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990-EZ

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross recepts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

OMB No. 1545-1150

2009

Open to Public Inspection

	A F	or the	2009 calend	er year, or tax year beginning January , 2009, and ending				ending	iding December , 20							
	_		pplicable	Please	C Name of organization				<u> </u>				tion numbe	09 er		
		Address o	ddress change		Latin American Children's Fund							43 1527314				
	=	Name cha	-	label or print or	Number and street (or P O b	ox, if mail is not delivered to street	address)	Roor	m/suite	E Telep	elephone number					
	=	India) retu Terminate		type. See	P.O. Box 25		ł		ŀ		573-887-3601					
	=	Amended		Specific	City or town, state or country	, and ZIP + 4				E Gro						
	=		on pending	Instruc- tions.	Chaffee, MO 63740						Group Exemption Number ▶					
	_			omonia		exempt shortship trusts mu	-4 -44b		G Assessi	_	Method:					
											<u></u>					
	H Check ► ✓ I Website: ► www.latinamericanchildrensfund.org required to a											_				
												ttach Schedule B (Form 990,				
											r 990-PF).					
		Check									mally not more than \$25,000. A					
						he organization chooses to file						turn.	·			
						ts; rf \$500,000 or more, file Form					> \$					
		art I				in Net Assets or Fund	Balance	es (See the	Instru		S for F				
		1			ts, grants, and similar an						1		24	45,567		
		2				ment fees and contracts					2					
2010		3	_					•	:		3	ļ .				
		4	Investmen								4					
\mathcal{L}		5a				nan inventory	5a									
4-1		b														
2	m	С				an inventory (Subtract line 5					5c					
AP	Ž	6														
	Revenue	а	Gross reve	enuje (no	otMeEOE\$VED	of contributions	s									
			reported o	n (ineff))		6a		_							
2		b	Less: direc	t expe r	rses other than fundrais	ng expenses	6b									
2		С	Net incom	et income of loss from special events and activities (Subtract line 6b from line 6a)												
1		7a	Gross sale													
SCANNED APR		b	Less: cost of goods sets DEN UT													
(CD)		С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)								7c					
		8	Other reve	nue (de	scribe ►		·			,	8					
		9	Total reve	nue. Ac	dd lines 1, 2, 3, 4, 5c, 6c	, 7c, and 8		-		. ▶	9		24	15,567		
		10				chedule)					10		23	34,145		
		11	Benefits paid to or for members								11			0		
	Se	12	Salaries, other compensation, and employee benefits								12		2	23,807		
	Expenses	13	Professional fees and other payments to independent contractors								13			560		
	be	14	Occupancy, rent, utilities, and maintenance								14			0		
	ũ	15	Printing, publications, postage, and shipping								15			3,503		
		16					,				16			1,712		
		17									17			33,727		
		18	Excess or	(deficit)	for the year (Subtract lin	ne 17 from line 9)		·		• •	18			8,160)		
	Net Assets	19	Net assets	or fund	d balances at beginning	of year (from line 27, col	umn (A))	ímus	stagree	with				3,100,		
	4SE		end-of-yea	ır figure	reported on prior year's	return)					19		3	31,106		
	t l	20				ces (attach explanation) .					20			0		
	Ž	21									21		4	12,946		
	Pa	Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990							n 990		d of F					
		(See the instructions for Part II.) (A) Beginning										End of year				
	22 Cash, savings, and investments								(A) Degli		1.106					
	23								<u> </u>		_			2,946		
	24	La O+l	har seeste //	nnys . doerrih	· · · · · · · · · · · · · · · · · · ·			٠.				23 24				
	25	To	nei assets (i ital aceste	الاالبدود				_)						2.046		
	26	T -	Aal liabilidia	- (h						1,106		<u></u>	2,946		
	20	· · · · · · · · · · · · · · · · · · ·							406	26		2 046				

