit		

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

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

Form 990 (2013)

X

Act and OMB Circular A-133?

#### **SCHEDULE A**

Department of the Treasury

(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.

2013

Open to Public Inspection

OMB No 1545-0047

Name of the organization

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

RAINTREE VILLAGE CHILDREN'S

FOUNDATION, INC.

Employer identification number 58-2645993

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	in col (i) li	organization sted in your document?	organizat	u notify the ion in col r support?	(vi) Is organizatio (i) organiz U S	the on in col ed in the ?	(vii) Amount of monetary support
		(see instructions))	Yes	No	Yes	No	Yes	No	
RAINTREE		509(A)(2)							
VILLAGE, INC	58-1083667	TYPE 3	X		X		X		425,156.
			<del></del>	<u> </u>	ļ	ļ		<del> </del>	
							1		
						<del> </del>	-	<b></b>	
			1						
						1-		<u> </u>	
Total 1									425,156.

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

Schedule A (Form 990 or 990-EZ) 2013

L.T	(Complete only if you checked fails to qualify under the tests				on failed to qualify	under	Part III. If the	e organization	
Se	ction A. Public Support								
	indar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(	e) 2013	(f) Total	
	Gifts, grants, contributions, and					<u> </u>			
-	membership fees received (Do not	1							
	include any "unusual grants ")	1							
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to	I							
	or expended on its behalf	1							
3	The value of services or facilities								
	furnished by a governmental unit to	1							
	the organization without charge	1			-				
4	Total. Add lines 1 through 3								
	The portion of total contributions					1			
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the				į				
	amount shown on line 11,	ĺ							
	column (f)					<u> </u>			
6	Public support. Subtract line 5 from line 4								
Se	ction B. Total Support								
Cale	endar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(	e) 2013	(f) Total	
7	Amounts from line 4					<u> </u>			
8	Gross income from interest,					1			
	dividends, payments received on								
	securities loans, rents, royalties								
	and income from similar sources								
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on					ļ			
10	Other income Do not include gain					-			
	or loss from the sale of capital								
	assets (Explain in Part IV)					ļ			
11	Total support. Add lines 7 through 10	Ĺ				ļ			
12	Gross receipts from related activities,	etc. (see instruct	ions)			12			
13	First five years. If the Form 990 is for	the organization'	's first, second, thi	rd, fourth, or fifth t	tax year as a section	on 501	(c)(3)	. 1	_
	organization, check this box and stor						<del></del> -	<u> </u>	
	ction C. Computation of Publ					1 1			
	Public support percentage for 2013 (			column (f))		14			%
	Public support percentage from 2012					15			%
16a	33 1/3% support test - 2013. If the c			·	14 is 33 1/3% or	more, o	check this bo	x and	_
	stop here. The organization qualifies							►l	
Ł	33 1/3% support test - 2012. If the c	_			d line 15 is 33 1/39	% or m	ore, check th	ns box	
	and stop here. The organization qual							►l	
17a	10% -facts-and-circumstances tes		-						
	and if the organization meets the "fac			-	•	art IV h	ow the organ	ization _ [	<del></del>
	meets the "facts-and-circumstances"	=	•		-			<b>▶</b> {	
t	10% -facts-and-circumstances tes		=						
	more, and if the organization meets the							; ⊾ [	<del></del>
	organization meets the "facts-and-circ	cumstances" test	The organization	qualifies as a publ	licly supported org	anızatı	on	▶ [	

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2013

# Schedule A (Form 990 or 990-EZ) 2013 Part III Support Schedule for Organizations Described in Section 509(a)(2)

• •	•	• • •	
(Complete only if you c	hecked the box on line 9 of	of Part I or if the organization failed to qualify under Par	t II If the organization fails to
qualify under the tests	listed below, please compl	olete Part II )	
A. Public Support			

Section A. Public Support						· · · · · · · · · · · · · · · · · · ·
Calendar year (or fiscal year beginning in) 🕨 📗	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
·					<del></del>	
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b	_ <del></del>			L		
8 Public support (Subtract line 7c from line 6)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨 📗	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975		:				
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)		<u> </u>				
14 First five years. If the Form 990 is for the	he organization's	s first, second, thir	d, fourth, or fifth to	ax year as a secti	on 501(c)(3) organiz	ation,
check this box and stop here						▶□
Section C. Computation of Public	Support Pe	rcentage				
15 Public support percentage for 2013 (lin	e 8, column (f) d	ivided by line 13, o	column (f))		15	%
16 Public support percentage from 2012 S	chedule A, Part	III, line 15			16	%
Section D. Computation of Invest	ment Incom	e Percentage				
17 Investment income percentage for 201:	3 (line 10c, colur	nn (f) divided by lir	ne 13, column (f))	,	17	%
18 Investment income percentage from 20					18	%
19a 33 1/3% support tests - 2013. If the o			on line 14, and line	15 is more than		
more than 33 1/3%, check this box and						
b 33 1/3% support tests - 2012. If the o		-	•	•		ınd
line 18 is not more than 33 1/3%, check						▶□
20 Private foundation. If the organization						▶ □

# RAINTREE VILLAGE CHILDREN'S Schedule A (Form 990 or 990 EZ) 2013 FOUNDATION, INC. 58-2645993 Page 4 Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

#### **SCHEDULE D**

(Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

OMB No 1545-0047

Name of the organization

RAINTREE VILLAGE CHILDREN'S FOUNDATION, INC.

