

**Return of Organization Exempt From Income Tax**

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

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

**A** For the 2011 calendar year, or tax year beginning **JUL 1, 2011** and ending **JUN 30, 2012**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>CHILDREN'S VILLAGE INC.</b> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1 ECHO HILLS</b> City or town, state or country, and ZIP + 4 <b>DOBBS FERRY, NY 10522</b> <b>F</b> Name and address of principal officer: <b>JEREMY KOHOMBAN</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>13-1739945</b> <b>E</b> Telephone number <b>914-693-0600</b> <b>G</b> Gross receipts \$ <b>61,800,346.</b> <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.CHILDRENSVILLAGE.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
<b>L</b> Year of formation: <b>1851</b> <b>M</b> State of legal domicile: <b>NY</b>		

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <b>AT OUR RESIDENTIAL CAMPUS IN DOBBS FERRY, NY, WE PROVIDE EDUCATION, CLINICAL SERVICES, AND</b> 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> <b>27</b> 4 Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> <b>27</b> 5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) ..... <b>5</b> <b>1044</b> 6 Total number of volunteers (estimate if necessary) ..... <b>6</b> <b>500</b> 7 a Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> <b>0.</b> b Net unrelated business taxable income from Form 990-T, line 34 ..... <b>7b</b> <b>0.</b>		
<b>Revenue</b>	8 Contributions and grants (Part VIII, line 1h) ..... <b>48,423,913.</b> <b>52,366,171.</b> 9 Program service revenue (Part VIII, line 2g) ..... <b>9,193,592.</b> <b>9,364,022.</b> 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) ..... <b>36,862.</b> <b>64.</b> 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... <b>1,626,404.</b> <b>70,089.</b> 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... <b>59,280,771.</b> <b>61,800,346.</b>		
<b>Expenses</b>	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) ..... <b>2,722,956.</b> <b>2,777,841.</b> 14 Benefits paid to or for members (Part IX, column (A), line 4) ..... <b>0.</b> <b>0.</b> 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... <b>38,199,369.</b> <b>37,327,364.</b> 16a Professional fundraising fees (Part IX, column (A), line 11e) ..... <b>0.</b> <b>0.</b> b Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>309,860.</b> 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ..... <b>18,946,944.</b> <b>18,712,508.</b> 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ..... <b>59,869,269.</b> <b>58,817,713.</b> 19 Revenue less expenses. Subtract line 18 from line 12 ..... <b>-588,498.</b> <b>2,982,633.</b>		
<b>Net Assets or Fund Balances</b>	20 Total assets (Part X, line 16) ..... <b>43,274,617.</b> <b>45,997,346.</b> 21 Total liabilities (Part X, line 26) ..... <b>19,402,889.</b> <b>19,853,735.</b> 22 Net assets or fund balances. Subtract line 21 from line 20 ..... <b>23,871,728.</b> <b>26,143,611.</b>	<b>Prior Year</b> <b>Current Year</b> <b>Beginning of Current Year</b> <b>End of Year</b>	

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer  <b>RICHARD GOERG, VP OF ADMINISTRATION &amp; FINANCE</b> Type or print name and title	Date <b>5/15/13</b>	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>GARRETT HIGGINS</b> Preparer's signature <b>GARRETT HIGGINS</b> Date <b>05/14/13</b> Check <input type="checkbox"/> self-employed PTIN <b>P00543209</b> Firm's name ▶ <b>O'CONNOR DAVIES, LLP</b> Firm's address ▶ <b>500 MAMARONECK AVENUE</b> <b>HARRISON, NY 10528-1633</b> Firm's EIN ▶ <b>27-1728945</b> Phone no. <b>914-381-8900</b>		

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission:

THE MISSION OF THE CHILDREN'S VILLAGE IS TO WORK IN PARTNERSHIP WITH FAMILIES TO HELP SOCIETY'S MOST VULNERABLE CHILDREN SO THAT THEY BECOME EDUCATIONALLY PROFICIENT, ECONOMICALLY PRODUCTIVE, AND SOCIALLY RESPONSIBLE MEMBERS OF THEIR COMMUNITIES. THE CHILDREN'S VILLAGE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

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 and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 27,163,778. including grants of \$ 29,144. ) (Revenue \$ 118,000. )

AT THE CHILDREN'S VILLAGE (CV) RESIDENTIAL CAMPUS IN DOBBS FERRY, NY, WE PROVIDE SHORT-TERM RESIDENTIAL CARE FOR APPROXIMATELY 900 AT-RISK CHILDREN AND YOUTH EACH YEAR. MANY OF THESE YOUTH HAVE BEEN ABUSED OR NEGLECTED AND COME TO US FROM THE FOSTER CARE SYSTEM. OTHERS HAVE COMMITTED NONVIOLENT CRIMES AND OUR PROGRAM OFFERS A SUPPORTIVE, THERAPEUTIC ALTERNATIVE TO JUVENILE DETENTION. OUR RESIDENTIAL PROGRAM PROVIDES THE BROADEST CONTINUUM OF SPECIALIZED CARE AVAILABLE IN THE STATE, INCLUDING K-12 EDUCATION; AFTER SCHOOL SUPPORT AND TUTORING; A FULL RECREATION PROGRAM THAT INCLUDES ADVENTURE ACTIVITIES, TEAM SPORTS, SWIMMING, AND ART; COUNSELING AND STABILIZATION; FAMILY SUPPORT; AND AFTER CARE. IN 2012, 91% OF CV YOUTH IN OUR RESIDENTIAL SCHOOL GRADUATED, COMPARED TO A GRADUATION RATE OF LESS THAN 55% FOR

4b (Code: ) (Expenses \$ 6,251,461. including grants of \$ ) (Revenue \$ 6,251,534. )

AS PART OF OUR SAFE AND THERAPEUTIC LIVING ENVIRONMENT, CV PROVIDES MEDICAL SERVICES FOR HUNDREDS OF CHILDREN ANNUALLY, WITH OVERWHELMINGLY POSITIVE OUTCOMES. WE HAVE A FULL-TIME STAFF OF PSYCHIATRISTS, PSYCHOLOGISTS, AND MEDICAL PROFESSIONALS HOUSED IN OUR MEDICAL CENTER ON OUR DOBBS FERRY CAMPUS. WITHIN CV'S CAMPUS ENVIRONMENT, WE OPERATE A SPECIAL PROGRAM SPECIFICALLY FOR BOYS WITH SERIOUS EMOTIONAL PROBLEMS, WITH A STRUCTURED AND ENRICHED DAILY SCHEDULE AND A HIGH LEVEL OF PROFESSIONAL AND CLINICAL SUPPORT.

4c (Code: ) (Expenses \$ 20,420,996. including grants of \$ 2,748,697. ) (Revenue \$ 2,994,488. )

EACH YEAR OUR COMMUNITY PROGRAMS SERVE APPROXIMATELY 9,000 YOUTH AND FAMILIES FROM THROUGHOUT NEW YORK CITY AND THE SURROUNDING AREA. THESE PROGRAMS INCLUDE FOSTER CARE AND ADOPTIVE HOMES FOR CHILDREN WHO ARE UNABLE TO LIVE WITH THEIR BIOLOGICAL PARENTS, OFTEN BECAUSE OF ABUSE OR NEGLECT; AN INTERGENERATIONAL COMMUNITY CENTER IN HARLEM; AN EDUCATION AND EMPLOYMENT PROGRAM FOR YOUNG ADULTS ON PROBATION IN HARLEM; AND A VARIETY OF INTENSIVE FAMILY SUPPORT AND HEALTH SERVICES. IN WESTCHESTER AND ROCKLAND COUNTIES, WE PROVIDE A SAFETY NET FOR TEENS WHO ARE HOMELESS, STREET INVOLVED, OR OTHERWISE AT RISK. SERVICES INCLUDE RUNAWAY SHELTERS, TRANSITIONAL LIVING FACILITIES, AN EDUCATION AND EMPLOYMENT CENTER, EMERGENCY HOTLINE, AND A STREET OUTREACH VAN TO PROVIDE ASSISTANCE TO STREET INVOLVED YOUTH. CV IS ALSO THE LARGEST

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 53,836,235.

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main form area containing questions 1a through 14b with input fields and Yes/No columns.

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

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

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year ..... 1a 27 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b	Enter the number of voting members included in line 1a, above, who are independent ..... 1b 27		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? ..... 2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? ..... 3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? ..... 4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets? ..... 5		X
6	Did the organization have members or stockholders? ..... 6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 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:		
a	The governing body? ..... 8a	X	
b	Each committee with authority to act on behalf of the governing body? ..... 8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O ..... 9		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a		X
b		
10b		
11a	X	
b		
11a	X	
b	X	
12a	X	
b	X	
12b	X	
c	X	
12c	X	
13	X	
14	X	
15		
a	X	
b	X	
15a	X	
b	X	
15b	X	
16a		X
b		
16a		X
b		
16b		

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed **NY**
- 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) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial 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: **RICK GOERG, VP ADMIN & FINANCE - 914-693-0600**  
**1 ECHO HILLS, DOBBS FERRY, NY 10522**

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JANET BENTON SECRETARY	1.50	X		X				0.	0.	0.
(2) PAUL H. JENKEL CHAIRMAN	1.50	X		X				0.	0.	0.
(3) WILLIAM A. KRUPMAN BOARD MEMBER	1.50	X						0.	0.	0.
(4) MICHAEL SCHAENEN BOARD MEMBER	1.50	X						0.	0.	0.
(5) LOIS S. AMEND BOARD MEMBER	1.50	X						0.	0.	0.
(6) GREGG BIENSTOCK, ESQ BOARD MEMBER	1.50	X						0.	0.	0.
(7) LEONARD B. COMBERIATE BOARD MEMBER	1.50	X						0.	0.	0.
(8) EMMA DEVITO BOARD MEMBER	1.50	X						0.	0.	0.
(9) NORMAN EASY BOARD MEMBER	1.50	X						0.	0.	0.
(10) EDWARD GOODING BOARD MEMBER	1.50	X						0.	0.	0.
(11) WILLIAM D. HIRSHORN VICE CHAIR	1.50	X		X				0.	0.	0.
(12) DAVID D. HOWE, ESQ. BOARD MEMBER	1.50	X						0.	0.	0.
(13) KEVIN J. LIFE BOARD MEMBER	1.50	X						0.	0.	0.
(14) JAMES E. MANN BOARD MEMBER	1.50	X						0.	0.	0.
(15) THOMAS K. MARTIN BOARD MEMBER	1.50	X						0.	0.	0.
(16) ROBERT MATTSON BOARD MEMBER	1.50	X						0.	0.	0.
(17) SUSAN ANSPACH NOBEL BOARD MEMBER	1.50	X						0.	0.	0.

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ANTHONY RIOTTO BOARD MEMBER	1.50	X						0.	0.	0.
(19) ROBERT S. ROBBIN BOARD MEMBER	1.50	X						0.	0.	0.
(20) MARK SCHERZER BOARD MEMBER	1.50	X						0.	0.	0.
(21) DAVID SMITH BOARD MEMBER	1.50	X						0.	0.	0.
(22) JAMES TIMKO BOARD MEMBER	1.50	X						0.	0.	0.
(23) FRANCINE R. VERNON BOARD MEMBER	1.50	X						0.	0.	0.
(24) MICHAEL WOODS BOARD MEMBER	1.50	X						0.	0.	0.
(25) AARON SOKOLIK BOARD MEMBER	1.50	X						0.	0.	0.
(26) ADRIANA SARMIENTO BOARD MEMBER	1.50	X						0.	0.	0.
<b>1b Sub-total</b> .....								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								1,417,900.	0.	102,992.
<b>d Total (add lines 1b and 1c)</b> .....								1,417,900.	0.	102,992.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **8**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .....		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual .....	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person .....		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
SODEXO, INC. & AFFILIATES P.O. BOX 360170, PITTSBURGH, PA 15251-6170	FOOD SERVICE	1,659,334.
AFEC/GUARDIAN FIRE PROTECTION 32 GEORGE BROWN PLAZA, AMITYVILLE, NY 11701	REPAIRS & MAINTENANCE SERVICES	868,900.
BLUE STAR CONTRACTING NY INC. 2720 LACONIA AVE, BRONX, NY 10469	REPAIRS & MAINTENANCE SERVICES	596,411.
CRYSTAL BLUE CLEANING SERVICE INC. 578 NEPPERHAN AVE # A50, YONKERS, NY 10701	CLEANING SERVICES	354,443.
ROSIN STEINHAGAN MENDAL 801 2ND AVENUE, NEW YORK, NY 10017	LEGAL SERVICES	193,367.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **9**

SEE PART VII, SECTION A CONTINUATION SHEETS





**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns .....	1a				
	b	Membership dues .....	1b				
	c	Fundraising events .....	1c				
	d	Related organizations .....	1d	5330727.			
	e	Government grants (contributions) .....	1e	46,829,975.			
	f	All other contributions, gifts, grants, and similar amounts not included above .....	1f	205,469.			
	g	Noncash contributions included in lines 1a-1f: \$ .....					
	h	<b>Total.</b> Add lines 1a-1f .....		52,366,171.			
	Program Service Revenue	2 a	<b>MEDICAID</b>	Business Code 623990	8704626.	8704626.	
b		<b>SUBCONTRACTING INCOME</b>	623990	366,908.	366,908.		
c		<b>DAYCARE</b>	623990	292,488.	292,488.		
d		.....					
e		.....					
f		All other program service revenue .....					
g		<b>Total.</b> Add lines 2a-2f .....		9364022.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) .....		64.		64.	
	4	Income from investment of tax-exempt bond proceeds .....					
	5	Royalties .....					
	6 a	Gross rents .....	(i) Real	(ii) Personal			
		b	Less: rental expenses .....				
		c	Rental income or (loss) .....				
		d	Net rental income or (loss) .....				
	7 a	Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other			
		b	Less: cost or other basis and sales expenses .....				
		c	Gain or (loss) .....				
		d	Net gain or (loss) .....				
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	a				
		b	Less: direct expenses .....	b			
		c	Net income or (loss) from fundraising events .....				
	9 a	Gross income from gaming activities. See Part IV, line 19 .....	a				
b		Less: direct expenses .....	b				
c		Net income or (loss) from gaming activities .....					
10 a	Gross sales of inventory, less returns and allowances .....	a					
	b	Less: cost of goods sold .....	b				
	c	Net income or (loss) from sales of inventory .....					
Miscellaneous Revenue			Business Code				
11 a	<b>REFUNDS &amp; SETTLEMENTS</b>	900099	28,402.		28,402.		
b	<b>INSURANCE REFUNDS</b>	900099	26,679.		26,679.		
c	<b>OTHER REVENUE</b>	900099	15,008.		15,008.		
d	All other revenue .....						
e	<b>Total.</b> Add lines 11a-11d .....		70,089.				
12	<b>Total revenue.</b> See instructions .....		61,800,346.	9364022.	0.	70,153.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	2,777,841.	2,777,841.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	759,838.	691,452.	60,787.	7,599.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	28,716,890.	27,291,517.	1,185,858.	239,515.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	645,544.	614,449.	26,495.	4,600.
9 Other employee benefits	3,187,439.	3,031,637.	132,935.	22,867.
10 Payroll taxes	4,017,653.	3,819,748.	168,977.	28,928.
11 Fees for services (non-employees):				
a Management				
b Legal	323,418.	224,492.	98,926.	
c Accounting	110,000.	76,354.	33,646.	
d Lobbying	1,018.		1,018.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	886,413.	760,856.	125,157.	400.
12 Advertising and promotion	23,286.	10,268.	13,018.	
13 Office expenses	2,805,108.	2,482,179.	319,605.	3,324.
14 Information technology	381,170.	95,722.	285,448.	
15 Royalties				
16 Occupancy	2,962,272.	2,503,702.	458,570.	
17 Travel	1,317,768.	1,141,427.	175,030.	1,311.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	324,126.	126,180.	197,946.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,945,278.	2,770,029.	175,249.	
23 Insurance	930,766.	351,206.	579,560.	
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.)				
a <b>FOOD</b>	1,626,935.	1,626,935.		
b <b>CONTRACT SERVICE PAYMEN</b>	1,493,472.	1,376,278.	117,194.	
c <b>REPAIRS &amp; MAINTENANCE</b>	842,310.	606,290.	236,020.	
d <b>CHILDREN'S ALLOWANCES A</b>	692,988.	681,471.	11,485.	32.
e All other expenses	1,046,180.	776,202.	268,694.	1,284.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	58,817,713.	53,836,235.	4,671,618.	309,860.
26 <b>Joint costs.</b> 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)

