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Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2010

Form 990-EZ

Department of the Treasury
Internal Revenue Service

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization: **LACA FOUNDATION**
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite: **P.O. BOX 21000**
 City or town, state or country, and ZIP + 4: **CASTRO VALLEY, CA 94546**

D Employer identification number: **94-3154527**

E Telephone number: **(510) 582-7726**

F Group Exemption Number: **▶**

G Accounting Method: Cash Accrual Other (specify) **▶**

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: **▶ WWW.LACAFUNDATION.ORG**

J Tax-exempt status (check only one) — 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ **▶ \$ 90,194.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)

Check if the organization used Schedule O to respond to any question in this Part I

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Revenue	1	Contributions, gifts, grants, and similar amounts received															89,740.												
	2	Program service revenue including government fees and contracts																											
	3	Membership dues and assessments																											
	4	Investment income SEE SCHEDULE O															454.												
	5a	Gross amount from sale of assets other than inventory																											
	5b	Less: cost or other basis and sales expenses																											
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																											
	6	Gaming and fundraising events																											
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)																											
b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)																												
c	Less: direct expenses from gaming and fundraising events																												
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																												
7a	Gross sales of inventory, less returns and allowances																												
b	Less: cost of goods sold																												
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																												
8	Other revenue (describe in Schedule O)																												
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶															90,194.													
Expenses	10	Grants and similar amounts paid (list in Schedule O) SEE SCHEDULE O															87,598.												
	11	Benefits paid to or for members																											
	12	Salaries, other compensation, and employee benefits																											
	13	Professional fees and other payments to independent contractors																											
	14	Occupancy, rent, utilities, and maintenance																											
	15	Printing, publications, postage, and shipping																											
	16	Other expenses (describe in Schedule O) SEE SCHEDULE O															3,844.												
	17	Total expenses. Add lines 10 through 16 ▶															91,442.												
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)															-1,248.												
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)															65,683.												
	20	Other changes in net assets or fund balances (explain in Schedule O)															0.												
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶															64,435.												

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

Form 990-EZ (2010)

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13 68

Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	57,783.	57,535.
23 Land and buildings		
24 Other assets (describe in Schedule O) SEE SCHEDULE O	7,900.	6,900.
25 Total assets	65,683.	64,435.
26 Total liabilities (describe in Schedule O)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	65,683.	64,435.

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? **SEE SCHEDULE O**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28 SCHOLARSHIPS PROVIDED FOR COLLEGE, HIGH SCHOOL AND MIDDLE SCHOOL STUDENTS		
(Grants \$ 23,548.) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	28a	23,548.
29 SUPPORT DAY CARE CENTER IN EL SALVADOR		
(Grants \$ 25,100.) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	29a	
30 DISASTER RELIEF FOR HAITI		
(Grants \$ 20,610.) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	30a	20,610.
31 Other program services (describe in Schedule O) SEE SCHEDULE O		
(Grants \$ 18,350.) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	31a	18,350.
32 Total program service expenses (add lines 28a through 31a)	32	62,508.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
JULIE ACKERMAN, 4524 LAWRENCE DR., CASTRO VALLEY, CA 94546	SECRETARY 1.00	0.	0.	0.
JESSE CANCHOLA 667 ALQUIRE PKWY, HAYWARD, CA 94544	PRESIDENT 5.00	0.	0.	0.
MARY MAPELLI-CONWAY 405 BEGIER DR., SAN LEANDRO, CA 94577	DIRECTOR 0.00	0.	0.	0.
BRIDGET MEYER, P.O. BOX 21000, CASTRO VALLEY, CA 94546	DIRECTOR 0.00	0.	0.	0.
DOLORES MIJARES-DOWNING, 3851 PATTERSON AVE., OAKLAND, CA 94619	DIRECTOR 0.00	0.	0.	0.
MARTHA DUARTE, 3627 LA COSTA AVE., CASTRO VALLEY, CA 94546	DIRECTOR 0.00	0.	0.	0.
CHRISTOPHER INGRAM, 3934 18TH ST., SAN FRANCISCO, CA 94114	DIRECTOR 0.00	0.	0.	0.
LINDA PALMERI, 18642 E. CAVENDISH DR., CASTRO VALLEY, CA 94552	TREASURER 5.00	0.	0.	0.
LILLIAN TRILLO, 2326 BRAMBLE CT., CASTRO VALLEY, CA 94546	DIRECTOR 10.00	0.	0.	0.
WALTER TURNER, 1111 BROADWAY, 24TH FL, OAKLAND, CA 94607	DIRECTOR 0.00	0.	0.	0.
GERALYN MARTINEZ, 25 DIVISADERO ST., SAN FRANCISCO, CA 94117	DIRECTOR 0.00	0.	0.	0.
MARISA MENDEZ, 1798 E. PORTLAND AVE., FRESNO, CA 93720	DIRECTOR 0.00	0.	0.	0.