Employer identification number 58-2645993

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s 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 advis	sed funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		used only
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?	· · · · · · · · · · · · · · · · · · ·	Yes No
Par		ganization answered "Yes" to Form 990, I	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	ion (check all that apply)	
	Preservation of land for public use (e.g., recreation or e	[······]	storically important land area
	Protection of natural habitat		tified historic structure
	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
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic struct	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by th	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation ear	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements if		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	g the year ▶ \$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati	ion easements in its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	the organization's accounting for
	conservation easements		
Pa	t III Organizations Maintaining Collections o		other Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public ext	hibition, education, or research in furthera	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
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 pu	iblic service, 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		<b>▶</b> \$
2	If the organization received or held works of art, historical tre		al gain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		<b>\$</b>
Ь	Assets included in Form 990, Part X		<b>▶</b> \$

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Schedule D (Form 990) 2013

58-2645993 F	Page 2	•
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<u> 20116</u>	ddie D (Form 990) 2013 1 0 0 1 2 1 1	1011/1110.						0 20	<del></del>	1 49	<u> </u>
	t III Organizations Maintaining C	ollections of Ar	t, His	torical Tr	easures,	or Othe	er Simila	r Asse	<b>ts</b> (conti	nued)	
3	Using the organization's acquisition, accessi										
	(check all that apply)	•		•	J		•		`		
а	Public exhibition	d		Loan or exc	hange progr	ams				•	
ь	Scholarly research	e		Other	3-13-						
c	Preservation for future generations	·									
4	Provide a description of the organization's co	ollections and explain	how ti	nev further t	he organizati	ion's exe	mnt nurnos	e in Par	t XIII		
5	During the year, did the organization solicit o							C III I CI	. /		
J	to be sold to raise funds rather than to be ma					ici diriild	433613		Yes		No
Pa	t IV Escrow and Custodial Arran					"Yes" to	Form 990	Part IV			
1 64	reported an amount on Form 990, Pa		ie ii iiie	organizano	answered	103 (0	1 01111 330,	ant IV, I	inte s, Oi		
12	Is the organization an agent, trustee, custod		any for	contribution	s or other as	seets not	included				
14	on Form 990, Part X?	an or other intermedi	aly loi	CONTINUO	is or other as	3513 1101	IIICIUUEU		Yes		No
<b>.</b>	If "Yes," explain the arrangement in Part XIII	and complete the fell	lowing:	table:					1 162	L	NO
U	ir res, explain the arrangement in Fait Alli	and complete the foil	owing	lable.					Amoun		
_	Parinaina balansa						4.		Alliouit		
د	Beginning balance						1c				
d	Additions during the year						1d				
e	Distributions during the year						1e				
f	Ending balance						1f		٦.,		
2a	Did the organization include an amount on Fe							<u> </u>	. Yes	H	No
	If "Yes," explain the arrangement in Part XIII.										
Par	TV Endowment Funds. Complete										
		(a) Current year	(b) F	rior year	(c) Two yea	rs back	(d) Three year	ars back	<b>(e)</b> Four	years ba	ick
1a	Beginning of year balance				<b></b>						
b	Contributions				-						
С	Net investment earnings, gains, and losses						·				
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curi	ent year end balance	(line 1	g, column (a	a)) held as						
а	Board designated or quasi-endowment		%								
b	Permanent endowment ►	%	_								
c	Temporarily restricted endowment ▶	—— %									
	The percentages in lines 2a, 2b, and 2c should	ıld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiza	tion tha	at are held a	nd administe	ered for ti	ne organiza	tion			
	by.	J					J			Yes N	Vo.
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
ь	If "Yes" to 3a(ii), are the related organizations	s listed as required or	Sched	dule R?					3b		
4	Describe in Part XIII the intended uses of the	·							0.0		—
	t VI Land, Buildings, and Equipm		, , , , , , ,	101100.		-					—
	Complete if the organization answered		Part IV	line 11a. S	ee Form 990	. Part X	ine 10				
	Description of property	(a) Cost or ot			or other		cumulated	1	(d) Bool	, value	—
	bescription of property	basis (investm			(other)		preciation	- 1	(u) bool	value	
12	Land	2250 (11100111	/		7,221.				10′	7,22	<del></del>
	Buildings	<del></del>			3,796.	1 (	04,44	<u>a                                     </u>		34	
	5			1,4/	3,130.	1,	,04,44	<del>-  -</del>	403	,,34	<u>' •</u>
	Leasehold improvements			3	3,944.		22 50	<u> </u>		י זר	
	Equipment						22,59			L, 35	
	Other Colons to	15 222 2 1	, .		2,937.		72,93				$\frac{0}{2}$
ıotal	. Add lines 1a through 1e (Column (d) must e	qual ⊦orm 990, Part >	, colur	nn (B), line 1	U(c) )				00	7,92	<u>د .</u>

Schedule D (Form 990) 2013

	141111111	
m 990) 2013	FOUNDATION	, INC

Part VII Investments - Other Securities.	INC.			
Complete if the organization answered "Yes" to  (a) Description of security or category (including name of security)	o Form 990, Part IV, line (b) Book value	(c) Method of valua	X, line 12 tion Cost or end	of-year market value
1) Financial derivatives				
2) Closely-held equity interests	· ·			
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)			·	
(H)	<u></u>	, , , , , , , , , , , , , , , , , , ,		
otal (Col (b) must equal Form 990, Part X, col (B) line 12)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" to		11c. See Form 990, Part	X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valua	tion: Cost or end	-of-year market value
(1) JERKINS INVESTMENT	******			
(2) ACCOUNT	95,574.	END-OF-YEA	R MARKET	VALUE
(3)	· · · · · · · · · · · · · · · · · · ·			
(4)				
(5)				
(6)	<del></del>			
(7)				
(8)	<del></del>			
(9)	05 574			
otal (Col (b) must equal Form 990, Part X, col (B) line 13 )	95,574.	<u> </u>		
Part IX Other Assets.	- F 000 P-+ 0/ b	44 d O Farrer 000 David	V 1 15	
Complete if the organization answered "Yes" to	escription	11d. See Form 990, Part	A, line 15.	(b) Book value
	rescription			(b) Book value
(1)				
(2)				····
(3)	····			
(4)				
(5)		/		
(6)				
(1)				
(9)				<del></del>
Total. (Column (b) must equal Form 990, Part X, col (B) line	15.)		<b>&gt;</b>	
Part X Other Liabilities.	70.7	· · · · · · · · · · · · · · · · · · ·	<u></u>	
Complete if the organization answered "Yes" t	o Form 990, Part IV, line	11e or 11f See Form 99	D. Part X. line 25	
. (a) Description of liability		(b) Book value	<u>~:</u>	
(1) Federal income taxes				
(2) TAXES PAYABLE		769.		
(3) ACCRUED SALARIES		3,181.		
(4) DONOR UNITRUST LIABILITY		115,154.		
(5)				
(6)				
(7)				
(8)				

▶

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

119,104.

<sup>2.</sup> Liability for uncertain tax positions. 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 X Schedule D (Form 990) 2013

EXPLANATION: INCOME TAXES HAVE NOT BEEN PROVIDED AS THE ORGANIZATION IS A NON-PROFIT CORPORATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE

FOR THE YEAR ENDED DECEMBER 31, 2013, 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, 2013 OR THE STATEMENT OF ACTIVITIES FOR THE YEAR THEN ENDED. FURTHER, ALL YEARS SUBSEQUENT TO DECEMBER 31, 2010 REMAIN SUBJECT TO EXAMINATION.

332054 09-25-13

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

Name of the organization

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.

2013

Open To Public Inspection

Department of the Treasury Internal Revenue Service

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form 990.

RAINTREE VILLAGE CHILDREN'S Employee

Employer identification number

58-2645993 FOUNDATION, INC. Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Solicitation of non-government grants Mail solicitations Solicitation of government grants ь Internet and email solicitations Phone solicitations Special fundraising events C In-person solicitations d 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or ☐ No Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b if "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did (v) Amount paid (vi) Amount paid (iv) Gross receipts (i) Name and address of individual to (or retained by) to (or retained by) have custody or control of contributions? (ii) Activity fundraiser or entity (fundraiser) from activity organization listed in col (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

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

Schedule G (Form 990 or 990-EZ) 2013

#### RAINTREE VILLAGE CHILDREN'S

Schedule G (Form 990 or 990-EZ) 2013 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

58-2645993 Page 2

		of fundraising event contributions and gr	<del>, _ · ,</del>			pts greater than \$5,000.
			(a) Event #1 THRIFT SHOP SALES	(b) Event #2 BENEFIT DINNER	(c) Other events NONE	(d) Total events, (add col (a) through col. (c))
<b>a</b>			(event type)	(event type)	(total number)	- COI. (C))
Revenue	1	Gross receipts	34,304	36,376.		70,680.
	2	Less: Contributions		36,376.		36,376.
	3	Gross income (line 1 minus line 2)	34,304			34,304.
	4	Cash prizes				
••	5	Noncash prizes			··	
Direct Expenses	6	Rent/facility costs				
Jirect	7	Food and beverages				
	8	Entertainment Other direct expenses	504			504.
	10				>	504.
	11	Net income summary. Subtract line 10 from li	ne 3, column (d)		<b>&gt;</b>	33,800.
Pa	irt		answered "Yes" to Forn	n 990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a	T	T	<del></del>	T : : : : : : : : : : : : : : : : :
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col (c))
<u>~</u>	1	Gross revenue			· · · · · · · · · · · · · · · · · · ·	
ses	2	Cash prizes				
Exper	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes% No	Yes % No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		•	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
	_					
а	ls t	ter the state(s) in which the organization operathe organization licensed to operate gaming action." explain	tivities in each of these	states?		Yes No
		ere any of the organization's gaming licenses re Yes," explain			ear?	Yes No
		0-12-13			0-b-141-0/5-	rm 990 or 990-F7) 2013

#### RAINTREE VILLAGE CHILDREN'S

Sch	edule G (Form 990 or 990-EZ) 2013 FOUNDATION, INC. 5	8-26	545	993	Page 3
11	Does the organization operate gaming activities with nonmembers?		· Ш	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed				
	to administer charitable gaming?	1	LJ;	Yes	∟ No
13	Indicate the percentage of gaming activity operated in.				
а	The organization's facility	ļ	13a		%
	An outside facility		13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	<b>š</b> :			
	Name				<del></del>
	Address >				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?			Yes	☐ No
ь	olf "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$	nt			
_					
C	e if "Yes," enter name and address of the third party:				
	Name >				
	Address				
16	Gaming manager information:				
	Name ▶				
	Gaming manager compensation ▶ \$				
	Description of services provided				
		-		-	
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?			Yes	L No
t	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 ▶ \$				
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (III) and (v), and Pa		ies 9,	96, 10	)b, 15b,
	15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instruction	ns).			
			•		
_	* ************************************				

Employer identification number ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations, Governments, and Individuals in the United States ► Attach to Form 990. RAINTREE VILLAGE CHILDREN'S FOUNDATION, INC Name of the organization Department of the Treasury Internal Revenue Service SCHEDULEI (Form 990) Parti

OMB No 1545-0047

2 | 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 General Information on Grants and Assistance criteria used to award the grants or assistance?

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

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

Part II

recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	\$5,000 Part II can	be duplicated if addition	onal space is need	ped			
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, 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)	425, 156.	0	۸/N. 0	N/A	PROVIDED FUNDING FOR CHILDREN IN THE CARE OF RAINTREE VILLAGE, INC.
2 Enter total number of section 501(c)(3) and government organizations	and government or		isted in the line 1 table				<b>A</b>

Enter total number of other organizations listed in the line 1 table	ction Act Notice, see the Instructions for Form 990.
Enter total number of other org	For Paperwork Reduction Ac
က	LHA

Schedule I (Form 990) (2013)

31

RAINTREE VILLAGE CHILDREN'S

FOUNDATION, INC.

Schedule | (Form 990) (2013)

Part III Grants and Other

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Provide the information required in		2, Part III, column	Part I, line 2, Part III, column (b), and any other additional information	dditional information	
PART I, LINE 2:					
EXPLANATION: ALL FUNDS ARE DISBURSED	ED TO RA	INTREE VII	LAGE, INC.	TO RAINTREE VILLAGE, INC. TO SUPPORT	
THE CHILDREN IN ITS CARE. MANAGEMENT	ENT REVIE	WS THE AC	REVIEWS THE ACCOUNTING RECORDS	ECORDS OF	
RAINTREE VILLAGE, INC. ON A REGULAR BASIS.	R BASIS.				

#### 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. ▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open To Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

RAINTREE VILLAGE CHILDREN'S

Employer identification number

		OITADNUO'						128.	<u> – 2 6</u>	459	93		
Part I	Excess Bene	efit Transacti	ons (section 50	01(c)(3	) and s	section 501(c)(4) orga	anızatıons only).						
	Complete if the	organization ansv	wered "Yes" on	Form 9	90, Pa	art IV, line 25a or 25b	o, or Form 990-EZ, P	art V, li	ine 40	)b			
1 , , , ,		(b) F	Relationship bety			ified	) Description of tran				(d)	Corre	cted?
(a) Nam	ne of disqualified p	person	person and or	ganiza	ation	(0	Description of train	Saction			Y	es	No
											$\bot$		
-													
	<u></u>										_		
			<u> </u>										
2 Enter t	he amount of tax	incurred by the c	organization man	agers	or disc	qualified persons dur	ing the year under						
section	1 4958							j	▶ \$				
3 Enter t	he amount of tax,	ıf any, on line 2,	above, reimburs	ed by	the or	ganization		1	▶ \$				
							<del></del>						
Part II	Loans to and												
						, Part V, line 38a or F	orm 990, Part IV, lin	e 26, d	or If th	ne orga	anızatı	on	
	reported an amo	unt on Form 990						·		1/h\ \0	proved		
	Name of	(b) Relationship	(c) Purpose		an to or	(e) Original	(f) Balance due	(g) defa		by bo	ard or proved	(1) **	ritten ment?
intere	sted person	with organization	of loan		zation?	principal amount		<u> </u>		1	nttee?		
				То	From	1 010		Yes	No	Yes	No	Yes	No
G.R. H	OLTON	OFFICER	HOUSING	ļ	X	1,218.	0.		X	<u> X</u>	ļ		X
				ļ <u>.</u>	<u> </u>					<del> </del>			
				<u> </u>						<del> </del>			<del></del>
				<u> </u>						┼──	ļ	ļ	
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				-	<del> </del>					+	-		
	•	<u> </u>	l	L			.,	1		+			<u> </u>
Total	Grants or As	sistemas Pa	nofiting Into	rooto	d Do	<b>▶</b> \$		<u> </u>				<u> </u>	
Part III			_										
	Complete if the					-	(A) T				\ D		
(a) Na	ame of interested	person	(b) Relationship interested pers			(c) Amount of assistance	(d) Type assistan			•	) Purp assist		f
			the organization		u	aosiotanos	000,0(4)	•			400.01	21.700	
							<del></del>		-+				
	-								$\dashv$				
								<del></del>					
			<del></del>										-

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

Schedule L (Form 990 or 990-EZ) 2013

SEE PART V FOR CONTINUATIONS

Schedule L (Form 990 or 990-EZ) 2013 FOUNDATION, INC.