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing .....	321,646.	1	12,235.
	2	Savings and temporary cash investments .....	50,878.	2	
	3	Pledges and grants receivable, net .....		3	
	4	Accounts receivable, net .....	6,200,644.	4	9,319,122.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) .....		6	
	7	Notes and loans receivable, net .....		7	100,000.
	8	Inventories for sale or use .....	125,171.	8	103,757.
	9	Prepaid expenses and deferred charges .....	380,822.	9	267,002.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 65,609,659.		
	b	Less: accumulated depreciation .....	10b 31,286,468.		
			34,891,571.	10c	34,323,191.
	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 .....		13	
	14	Intangible assets .....		14	
15	Other assets. See Part IV, line 11 .....	1,303,885.	15	1,872,039.	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	43,274,617.	16	45,997,346.	
Liabilities	17	Accounts payable and accrued expenses .....	5,639,682.	17	5,395,221.
	18	Grants payable .....		18	
	19	Deferred revenue .....	1,387,728.	19	1,689,034.
	20	Tax-exempt bond liabilities .....	12,120,000.	20	11,280,000.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .....		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22	
	23	Secured mortgages and notes payable to unrelated third parties .....		23	778,000.
	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 .....	255,479.	25	711,480.
	26	<b>Total liabilities.</b> Add lines 17 through 25 .....	19,402,889.	26	19,853,735.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets .....	23,311,725.	27	25,993,611.
	28	Temporarily restricted net assets .....	560,003.	28	150,000.
	29	Permanently restricted net assets .....		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds .....		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund .....		31	
	32	Retained earnings, endowment, accumulated income, or other funds .....		32	
33	<b>Total net assets or fund balances</b> .....	23,871,728.	33	26,143,611.	
34	<b>Total liabilities and net assets/fund balances</b> .....	43,274,617.	34	45,997,346.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	61,800,346.
2	Total expenses (must equal Part IX, column (A), line 25)	2	58,817,713.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,982,633.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	23,871,728.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-710,750.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	26,143,611.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
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.	X	

Form 990 (2011)



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	3,532,927.	11,122,936.	11,766,445.	48,423,913.	52,366,171.	127,212,392.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3 .....	3,532,927.	11,122,936.	11,766,445.	48,423,913.	52,366,171.	127,212,392.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
6 Public support. Subtract line 5 from line 4.						127,212,392.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4 .....	3,532,927.	11,122,936.	11,766,445.	48,423,913.	52,366,171.	127,212,392.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	116,697.	63,809.	43,478.	36,862.	64.	260,910.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....				1,626,404.	70,089.	1,696,493.
11 Total support. Add lines 7 through 10						129,169,795.
12 Gross receipts from related activities, etc. (see instructions) .....					12	174,632,679.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here .....	<input type="checkbox"/>					

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) .....	14	98.48 %
15 Public support percentage from 2010 Schedule A, Part II, line 14 .....	15	97.50 %
16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>	

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6</b> Total. Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8</b> Public support (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13</b> Total support (Add lines 9, 10c, 11, and 12.)						
<b>14</b> First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here .....						

**Section C. Computation of Public Support Percentage**

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

**Section D. Computation of Investment Income Percentage**

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

- 19a** 33 1/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization .....
- b** 33 1/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization .....
- 20** Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .....



**SCHEDULE C**  
(Form 990 or 990-EZ)

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2011**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **See separate instructions.**

**Open to Public Inspection**

If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization **CHILDREN'S VILLAGE INC.** Employer identification number **13-1739945**

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours ..... ▶ \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file Form 1120-POL for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2011

LHA

132041  
01-27-12

**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B Check  if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a	Total lobbying expenditures to influence public opinion (grass roots lobbying) .....	1,018.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
c	Total lobbying expenditures (add lines 1a and 1b) .....	1,018.													
d	Other exempt purpose expenditures .....	58640726.													
e	Total exempt purpose expenditures (add lines 1c and 1d) .....	58641744.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f) .....	250,000.													
h	Subtract line 1g from line 1a. If zero or less, enter -0- .....	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0- .....	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period						
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total	
2 a	Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c	Total lobbying expenditures	24,050.	24,000.	33,701.	1,018.	82,769.
d	Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f	Grassroots lobbying expenditures	24,050.	24,000.	33,701.	1,018.	82,769.

Schedule C (Form 990 or 990-EZ) 2011

**Part II-B** Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
<b>c</b> Media advertisements? .....			
<b>d</b> Mailings to members, legislators, or the public? .....			
<b>e</b> Publications, or published or broadcast statements? .....			
<b>f</b> Grants to other organizations for lobbying purposes? .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....			
<b>i</b> Other activities? .....			
<b>j</b> Total. Add lines 1c through 1i .....			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

**Part III-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year? .....	<b>3</b>	

**Part III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

<b>1</b> Dues, assessments and similar amounts from members .....	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	<b>2a</b>	
<b>b</b> Carryover from last year .....	<b>2b</b>	
<b>c</b> Total .....	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	<b>3</b>	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? .....	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions) .....	<b>5</b>	

**Part IV** Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A; and Part II-B, line 1. Also, complete this part for any additional information.

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**SCHEDULE D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

OMB No. 1545-0047

**2011**

Open to Public Inspection

Name of the organization **CHILDREN'S VILLAGE INC.** Employer identification number **13-1739945**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate contributions to (during year) .....		
3 Aggregate grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public 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 .....

▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  \_\_\_\_\_ %
- c Temporarily restricted endowment  \_\_\_\_\_ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	210,000.	362,648.		572,648.
b Buildings		49,656,873.	23,322,099.	26,334,774.
c Leasehold improvements		2,153,866.	391,497.	1,762,369.
d Equipment		7,558,988.	3,656,950.	3,902,038.
e Other		5,667,284.	3,915,922.	1,751,362.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				34,323,191.

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: 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)		
(I)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>INTEREST RATE SWAP LIABILITY</b>	<b>711,480.</b>
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	<b>711,480.</b>

FIN 48 (ASC 740) Footnote. In Part XIV, 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).

132053 01-23-12

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	61,800,346.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	58,817,713.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	2,982,633.
4	Net unrealized gains (losses) on investments	4	730.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	-711,480.
9	Total adjustments (net). Add lines 4 through 8	9	-710,750.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	2,271,883.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	60,830,372.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	730.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	4,669,883.
e	Add lines 2a through 2d	2e	4,670,613.
3	Subtract line 2e from line 1	3	56,159,759.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	5,640,587.
c	Add lines 4a and 4b	4c	5,640,587.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	61,800,346.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	60,408,029.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	7,230,903.
e	Add lines 2a through 2d	2e	7,230,903.
3	Subtract line 2e from line 1	3	53,177,126.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	5,640,587.
c	Add lines 4a and 4b	4c	5,640,587.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	58,817,713.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X, LINE 2: THE ORGANIZATION RECOGNIZES THE EFFECT OF INCOME TAX**

**POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED. MANAGEMENT HAS DETERMINED THAT THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION OR DISCLOSURE. THE ORGANIZATION IS NO LONGER SUBJECT TO EXAMINATION BY THE APPLICABLE TAXING JURISDICTIONS FOR FISCAL PERIODS PRIOR TO JUNE 30, 2009.**

**PART XI, LINE 8 - OTHER ADJUSTMENTS:**

Part XIV Supplemental Information (continued)

CHANGE IN FAIR VALUE OF INTEREST RATE SWAP LIABILITY -711,480.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

REVENUE ATTRIBUTABLE TO RELATED PARTIES 4,669,883.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

ELIMINATIONS ON CONSOLIDATED FINANCIAL STATEMENTS 5,640,587.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

EXPENSES ATTRIBUTABLE TO RELATED PARTY 7,230,903.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

ELIMINATIONS ON CONSOLIDATED FINANCIAL STATEMENTS 5,640,587.





**Part III** 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
FOSTER PARENT & BOARD PAYMENTS	163	2,777,841.	0.		

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: FOSTER PARENTS ARE AN IMPORTANT AND INDISPENSABLE COMPONENT OF THE WORK WE DO.

MOST FOSTER PARENTS ARE GENEROUS AND LOVING INDIVIDUALS WHO OPEN THEIR HEARTS AND HOMES TO HELP US CARE FOR CHILDREN IN NEED OF A FAMILY. FOSTER PARENTS RECEIVE TRAINING AND ON-GOING SUPPORT. FOSTER PARENTS ALSO RECEIVE A STIPEND AND A MONTHLY ALLOWANCE TO HELP PAY FOR CHILD SPECIFIC EXPENSES. THE ORGANIZATION DOES NOT MONITOR THE SPENDING OF THE STIPENDS OR MONTHLY ALLOWANCES.

**Part IV** Supplemental Information

TO BECOME A FOSTER PARENT PLEASE VISIT CHILDRENSVILLAGE.ORG.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2011**

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury  
Internal Revenue Service

Name of the organization

**CHILDREN'S VILLAGE INC.**

Employer identification number

**13-1739945**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? .....

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee          | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2011

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 RICHARD GOERG	(i) 173,603.	0.	0.	4,775.	13,614.	191,992.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
2 JEREMY KOHOMBAN	(i) 325,801.	0.	0.	7,500.	14,364.	347,665.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
3 MONA SWANSON	(i) 192,040.	0.	0.	5,014.	1,657.	198,711.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
4 PAVLOS KYMISSIS	(i) 160,227.	0.	0.	4,869.	9,308.	174,404.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
5 GUTJEET DHALLU	(i) 151,331.	0.	0.	0.	1,548.	152,879.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
6 DOUGLAS WAITE	(i) 178,039.	0.	0.	5,027.	13,652.	196,718.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
7	(i)						
	(ii)						
8	(i)						
	(ii)						
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

**SCHEDULE K**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information on Tax-Exempt Bonds**  
Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
Attach to Form 990. See separate instructions.

OMB No. 1545-0047  
**2011**  
Open to Public Inspection

Name of the organization: **CHILDREN'S VILLAGE INC.**  
Employer identification number: **13-1739945**

**Part I Bond Issues** SEE PART VI FOR COLUMN (F) CONTINUATIONS

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased (h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No
DOBBS FERRY LOCAL A DEVELOPMENT CORPORATION	80-0668125	NONE	12/29/10	12,465,000.	RECONSTRUCTION AND REPAIR TO CHI		X		X
B									
C									
D									

**Part II Proceeds**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired								
2 Amount of bonds legally defeased								
3 Total proceeds of issue		12,465,000.						
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds		237,546.						
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds								
11 Other spent proceeds								
12 Other unspent proceeds								
13 Year of substantial completion								
14 Were the bonds issued as part of a current refunding issue?		X						
15 Were the bonds issued as part of an advance refunding issue?		X						
16 Has the final allocation of proceeds been made?	X							
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X						

13-1739945

CHILDREN'S VILLAGE INC.