Part V Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V

X

- 33 Did the organization engage in any activity not previously reported to the IRS?
34 Were any significant changes made to the organizing or governing documents?
35 If the organization had income from business activities...
36 Did the organization undergo a liquidation, dissolution, termination...
37a Enter amount of political expenditures...
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer...
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization...
40b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction...
40c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers...
40d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?

Table with columns Yes and No. Rows 33-40e. Marked with X in various cells.

41 List the states with which a copy of this return is filed. CA
42a The organization's books are in care of LINDA PALMERI Telephone no. (510) 889-1532
Located at 18642 E CAVENDISH DR., CASTRO VALLEY, CA ZIP + 4 94552

- 42b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country...
42c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

Table with columns Yes and No. Rows 42b, 42c. Marked with X in various cells.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year

- 44a Did the organization maintain any donor advised funds during the year?
44b Did the organization operate one or more hospital facilities during the year?
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments?

Table with columns Yes and No. Rows 44a-44d. Marked with X in various cells.

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?		X
a 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ		X
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
b If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(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) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000 ▶ _____


51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." NONE

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

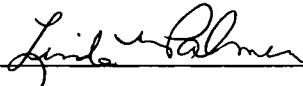
d Total number of other independent contractors each receiving over \$100,000 ▶ _____

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ Yes No

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.

Sign Here Date 8/9/2011

 Signature of officer
JESSE CANCHOLA, PRESIDENT
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name LINDA M. PALMERI	Preparer's signature 	Date 8/9/11	Check <input type="checkbox"/> if self-employed	PTIN P00097097
Firm's name ▶	Firm's EIN ▶			
Firm's address ▶	Phone no. (510) 329-2828			

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal 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

2010

Open to Public
Inspection

Name of the organization **LACA FOUNDATION** Employer identification number **94-3154527**

Part I 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.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 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.
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 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)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 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 By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
11g(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(ii) A family member of a person described in (i) above?		
11g(iii) A 35% controlled entity of a person described in (i) or (ii) above?		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
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						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
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 2010 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2010. 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 type="checkbox"/>		
b 33 1/3% support test - 2009. 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 - 2010. 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 - 2009. 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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	67,552.	125,628.	101,898.	69,824.	89,710.	454,612.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	67,552.	125,628.	101,898.	69,824.	89,710.	454,612.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	14,203.	35,183.	13,884.	12,413.	27,369.	103,052.
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						0.
c Add lines 7a and 7b	14,203.	35,183.	13,884.	12,413.	27,369.	103,052.
8 Public support (Subtract line 7c from line 6)						351,560.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	67,552.	125,628.	101,898.	69,824.	89,710.	454,612.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,125.	2,360.	1,661.	747.	454.	7,347.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	2,125.	2,360.	1,661.	747.	454.	7,347.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)			983.			983.
13 Total support (Add lines 9, 10c, 11, and 12)	69,677.	127,988.	104,542.	70,571.	90,164.	462,942.

14 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

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	75.94 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	95.73 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	1.59 %
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	1.90 %

19a 33 1/3% support tests - 2010. 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 - 2009. 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 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

2010

Open to Public
Inspection

Name of the organization **LACA FOUNDATION** Employer identification number **94-3154527**

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

DESCRIPTION OF PROPERTY: **AMOUNT:**
INTEREST **454.**

FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:

ACTIVITY CLASSIFICATION: SCHOLARSHIP

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 01/01/10

AMOUNT GIVEN: 2,502.