(a) Name of interested person	vered "Yes" on Form 990, Part IV, line 28a, 28 (b) Relationship between interested	(c) Amount of	(d) Description of	(e) Sha organia	zatığn's
	person and the organization	transaction	transaction	Yes	nues?
				-	
				<del> </del> -	<del></del>
				<u> </u>	
D-AV 0					
Part V Supplemental Information Provide additional information for	n responses to questions on Schedule L (see i	nstructions)			
SCHEDULE L, PART II, LO	ANS TO AND FROM INTERES	STED PERSO	NS:	<del></del> -	
(A) NAME OF PERSON: G.R	. HOLTON				
(B) RELATIONSHIP WITH O	RGANIZATION: OFFICER OF	F ORGANIZA	TION		
(C) PURPOSE OF LOAN: HO	USING OVERAGE TO BE API	PLIED TO 2	013		
(D) LOAN TO OR FROM ORG	ANIZATION? = FROM				
(E) ORIGINAL PRINCIPAL	AMOUNT \$ 1,218. (F) B	ALANCE DUE	\$ 0.		
(G) LOAN IN DEFAULT? =	NO				
(H) APPROVED BY BOARD O	R COMMITTEE? = YES				-
(I) WRITTEN AGREEMENT?					
(1) William Hondalland				•	
			·		
		<del></del>	· · · · · · · · · · · · · · · · · · ·		
					<del></del>
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#### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Inspection

Name of the organization

RAINTREE VILLAGE CHILDREN'S FOUNDATION, INC.

Employer identification number 58-2645993

Par	rt I Types of Property			· · · · · · · · · · · · · · · · · · ·					
		(a) Check if applicable	(b) Number of contributions or Items contributed	(c) Noncash contri amounts report Form 990, Part VI	ted on	(d) Method of de noncash contribu	etermin		:s
1	Art · Works of art			1 21111 2 2 3 1 2 2 2 2 2	.,				
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods		<del></del>		,				
6	Cars and other vehicles								
7	Boats and planes					_			
8	Intellectual property					·· ·· ·· · · · · · · · · · · · · ·			
9	Securities - Publicly traded								
10	Securities · Closely held stock								
11	Securities - Partnership, LLC, or					,			
••	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -		***************************************						
	Historic structures			1					
14	Qualified conservation contribution - Other								
15	Real estate · Residential								
16	Real estate - Commercial								
17	Real estate - Other	X	1	30.	000.	TAX ASSESSE	D V	ALU	$\overline{\mathrm{E}}$
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens	<del></del>							
24	Archeological artifacts	-							
25	Other ()								
26	Other ()								
27	Other (								
28	Other (			· · · · · · · · · · · · · · · · · · ·					
29	Number of Forms 8283 received by the organ	ızatıon durin	o the tax year for c	contributions		···			
	for which the organization completed Form 82			ţ,	29				
	to mion the organization completed from or	200, 1 0.1111,	Donos / totalouis	gomont		· · · · · · · · · · · · · · · · · · ·		Yes	No
30a	During the year, did the organization receive t	ov contribution	on any property rea	ported in Part I. line	s 1 - 28. t	hat it must hold for		1 1 1	
	at least three years from the date of the initial	•							
	the entire holding period?	00111110011011	, and minor is not		2 101 0/1011	ip: paipooos ioi	30a	•	Х
h	If "Yes," describe the arrangement in Part II.						000		
31	Does the organization have a gift acceptance	nolicy that r	equires the review	of any non-standar	rd contribi	itions?	31		Х
32a						3110113	- <del></del>		
<b></b> 0	contributions?	or related U	rgameations to son	on, process, or sen	Horicasii		32a		х
ь	If "Yes," describe in Part II						- J2a		<u> </u>
33	If the organization did not report an amount in	column (c)	for a type of prope	rty for which colum	ın (a) ie ch	ecked			
	describe in Part II.	. 50,611111 (0)	ici a type of prope	it, for thinen colum	(u) 13 UII	concu,			
I HA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	0.	<del></del>	Schedule M	/Form	990)	(2013)

#### RAINTREE VILLAGE CHILDREN'S

Schedule M	(Form 990) (2013)	FOUNDATION,	INC.	58-2645993	Page 2
Part II	Supplemental is reporting in Part	Information, Provide	le the information required by Part I, lines 30b, 32b, a er of contributions, the number of items received, or a	nd 33, and whether the organiza a combination of both Also com	ation iplete
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332142 09-03-10	3			Schedule M (Form 9	990) (2013)