Schedule K (Form 990) 2011

**Part III Private Business Use (Continued)**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		X						
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X							

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X						
2 Is the bond issue a variable rate issue?		X						
3a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintergrated?								
e Was the hedge terminated?								
4a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5 Were any gross proceeds invested beyond an available temporary period?		X						
6 Did the bond issue qualify for an exception to rebate?		X						

**Part V Procedures To Undertake Corrective Action**

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations  Yes  No

**Part VI Supplemental Information.** Complete this part to provide additional information for responses to questions on Schedule K.

**SEE PART VI SUPPLEMENTAL EXPLANATION SHEET**

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K.

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME: DOBBS FERRY LOCAL DEVELOPMENT CORPORATION

(F) DESCRIPTION OF PURPOSE:

RECONSTRUCTION AND REPAIR TO CHILDREN'S VILLAGE FACILITIES



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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No. 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

CHILDREN'S VILLAGE INC.

Employer identification number

13-1739945

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

POSITIVE YOUTH DEVELOPMENT PROGRAMS TO APPROXIMATELY 800 HIGH-NEED  
YOUTH ANNUALLY THROUGH A RANGE OF INTENSIVE STABILIZATION AND STEP-DOWN  
PROGRAMS. THE CAMPUS PROVIDES THE BROADEST CONTINUUM OF SPECIALIZED  
RESIDENTIAL CARE AVAILABLE IN NEW YORK STATE, WITH PROGRAMS THAT ARE  
DESIGNED FOR MAXIMUM SAFETY WITH EVIDENCE-BASED AND EVIDENCE-INFORMED  
INTENSIVE, TIME-SENSITIVE INTERVENTIONS. ALL INTERVENTIONS FOCUS ON  
ACHIEVING PLACEMENT STABILITY AND EXPEDIENT PERMANENCY WITH SOUND  
DISCHARGE PLANNING IN THE SHORTEST LENGTH-OF-STAY APPROPRIATE. THESE  
PROGRAMS INCLUDE A RESIDENTIAL TREATMENT CENTER, A RESIDENTIAL  
TREATMENT FACILITY, A SHORT-TERM CRISIS RESIDENCE, SHORT-TERM  
NON-SECURE DETENTION FOR WESTCHESTER COUNTY, AND SHELTER SERVICES FOR  
ALIEN IMMIGRANT MINORS IN THE CUSTODY OF THE FEDERAL HEALTH AND HUMAN  
SERVICES OFFICE OF REFUGEE RESETTLEMENT.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SPECIALIZES IN SERVING YOUTH WHO ARE AMONG THE MOST AT-RISK IN THE  
CHILD WELFARE AND JUVENILE JUSTICE SYSTEMS OF NEW YORK. EACH YEAR OUR  
AGENCY SERVES MORE THAN 1,000 CHILDREN IN RESIDENTIAL PROGRAMS AND  
REACHES APPROXIMATELY 9,000 CHILDREN AND THEIR FAMILY MEMBERS IN THE  
COMMUNITY. THE CHILDREN'S VILLAGE HAS APPROXIMATELY 700 FULL-TIME  
EMPLOYEES, 100 PART-TIME EMPLOYEES, AND 500 VOLUNTEERS. THE AGENCY IS  
ACCREDITED BY THE COUNCIL ON ACCREDITATION AND IS ALSO ACCREDITED BY  
THE BETTER BUSINESS BUREAU FOR MEETING ALL 20 STANDARDS OF CHARITABLE  
ACCOUNTABILITY.

Name of the organization CHILDREN'S VILLAGE INC.	Employer identification number 13-1739945
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## FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

NEW YORK CITY SCHOOLS.

IN ADDITION TO THE SHORT-TERM RESIDENTIAL PROGRAM, CV SERVES OVER 400 CHILDREN WHO COME TO THE U.S. WITHOUT A GUARDIAN THROUGH OUR DIVISION OF IMMIGRATION SERVICES (DIS). CV PROVIDES THESE CHILDREN, WHO ARE OFTEN AT RISK OF HARM AND EXPLOITATION, WITH A NURTURING AND CULTURAL-RESPONSIVE PLACE TO STAY, INCLUDING SHORT-TERM SHELTERS, LONG-TERM FOSTER CARE, AND HOME SUPPORT. CHILDREN ARE REUNITED WITH FAMILY MEMBERS OR, WHEN THAT IS NOT POSSIBLE, RETURNED SAFELY TO THEIR HOME COUNTRIES.

## FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

PROVIDER IN NEW YORK STATE OF THE EVIDENCE-BASED MULTISYSTEMIC THERAPY (MST), WHICH PROVIDES INTENSIVE FAMILY- AND HOME-BASED TREATMENT FOR CHRONIC, VIOLENT, OR SUBSTANCE ABUSING YOUTH WHO ARE AT RISK OF OUT-OF-HOME PLACEMENT. CV'S COMMITMENT TO COMMUNITY PROGRAMING EXTENDS TO WORK IN IRAQ AND THE NETHERLANDS.

FORM 990, PART VI, SECTION B, LINE 11: CHILDREN'S VILLAGE INC. HAS IT'S FORM 990 PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE THAT THE INFORMATION REPORTED IS COMPLETE AND ACCURATE. WHEN THE FORM 990 HAS BEEN PREPARED, REVIEWED BY MANAGEMENT AND IS READY TO BE FILED WITH THE INTERNAL REVENUE SERVICE, IT IS ELECTRONICALLY SENT TO THE BOARD MEMBERS OF THE ORGANIZATION FOR ANY COMMENTS. ANY COMMENTS ARE THEN GROUPED, SUMMARIZED AND PROVIDED TO THE OUTSIDE ACCOUNTANTS. EACH ISSUE IS DOCUMENTED AND ADDRESSED UNTIL THE RETURN IS FINALIZED AND APPROVED FOR FILING.