ACTIVITY CLASSIFICATION: SCHOLARSHIPS

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 99/99/99

AMOUNT GIVEN: 2,250.

ACTIVITY CLASSIFICATION: SCHOLARSHIP

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 99/99/99

AMOUNT GIVEN: 2,473.

ACTIVITY CLASSIFICATION: SCHOLARSHIP

GRANTEE RELATIONSHIP: NONE

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

2010

Open to Public
Inspection

Name of the organization

LACA FOUNDATION

Employer identification number

94-3154527

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 06/03/10

AMOUNT GIVEN: 360.

ACTIVITY CLASSIFICATION: SCHOLARSHIPS

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 06/03/10

AMOUNT GIVEN: 2,500.

ACTIVITY CLASSIFICATION: SCHOLARSHIPS

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 02/15/10

AMOUNT GIVEN: 4,000.

ACTIVITY CLASSIFICATION: SCHOLARSHIP

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 99/99/99

AMOUNT GIVEN: 770.

ACTIVITY CLASSIFICATION: SCHOLARSHIP

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 99/99/99

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization LACA FOUNDATION Employer identification number 94-3154527

AMOUNT GIVEN: 2,403.

ACTIVITY CLASSIFICATION: SCHOLARSHIP

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 10/18/10

AMOUNT GIVEN: 400.

ACTIVITY CLASSIFICATION: SCHOLARSHIP

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 99/99/99

AMOUNT GIVEN: 1,500.

ACTIVITY CLASSIFICATION: SCHOLARSHIP

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 99/99/99

AMOUNT GIVEN: 2,000.

ACTIVITY CLASSIFICATION: SCHOLARSHIP

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 10/08/10

AMOUNT GIVEN: 1,200.

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ACTIVITY CLASSIFICATION: SCHOLARSHIP

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 99/99/99

AMOUNT GIVEN: 1,180.

ACTIVITY CLASSIFICATION: 2 HOUSES

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 10/06/10

AMOUNT GIVEN: 4,010.

ACTIVITY CLASSIFICATION: SCHOLARSHIPS

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 03/19/10

AMOUNT GIVEN: 210.

ACTIVITY CLASSIFICATION: DAY CARE CENTER

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 99/99/99

AMOUNT GIVEN: 25,100.

ACTIVITY CLASSIFICATION: SR. FOOD PROGRAM

GRANTEE RELATIONSHIP: NONE

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

Schedule O (Form 990 or 990-EZ) (2010)

032211
01-24-11

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Name of the organization **LACA FOUNDATION** Employer identification number **94-3154527**

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 99/99/99

AMOUNT GIVEN: 13,130.

ACTIVITY CLASSIFICATION: DISASTER RELIEF

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 99/99/99

AMOUNT GIVEN: 20,610.

ACTIVITY CLASSIFICATION: MICRO LOAN

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 01/02/10

AMOUNT GIVEN: 1,000.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10 87,598.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES: AMOUNT:

BANK FEES 155.

FEES 74.

NEWSLETTER 2,344.

POSTAGE & DELIVERY 805.

SUPPLIES 29.

TELEPHONE 307.

WEBSITE 130.

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TOTAL TO FORM 990-EZ, LINE 16

3,844.

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
MICRO LOAN	7,900.	6,900.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - PROVIDES SERVICES AND ASSISTANCE IN IMPROVING THE HEALTH, EDUCATION AND ENVIRONMENTAL WELL BEING OF THE RURAL POOR OF LATIN AMERICA.

FORM 990-EZ, PART III LINE 31, OTHER PROGRAM SERVICE ACCOMPLISHMENTS:

EL SALVADOR HURICANE RELIEF

BUILD HOUSES IN HAITI

GRANTS \$ 4,010. EXPENSES \$ 4,010.

SENIOR FOOD PROGRAM IN HAITI

GRANTS \$ 13,130. EXPENSES \$ 13,130.

MEDICAL CLINIC & FOLLOW-UP

WRITE-OFF UNCOLLECTED MICRO LOAN

GRANTS \$ 1,000. EXPENSES \$ 1,000.

EL SALVADOR HOUSE

GRANTS \$ 210. EXPENSES \$ 210.

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FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.