#### **SCHEDULE 0** (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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. 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:
EXPLANATION: THE 990 IS REVIEWED BY MANAGEMENT AND COPIES ARE PROVIDED TO
THE GOVERNING BOARD.
FORM 990, PART VI, SECTION B, LINE 12C:
EXPLANATION: PERSONNEL AND POLICY COMMITTEE MONITORS COMPLIANCE WITH THE
CONFLICT OF INTEREST POLICY.
FORM 990, PART VI, SECTION B, LINE 15:
EXPLANATION: APPROVED BY BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION C, LINE 18:
EXPLANATION: ALL INFORMATIONAL DOCUMENTS ARE AVAILABLE UPON REQUEST BY AN
INDIVIDUAL.
FORM 990, PART VI, SECTION C, LINE 19:
EXPLANATION: ALL INFORMATIONAL DOCUMENTS ARE AVAILABLE UPON REQUEST BY AN
INDIVIDUAL.
FORM 990, PART XII, LINE 2C:
EXPLANATION: ORGANIZATION HAS NOT CHANGED ITS OVERSIGHT OR SELECTION
PROCESS SINCE PRIOR YEAR.

# SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

►Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ See separate instructions. ▶ Attach to Form 990.

2013

Open to Public Inspection

Employer identification number 58-2645993 ▶Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33 RAINTREE VILLAGE CHILDREN'S INC FOUNDATION, Name of the organization Parti

Direct controlling entity Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt property of the fax was End-of-year assets e Total income চ Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Part II

organizations during the tax year.							
(a)	(q)	(0)	(g)	(e)	<b>(5)</b>	(6)	;
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)(13)	<u>6</u>
of related organization		foreign country)	section	status (if section	entity	entity?	
			;	501(c)(3))		Yes	٥
RAINTREE VILLAGE, INC 58-1083667	TO PROVIDE SHELTER,						
3757 JOHNSTON ROAD	SUPPORT, AND SUPERVISION						
VALDOSTA, GA 31601	TO HOMELESS CHILDREN	GEORGIA	501(C)(3)	509(A)(2)		×	
							[
						_	

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

332161 09-12-13 LHA

Schedule R (Form 990) 2013

RAINTREE VILLAGE CHILDREN'S

Schedule R (Form 990) 2013 FOUNDATION, INC.

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on 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

Schedule R (Form 990) 2013 General or Percentage managing ownership Section 512(b)(13) controlled entity? Yes Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. 3 ۵, Percentage ownership Yes No Ξ Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Share of end-of-year assets 6 Disproportionate Yes No allocations? Share of total income  $\boldsymbol{\varepsilon}$ Share of end-of-year assets Type of entity (C corp, S corp, or trust) e Share of total Income Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) ছ **e** Legal domicile (state or foreign country) 39 ত (d) (d) Direct controlling entity Primary activity (c)
Legal
domicile
(state or
foreign
country) Primary activity 9 Name, address, and EIN of related organization Name, address, and EIN of related organization æ 332162 09-12-13 Part IV

# RAINTREE VILLAGE CHILDREN'S

FOUNDATION, INC Schedule R (Form 990) 2013 Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Page 3

58-2645993

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Yes

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<del>1</del>6

Part V

	Parts II-IV?
Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule	ne tax year, did the organization engage in any of the following transactions with one or more related organizations listed in P.
Note. Comple	1 During th

1 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?	and the set of the second the second term of the second terms of the second terms of the second terms.
_	

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) RAINTREE VILLAGE, INC.	В	425,156.ACT	425,156.ACTUAL AMOUNT OF SUPPORT FOR YEAR
(2) RAINTREE VILLAGE, INC.	p	90,000.YEA	90,000. YEARLY AMOUNT PER AGREEMENT
(3) RAINTREE VILLAGE, INC.	Ţ	12,000.YEA	12,000. YEARLY AMOUNT PER AGREEMENT
(4) RAINTREE VILLAGE, INC.	М	12,000.YEA	12,000. YEARLY AMOUNT PER AGREEMENT
(5)			
(9)			

Schedule R (Form 990) 2013

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58-2645993

Page 4

Schedule R (Form 990) 2013 FOUNDATION, INC.

RAINTREE VILLAGE CHILDREN'S

Part Vi Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on 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.

mar was not a related organization. See histocholis regarding excusion for certain investment parties in par	structions regarding excit	Sion for certain inv	estrient partriersnips.		!				:	
(c)	<u>a</u>		<u>0</u>	<b>€</b>	E	(B)	Ξ	€	<b>S</b>	S
Name, address, and EIN of entity	Primary activity	흹	redominant income par (related, unrelated, 50 excluded from tax	9 partners sec 501(c)(3) orgs 7	Share of total	Share of end-of-year	Dispropor- tionate allocations?	Dispropor Code V-UBI General or Percentage bonate amount in box 20 managing ownership allocations of Schedule K-1 partner?	General or managing partner?	Percentage ownership
		country)	under section 512-514) Ye	Yes No	Income	assets	Yes No	(Form 1065)	Yes No	
					•					
				-						
					•					
					-				_	
		_								
				+			-		-	
					-					
							_		_	
				+					-	
					-					
				-			7			

41

# RAINTREE VILLAGE CHILDREN'S 58-2645993 Page 5 FOUNDATION, INC. Schedule R (Form 990) 2013 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions)

## 4562

# **Depreciation and Amortization** (Including Information on Listed Property)

990

OMB No 1545-0172

Attachment Sequence No 179

Department of the Treasury Internal Revenue Service (99)

► Attach to your tax return. ► See separate instructions.

Business or activity to which this form relates Identifying number

Name(s) shown on return RAINTREE VILLAGE CHILDREN'S

FOUNDATION, INC			RM 990 P			58-2645993
Part   Election To Expense (	Certain Property Under Section	179 Note If you have any I	isted property, o	complete Part	V before yo	ou complete Part I
1 Maximum amount (see ins	tructions)				1	500,000.
2 Total cost of section 179 p	roperty placed in service (se	e instructions)			2	
3 Threshold cost of section	179 property before reductio	n in limitation			3	2,000,000.
4 Reduction in limitation Sul	btract line 3 from line 2. If zer	ro or less, enter -0-			4	
5 Dollar limitation for tax year Subtra	ct line 4 from line 1. If zero or less, ente	er -0- If marned filing separately, s	ee instructions		5	······································
6 (a)	Description of property	(b) Cost (bus	iness use only)	(c) Elected	l cost	
7 Listed property. Enter the	amount from line 29		7			
8 Total elected cost of section	on 179 property. Add amoun	ts in column (c), lines 6 an	d 7		8	
9 Tentative deduction Enter	the smaller of line 5 or line f	3			9	
O Carryover of disallowed de	duction from line 13 of your	2012 Form 4562			10	
11 Business income limitation			ero) or line 5		11	
12 Section 179 expense dedu	ection Add lines 9 and 10, bi	ut do not enter more than	line 11		12	
13 Carryover of disallowed de			▶ 13			
Note: Do not use Part II or Par	t III below for listed property.	Instead, use Part V			·	
Part II Special Deprecia	ation Allowance and Other	Depreciation (Do not incl	ude listed prope	erty)		
14 Special depreciation allows	ance for qualified property (o	ther than listed property) j	olaced in service	e during		
the tax year	, , , , ,				14	
15 Property subject to section	1 168(f)(1) election				15	
16 Other depreciation (includi					16	43,665.
Part III MACRS Depreci	ation (Do not include listed p	property ) (See instructions	s.)			
		Section A				
17 MACRS deductions for as:	sets placed in service in tax	years beginning before 20	13		17	82.
18 If you are electing to group any asse	· ·	• •		▶ [		
	n B - Assets Placed in Servi			eral Deprecia	tion Syste	m
(a) Classification of prope	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	· · · · · · · · · · · · · · · · · · ·
			27 5 yrs	ММ	S/L	
h Residential rental prop	erty /	<del></del>	27 5 yrs	MM	S/L	
	<del></del>		39 yrs	MM	S/L	<del></del>
<ul> <li>Nonresidential real pro</li> </ul>	perty /	<u> </u>	1 33 713	MM	S/L	
Section	C - Assets Placed in Servic	e During 2013 Tax Year I	Jsing the Alter	<del></del>	<del></del>	tem
20a Class life					S/L	
b 12-year			12 yrs	+	S/L	<del></del>
c 40-year		··	40 yrs.	ММ	S/L	
Part IV Summary (See in	structions )	<u> </u>	1 40 yis.	IAIIAI		<del></del>
21 Listed property Enter amo				<del></del>	24	<del></del>
22 Total. Add amounts from I		ince 10 and 20 in actions	a) and hat Of		21	
	ropriate lines of your return 1			_	00	43,747.
23 For assets shown above a			ations · see inst	!	22	13,141.
	nd placed in service during the table to section 263A costs	ne current year, enter the	02			
110051	k Reduction Act Notice as		23	··		Form 4562 (2012)

Form 4562 (2013)

FOUNDATION, INC.

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or Part V amusement.)

throu	: For any vehicle for v gh (c) of Section A, a	ll of Section B, an	d Section C if ap	oplicable			· · · · · · · · · · · · · · · · · · ·				
S	ection A - Depreciat	ion and Other In	formation (Caut	tion: See th	e instruc	tions for li	nits for pa	ssenge	er automobiles		
24a Do you have ev	ridence to support the b	usiness/investment	use claimed?	Yes	No	24b If "Ye	es," is the	evider	ce written?	Yes L	No_
(a) Type of prope (list vehicles fi		(c) Business/ investment use percentage	(d) Cost or other basis	Basis for d (business/i use	nvestment	(f) Recovery period	(g) Metho Conver	od/	(h) Depreciation deduction	secti	(i) ected on 179 ost
25 Special depre	ciation allowance for	qualified listed pro	operty placed in	service dui	ing the ta	ax year an	d				
used more tha	ın 50% ın a qualified	business use						25		<u> </u>	
26 Property used	more than 50% in a	qualified business	s use:								
		%									
		%									
		%									
27 Property used	50% or less in a qua	lified business us	e:						_		
		%					S/L·				
		%					S/L·				
		%					S/L·			]	
28 Add amounts	ın column (h), lines 2	5 through 27. Ente	er here and on li	ne 21, page	: 1			28			
	ın column (ı), lıne 26.								29		
			tion B - Inform	ation on U	se of Veh	nicles					