Name of the organization CHILDREN'S VILLAGE INC.	Employer identification number 13-1739945
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FORM 990, PART VI, SECTION B, LINE 12C: A COPY OF THE CONFLICT OF INTEREST POLICY SHALL BE FURNISHED TO EACH DIRECTOR, OFFICER AND MEMBER OF THE EXECUTIVE STAFF SERVING PRESENTLY, AND TO EACH PERSON WHO BECOMES A DIRECTOR, OFFICER OR MEMBER OF THE EXECUTIVE STAFF HEREAFTER AT THE TIME SUCH OFFICE IS ASSUMED. THEREAFTER, THIS POLICY WILL BE REVIEWED BY THE BOARD, AND COPIES CIRCULATED TO DIRECTORS, OFFICERS AND MEMBERS OF THE EXECUTIVE STAFF, AT SUCH INTERVALS AS THE BOARD DEEMS APPROPRIATE.

IN ADDITION, ANY DIRECTOR, OFFICER OR MEMBER OF THE EXECUTIVE STAFF WHO BECOMES AWARE OF A POTENTIAL CONFLICT OF INTEREST SHOULD DISCLOSE THAT FACT TO THE BOARD OF DIRECTORS. IN CONSIDERING SIGNIFICANT NEW TRANSACTIONS, THE BOARD WILL ORDINARILY INQUIRE SPECIFICALLY WHETHER ANY DIRECTOR, OFFICER OR MEMBER OF THE EXECUTIVE STAFF HAS AN INTEREST IN THE MATTER.

FORM 990, PART VI, SECTION B, LINE 15: THE COMPENSATION FOR THE CHIEF EXECUTIVE OFFICER (CEO) AND THE SENIOR OFFICERS OF CV ARE DETERMINED BY THE HUMAN RESOURCE COMMITTEE AND THE BOARD OF DIRECTORS. THIS PROCESS CONSISTS OF PERFORMANCE REVIEWS THAT ARE COMPLETED WITHIN 45 DAYS OF THE END OF THE FISCAL YEAR, AND PERFORMANCE REVIEWS OF THE MANAGEMENT PROCESS. IN ADDITION, THE VICE PRESIDENT OF HR WILL PRESENT THE BOARD WITH INFORMATION REGARDING COMPENSATION LEVELS AT PEER ORGANIZATIONS, THE AVAILABILITY OF FUNDS FOR SALARY INCREASES/BONUS PAYMENTS, A REVIEW OF CV'S COMPENSATION PHILOSOPHY AND ANY OTHER RELEVANT DATA. THE SALARY AND BONUS PAYMENTS WILL BE DETERMINED BY THE COMMITTEE IN AN EXECUTIVE SESSION, AND THEN GIVEN TO THE BOARD FOR APPROVAL.

THE COMPENSATION OF EXECUTIVE OFFICERS AND KEY EMPLOYEES IS DONE THROUGH AN

Name of the organization

CHILDREN'S VILLAGE INC.

Employer identification number

13-1739945

ANNUAL REVIEW OF A COMPREHENSIVE STATEMENT OF EXECUTIVE COMPENSATION PHILOSOPHY, STRATEGY AND PRINCIPLES, WHICH WILL DETERMINE WHETHER IT REMAINS EFFECTIVE TO ATTRACT, MOTIVATE AND RETAIN EXECUTIVE OFFICERS CAPABLE OF MAKING SIGNIFICANT CONTRIBUTIONS TO THE LONG-TERM SUCCESS OF CV. THE HUMAN RESOURCE COMMITTEE OVERSEES CV'S EXECUTIVE COMPENSATION, ESTABLISHES AND PERIODICALLY REVIEWS POLICIES FOR THE ADMINISTRATION OF EXECUTIVE COMPENSATION AND TAKE STEPS TO MODIFY ANY COMPENSATION PROGRAMS THAT YIELD PAYMENTS AND BENEFITS NOT REASONABLY RELATED TO PERFORMANCE. SPECIFICALLY, BEFORE THE END OF EACH FISCAL YEAR, THE COMMITTEE WILL PRESENT TO THE CHAIRMAN OF THE BOARD AND THE BOARD ITS RECOMMENDATIONS CONCERNING EXECUTIVE COMPENSATION FOR THE FOLLOWING FISCAL YEAR.

THE COMMITTEE MAY USE THE FOLLOWING TO DETERMINE THE EMPLOYEE'S COMPENSATION:

- SELECTION OF A PEER GROUP MADE UP OF OTHER ORGANIZATIONS THAT SHALL BE USED AS A REFERENCE IN DETERMINING COMPETITIVE COMPENSATION PACKAGES.
- WHERE APPROPRIATE, REVIEW PERFORMANCE STANDARDS FOR EXECUTIVE OFFICERS TO BE USED IN SUCCESSION PLANNING, DEVELOPMENT, AND IMPLEMENTATION FOR CV'S COMPENSATION PROGRAMS.

SUBJECT TO BOARD APPROVAL, THE COMMITTEE IS AUTHORIZED:

1. TO RETAIN COMPENSATION CONSULTANTS HAVING SPECIAL COMPETENCE TO ASSIST THE COMMITTEE IN EVALUATING EXECUTIVE COMPENSATION.
2. TO RETAIN OR TERMINATE SUCH CONSULTANTS AND NEGOTIATE THE CONSULTING FIRMS' FEES AND OTHER RETENTION TERMS, SUCH FEES TO BE BORNE BY CV.
3. TO SEEK OUTSIDE LEGAL, ACCOUNTING OR OTHER ADVICE TO THE EXTENT IT DEEMS

Name of the organization CHILDREN'S VILLAGE INC.	Employer identification number 13-1739945
---	--

NECESSARY OR APPROPRIATE.