Form **990-EZ** (2009) Cat No 106421

Par	Statement of Program Service Accom	plishments (See the instr	uctions for Part II	l.)		Expenses		
		Funding Christian education	(Required for section					
	ribe what was achieved in carrying out the org		nd concise	501(c)(3) and 501(c)(4)				
	ner, describe the services provided, the number of							
each program title.								
28	Provide Christian education for 200 children attendir	o the Roma Lee Courvisier S	School in Reque					
Peru, South America. This includes education, health services, and 2 meals per day to the children								
	attending the school.							
	(Grants \$ 207,274) If this amount	28a	207,274					
29	Money used to cover the expenses and projects asso	204						
23	Courvisier School in Reque, Peru, South America.							
		·						
	(Grants \$ 26,871) If this amount	29a	26,871					
30	Chants \$ 20,011) It this amount	includes loreign grants, chi	CKIICIE	. ▶ ☑	25a	20,071		
30								
	/O 1. A		1 . 1					
	•	includes foreign grants, che		. ▶ ⊔	30a	<u> </u>		
31								
20	(Grants \$) If this amount	includes foreign grants, che	eck nere	<u>. ₽ ⊔</u>	31a	00444=		
oz Par	Total program service expenses (add lines 28a t				32	234,145		
Par	List of Officers, Directors, Trustees, and Key	(b) Title and average	(c) Compensation					
	(a) Name and address	` hours per week \(\)	(If not paid,	(d) Contribution employee benefit	plans &	(e) Expense account and		
		devoted to position	enter -0)	deferred comper	sation	other allowances		
	b Watts 931 Park St.	President/20 hrs						
	Wert, OH 45891		0		0	0		
	Martorana 4521 Blairwood Dr.	Vice President/10 hrs						
	ouis, MO 63128		0		0	0		
	hell Dooley 220 Dame St.	Treasurer/30 hrs						
Chai	fee, НО 63740		0		0	0		
Jean	ne Erzinger 40 Cove Trail	Secretary/10 hrs						
New	Florence, MO 63363	- Cecretary 10 III's	0		0	0		
Dian	e Swanson 419 Fox Lair Dr	Board member/10 hrs						
St. C	harles, MO 63303	Board member/ to ms	0		0	0		
				-				
								
		L			For	n 990-EZ (2009)		
					. 011	(2003)		

Form 99	0-EZ (2009)		P	age 3
Part	Other Information (Note the statement requirements in the instructions for Part V.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		✓.
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			,
b	Did the organization file Form 1120-POL for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		1
	If "Yes," complete Schedule L, Part II and enter the total amount involved	1		
39 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	1		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit		•	
	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified			1
	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	40b		*
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on	400		l
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed. ► Missouri	100	l .	ı v
42a		573-88	7-360	1
	Located at ▶ 220 Dame Ave, Chaffee, MO ZIP + 4 ▶	63	740	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		<u> </u>	
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	40h	Yes	NO ✓
	If "Yes," enter the name of the foreign country: ▶	42b		-
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
_	and Financial Accounts.	40-	ł	/
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country:	42c	<u>l</u>	. –
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here		•	▶□
	and officer the amount of tax-exempt interest received of accided during the tax year			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44		✓
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		1
		m 99 0)-FZ	(2009

Part \	/I	S € 50 an	ection 501(c)(01(c)(3) organia nd complete the	(3) organiz zations and ne tables fo	ations and d section 49 or lines 50 ar	section 4947(a)(47(a)(1) nonexem nd 51.	1) nonexer pt charitab	npt charit le trusts m	abl nust	e trusts only. As answer question	II sec ons 46	tion 3–491	b
						t political campaig		on behalf of	or	in opposition to		Yes	No
			•		•	Schedule C, Part I			•		46		1
			_			s? If "Yes," compl					47		1
	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E								48		1		
	, , , , , , , , , , , , , , , , , , ,									49a 49b		1	
50	-										es an	d key	
	(a) Name and address of each employee paid more than \$100,000 (b) Title and average hours per week devoted to position (c) Compensation (d) Compensation (d) Compensation (employee benefit plans deferred compensation (d) Compensation (employee benefit plans deferred compensation (d) Compensation (employee benefit plans deferred compensation (e								(e) Expense account and				
											T		
									-		 -		
						-					1		
									\neg		<u> </u>		
						1					1		
51	Com \$100	nple 0,00	te this table fo 10 of compensa	or the organ ation from the	ızation's five ne organizatıo	highest compenson. If there is none,	ated indepen enter "None	dent contra ."	acto	ors who each rec	eived	more	: than
		(a)	Name and address	of each indepe	endent contractor	paid more than \$100,0	00	(b)	Тур	e of service	(c) Cor	npensa	ation
			·										
								-					
													