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

		(a	-	(t	-	(6	•	(0	-	(6	-	(1	•
30	Total business/investment miles driven during the	Veh	icie										
	year (do not include commuting miles)											ļ	
31	Total commuting miles driven during the year			ļ									
32	Total other personal (noncommuting) miles			1									
	driven												
33	Total miles driven during the year.												
	Add lines 30 through 32												
34	Was the vehicle available for personal use	Yes	No										
	during off-duty hours?												
35	Was the vehicle used primarily by a more												
	than 5% owner or related person?												
36	Is another vehicle available for personal												
	use?		_										

#### Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5%

ow	ners or related persons							
37	Do you maintain a written policy statement that	at prohibits all	personal use of vehicles	s, including commutii	ng, by your	Yes	No	
	employees?						ļ	
38	Do you maintain a written policy statement that	at prohibits pe	rsonal use of vehicles, e	except commuting, by	y your			
	employees? See the instructions for vehicles is	ised by corpo	rate officers, directors, o	or 1% or more owner	s			
39	Do you treat all use of vehicles by employees	as personal us	se <sup>9</sup>					
40	Do you provide more than five vehicles to your employees, obtain information from your employees about							
	the use of the vehicles, and retain the informa	tion received?					1	
41	Do you meet the requirements concerning qua	alified automol	bile demonstration use?					
	Note: If your answer to 37, 38, 39, 40, or 41 is	"Yes," do not	complete Section B for	the covered vehicles				
P	art VI Amortization							
	(a)	(b)	(c)	(d)	(e)	(f)		

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins duri	ng your 2013 tax year		· <b>-</b> · · · · · · · · · · · · · · · · · · ·		
43 Amortization of costs that began befo	re vour 2013 tax vear	· · · · · · · · · · · · · · · · · · ·		43	
44 Total. Add amounts in column (f) See	•	ere to report		44	

Form 4562 (2013)

# Form **8868** (Rev. January 2014)

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.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868

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		<b>&gt;</b>	X	
If you a	re filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II (on page 2 of	this form)	•		
Do not co	omplete Part II unless you have already been granted a	an automa	atic 3-month extension on a previous	sly filed Fo	orm 8868.		
Electroni	c filing (e-file). You can electronically file Form 8868 if y	you need a	a 3-month automatic extension of tir	ne to file (	6 months for a corp	oration	
equired to	o file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically f	ile Form 8	868 to request an e	xtension	
of time to	file any of the forms listed in Part I or Part II with the exi	ception of	Form 8870, Information Return for	Transfers	Associated With Ce	rtaın	
Personal I	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details	on the ele	ctronic filing of this f	om,	
risit www.	irs.gov/efile and click on e-file for Charities & Nonprofits	·					
Part I	Automatic 3-Month Extension of Time	Only s	submit original (no copies ne	eded).	<del></del>		
l corpora	tion required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and	complete			
Part I only	,				<b>.</b> ▶		
Ni other c	orporations (including 1120-C filers), partnerships, REM	IICs, and t	rusts must use Form 7004 to reques	t an exter	nsion of time		
o file inco	me tax returns.			Enter file	er's identifying nun	nber	
Type or	Name of exempt organization or other filer, see instru	ctions.		Employe	r identification numb	per (EIN) or	
rint RAINTREE VILLAGE CHILDREN'S							
	FOUNDATION, INC. 58-264599						
ile by the lue date for	le by the						
iling your	3757 JOHNSTON ROAD					•	
etum See nstructions	City, town or post office, state, and ZIP code. For a fo	oreign add	ress, see instructions.				
	VALDOSTA, GA 31601						
						<del></del>	
Enter the I	Return code for the return that this application is for (file	a separa	te application for each return)			0 1	
	· · · · · · · · · · · · · · · · · · ·		,	•			
Application	on	Return	Application			Return	
s For		Code	Is For			Code	
	or Form 990-EZ	01	Form 990-T (corporation)			07	
orm 990-		02	Form 1041-A			08	
orm 4720	) (individual)	03	Form 4720 (other than individual)			09	
orm 990-		04	Form 5227			10	
	T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
	T (trust other than above)	06	Form 8870			12	
	G.R. HOLTON						
The bo	oks are in the care of > 3757 JOHNSTON F	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				
	for a Group Return, enter the organization's four digit (			f this is fo	r the whole group, c	heck this	
ox ► [	. If it is for part of the group, check this box		ch a list with the names and EINs of		= :		
	uest an automatic 3-month (6 months for a corporation						
		-	tion return for the organization name		The extension		
	r the organization's return for:						
	X calendar year 2013 or						
▶[	tax year beginning	, an	d ending				
					-		
2 If the	e tax year entered in line 1 is for less than 12 months, cl	heck reaso	on: Initial return III	Final retur	n		
	Change in accounting period						
3a If thi	s application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069	enter the tentative tax, less any				
	efundable credits. See instructions.	,		3a	\$	0.	
	s application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and		<del></del>	<del></del>	
	nated tax payments made. Include any prior year overp	•		3ь	\$	0.	
	nce due. Subtract line 3b from line 3a. Include your par			-  <del></del>			
	sing EFTPS (Electronic Federal Tax Payment System). S			3c	\$	0.	
	you are going to make an electronic funds withdrawal						
		,	,			, _,,,,	