4. TO CONDUCT OR AUTHORIZE INVESTIGATIONS INTO OR STUDIES OF MATTERS WITHIN THE COMMITTEE'S SCOPE OF RESPONSIBILITIES, AND MAY RETAIN, AT CV'S EXPENSE, SUCH INDEPENDENT COUNSEL OR OTHER ADVISERS AS IT DEEMS NECESSARY.

FORM 990, PART VI, SECTION C, LINE 19: THE EXEMPT ORGANIZATION MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE BY POSTING IT ON GUIDESTAR.ORG. IN ADDITION, FORM 990 AS WELL AS THE FINANCIAL STATEMENTS, AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON WRITTEN REQUEST AT ECHO HILL, DOBBS FERRY, NY 10522...OR BY CALLING THE ORGANIZATION DIRECTLY AT (914)693-0600.

FORM 990, PART VII, SECTION A

JEREMY KOHOMBAN AND RICHARD GOERG ARE EMPLOYEES OF THE FILING ORGANIZATION. THEY EACH SPENT AN AVERAGE OF 45 - 50 HOURS A WEEK WORKING FOR THE CORPORATION. JEREMY ALSO SPENT ON AVERAGE, ONE HOUR PER WEEK WORKING ON CHILDREN'S VILLAGE INSTITUTE, AND ONE HOUR SERVING ON THE BOARD OF THE JOSEPH D'ASSERN HOUSING CORPORATION. RICHARD ALSO SPENT ON AVERAGE, ONE HOUR PER WEEK SERVING ON THE BOARD OF THE JOSEPH D'ASSERN HOUSING CORPORATION.

THE FOLLOWING BOARD MEMBERS OF THE FILING ORGANIZATION ALSO SERVE ON THE BOARD OF THE JOSEPH D'ASSERN HOUSING CORPORATION. THEY SPEND ON AVERAGE, ONE HOUR PER WEEK SERVING ON THE BOARD.

- LOIS AMEND

- JAMES MANN

- MARK SCHERZER

Name of the organization <b>CHILDREN'S VILLAGE INC.</b>	Employer identification number <b>13-1739945</b>
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THE FOLLOWING BOARD MEMBERS OF THE FILING ORGANIZATION ALSO SERVE ON THE BOARD OF THE CHILDREN'S VILLAGE INSTITUTE. THEY SPEND ON AVERAGE, ONE HOUR PER WEEK SERVING ON THE BOARD.

- PAUL H. JENKEL

- THOMAS MARTIN

- MICHAEL SCHAENEN

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:	
NET UNREALIZED GAINS ON INVESTMENTS:	730.
CHANGE IN FAIR VALUE OF INTEREST RATE SWAP LIABILITY	-711,480.
TOTAL TO FORM 990, PART XI, LINE 5	-710,750.

FORM 990, PART XII, LINE 2C:  
THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THIS PROCESS DID NOT CHANGE FROM THE PRIOR YEAR.

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

**Related Organizations and Unrelated Partnerships**

OMB No. 15-45-0047  
**2011**  
Open to Public  
Inspection

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

Name of the organization: **CHILDREN'S VILLAGE INC.**  
Employer identification number: **13-1739945**

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
THE CHILDREN'S VILLAGE INSTITUTE - 06-1599898, 1 ECHO HILLS, DOBBS FERRY, NY 10522	CONDUCTS FUNDRAISING AND MAINTAINS THE ENDOWMENT FUND	NEW YORK	501(C)(3)	11A	THE CHILDREN'S VILLAGE, INC.		X
JOSEPH M. D'ASSERN HOUSING CORPORATION - 13-2631083, 1 ECHO HILLS, DOBBS FERRY, NY 10522	PROVIDE AFFORDABLE HOUSING FACILITIES FOR EMPLOYEES OF CHILDREN'S VILLAGE	NEW YORK	501(C)(2)	N/A	THE CHILDREN'S VILLAGE, INC.		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership



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

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.  
**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?  
**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)  
**f** Sale of assets to related organization(s)  
**g** Purchase of assets from related organization(s)  
**h** Exchange of assets with related organization(s)  
**i** Lease of facilities, equipment, or other assets to related organization(s)  
**j** Lease of facilities, equipment, or other assets from related organization(s)  
**k** Performance of services or membership or fundraising solicitations for related organization(s)  
**l** Performance of services or membership or fundraising solicitations by related organization(s)  
**m** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  
**n** Sharing of paid employees with related organization(s)  
**o** Reimbursement paid to related organization(s) for expenses  
**p** Reimbursement paid by related organization(s) for expenses  
**q** Other transfer of cash or property to related organization(s)  
**r** Other transfer of cash or property from related organization(s)

	Yes	No
1a		X
1b		X
1c	X	
1d		X
1e	X	
1f		X
1g		X
1h		X
1i		X
1j		X
1k		X
1l	X	
1m	X	
1n	X	
1o		X
1p		X
1q		X
1r		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)	THE CHILDREN'S VILLAGE INSTITUTE	C	5,330,727.COST	
(2)	THE CHILDREN'S VILLAGE INSTITUTE	L	309,860.COST	
(3)	THE CHILDREN'S VILLAGE INSTITUTE	E	778,000.COST	
(4)				
(5)				
(6)				



**Part VII** Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Lined area for supplemental information.