											-		
			·		·								
	Teta						. 04.00.000						
d	TOta	ıı nu	imber of other i	naepenaen	contractors (each receiving ove	r \$100,000	▶					
		Una	der penalties of per d belief, it is true, co	gury, I declare to prect, and com	hat I have examin plete. Declaration	ed this return, including of preparer (other than	accompanying officer) is based	schedules and on all informa	stat	ements, and to the be of which preparer has	st of my any kno	knowledge	edge e
Sign Here	Maria 10 Date 1 3-21-10												
		Signature of officer Date Mitchell Dooley Treasurer Type or print name and title											
Paid	Preparer's signature							Check if self- employed ▶	Preparer's identifying		nber (Se	 e instruc	tions)
Prepare Use On		you	n's name (or) —					EIN	•			
May th	e IRS		fress, and ZIP + 4 Scuss this retur	n with the n	reparer show	n above? See instr	uctions		Pho	ne no. ►	Yes		No
					- F			· · · · ·	·				(2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internat Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization Employer identification number Latin American Children's Fund 1527314 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ An organization that normally receives: (1) more than 33½ % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33/8 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a 🗌 Type I **b** Type II c Type III-Functionally integrated **d** Type III–Other e Dy checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (III) below, the governing body of the supported organization? 11g(i) 11g(ii) (ii) A family member of a person described in (i) above? . . . (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). (iii) Type of organization (i) Name of supported (ii) EIN (iv) Is the organization (vi) Is the (v) Did you notify (vii) Amount of organization in col (i) listed in your (described on lines 1-9 organization in col the organization in SUDDORT above or IRC section governing document? col. (i) of your (i) organized in the (see instructions)) support? US? Yes Yes No

	(Complete only if you check					anu	170(0)(1)(A)(VI)		
	tion A. Public Support	,								
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e)	2009	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	246,501	220,580	271,406	222,056	245,567		1,206,110		
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	246,501	220,580	271,406	222,056		245,567	1,206,110		
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)							276,170		
6	Public support. Subtract line 5 from line 4.							929,940		
Sec	tion B. Total Support									
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e)	2009	(f) Total		
7	Amounts from line 4	246,501	220,580	271,406	222,056	6 245,56		1,206,110		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0	0	0		0	0		
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0		0		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0		0	0		
11	Total support. Add lines 7 through 10 .							1,206,110		
12	Gross receipts from related activities, etc.	. (see instruction	ns)			12		1,206,110		
13 Sec	First five years. If the Form 990 is for organization, check this box and stop he tion C. Computation of Public Sup	re	· · . · . · . · . · . · . · . · . · . ·	d, third, fourth,						
14	Public support percentage for 2009 (line to			column (fl)		14		77 %		
15		, ,	-	, coluini (i))		15		82 %		
	Public support percentage from 2008 Schedule A, Part II, line 14									
b	33% % support test—2008. If the organization qua	zation did not c lifies as a publi	heck a box on cly supported o	line 13 or 16a, a	and line 15 is 3					
17a	10%-facts-and-circumstances test – 20 more, and if the organization meets the "facts and-circumstances test – 20 more, and if the organization meets the "facts and-circumstances test – 20 more, and if the organization meets the "facts and-circumstances test – 20 more, and if the organization meets the "facts and-circumstances test – 20 more, and if the organization meets the "facts and circumstances test – 20 more, and if the organization meets the "facts and circumstances test – 20 more, and if the organization meets the "facts and circumstances test – 20 more, and if the organization meets the "facts and circumstances test – 20 more, and if the organization meets the "facts and circumstances test – 20 more, and if the organization meets the "facts and circumstances test – 20 more, and circumstances test – 20	acts-and-circum	nstances" test, o	check this box a	and stop here.	Expla	in in Part	iV how the		
b 18	10%-facts-and-circumstances test—2008. 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 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions									