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Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2014

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

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

	A	For the 2	014 calendar year, or tax year beginning January 2013 , 2014, and endi	ng Dec	ember	, 20 13		
		Check if an			D Employ	er identification ni	ımber	
		Address ch			43-1527314			
		Name char	Dearly Donate Company	uite	E Telepho	ne number		
	H	Initial return			l	573-887-3601		
	H	Final return/	210 (-	3,5 33, 333,		
	H		·		G Gross re	eceipts \$	246,349	
	님	Amended r		H(a) to this a		subordinates? Yes		
	ш	Application	,			s included? Tes		
	_		220 Dame Ave, Chaffee, MO 63740 ot status			a list (see instruction		
	느	Tax-exemp		 	o exemption		,	
		Website:	▶ www.latinamericanchildrensfund.org ganization.		· · · · · · · · · · · · · · · · · · ·	of legal domicile		
		or legal domicile	DE					
		art I	Summary			1 200 -bil		
			Briefly describe the organization's mission or most significant activities: Provi					
	Governance		ttending the Roma Lee Courvisier School in Reque, Peru. This includes a Christia	n education,	health ser	vices to the stu	dents	
	nai	<u>a</u>	nd families, plus 2 hot meals a day to the students and faculty.					
	Ver		Check this box $ ightharpoonup$ if the organization discontinued its operations or disposed	of more tha		its net assets.		
	Ĝ		tarries or resing members or are germany and your representations.				8	
	<u>مخ</u>	4 N	Number of independent voting members of the governing body (Part VI, line 1b)			0	
	ties	5 T	Total number of individuals employed in calendar year 2014 (Part V, line 2a)		. 5		0	
	Activities &	6 T	Total number of volunteers (estimate if necessary)		. 6		100	
	Ac	7a ⊺	otal unrelated business revenue from Part VIII, column (C), line 12		. 7 a	<u>.</u>	0	
		b N	Net unrelated business taxable income from Form 990-T, line 34		. 7b		0	
			(Section)	Prior Y	'ear	Current Yo	ear	
		8 (Contributions and grants (Part VIII, line 1h)		223,146		246,349	
	Revenue	1	Program service revenue (Part VIII, line 2g)		0		0	
مده			nvestment income (Part VIII, column (A) lines 3, 4, and rdu		0		0	
Š			Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0		0	
5		I .	Total revenue - add lines 8 through 11-(must equal Part VIII, column (A), line 12)		223,146		246,349	
SCANNED			Grants and similar amounts paid (Part IX, column (A), lines 1-3)		213,963		245,618	
		1	Benefits paid to or for members (Part IX, column (A), line 4)		0		0	
()	(0		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		0	<u> </u>		
	Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0			
30	Je.		Fotal fundraising expenses (Part IX, column (D), line 25) ▶			· · · · · · · · · · · · · · · · · · ·		
€	Ä		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		5916		4,705	
			Fotal expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		219,779	· · · · · · · · · · · · · · · · · · ·	250,323	
co		1	· · · · · · · · · · · · · · · · · · ·					
2		+	Revenue less expenses. Subtract line 18 from line 12	Beginning of C	3,367	End of Ye	-3,974	
2014	ets or		Fatal arrate (Doct V. Iran 40)	Dogg or o				
41, 2 2	sset	20]	Total assets (Part X, line 16)		15,707	<u> </u>	11,733	
	Net Asse Fund Bal	21	Fotal liabilities (Part X, line 26)		0	 	0	
			Net assets or fund balances. Subtract line 21 from line 20	l	15,7 <u>07</u>	<u> </u>	11,733	
		art II	Signature Block					
	Ur	nder penalti	ies of perjury, I declare that I have examined this return, including accompanying schedules and sta and complete Declaration of preparer (other than officer) is based on all information of which prepa	tements, and to	the best of	my knowledge and	l belief, it is	
		ie, correct,	and complete beclaration of preparer (other than officer) is based on an information of which prepare	Ter has any know	1100gc	10 2 2:1/		
			My Mall My			-12-2014		
	Sig	- 1	Signature of officer	L	ate			
	He	ere	Mitchell Woley treasurer					
			Type or print name and title			- In		
	P	aid	Print/Type preparer's name Preparer's signature	Date	Check			
		eparer			self-em	ployed		
		se Only		Fi	m's ElN ▶		·	
			Firm's address ▶	Pi	none no.			
	Ma	y the IR	S discuss this return with the preparer shown above? (see instructions)			<u></u> Ye	s 🗌 No	
	Ec			No. 11282V		Form	990 (2014)	

Part	V Checklist of Required Schedules			Page 3
4	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
'	complete Schedule A	1	1	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	✓	
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		√
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		√
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
—-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? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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)? If "Yes," complete Schedule D, Part X.	11e		√
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
þ	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a		14a	ļ	/_
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		/
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	1	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16	1	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		/
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		✓
		For	n 99 0	(2014)

Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		√
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	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		✓
c b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		1
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		√
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		→
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L. Part II	26		√
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	✓	
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 b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		✓
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		✓
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		√
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2. Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		✓
37	related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
Ψ.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	1	

Form **990** (2014)

Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Check is Schedule O Contains a response of note to any line in this Fart V	• •	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0]		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
0-	reportable gaming (gambling) winnings to prize winners?	1c		✓_
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
L-	Statements, filed for the calendar year ending with or within the year covered by this return [2a] [6]			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		✓
3a	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?	20		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3a 3b		1
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	35		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		1
b	If "Yes" enter the name of the foreign country:	70		•
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		1
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
_	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	1		
_	gifts were not tax deductible?	6b		✓
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		1
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	10		
	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		✓
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		✓
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		✓
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		√
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(a)(7) organizations. Enter	9b		✓
10 a	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1		
11	Section 501(c)(12) organizations. Enter:	1		
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a		1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	_		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		✓
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
,-	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		√
<u> </u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	1	✓_

	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Check if Schedule O contains a response or note to any line in this Part VI			ions. . 🔽
Secti	on A. Governing Body and Management			
4.5	Enter the number of voting members of the governing body at the end of the tax year 1a		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or	<u>B</u>		[
	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	ام	 	
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		
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		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		1
6	Did the organization have members or stockholders?	6		✓
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		1
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		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	1	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at		1	
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	<u> </u>	. ✓
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reve	nue Co	ode.,	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	163	√
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	Ė
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		√
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		1
14 15	Did the organization have a written document retention and destruction policy?	14		✓
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			<u> </u>
a	The organization's CEO, Executive Director, or top management official	15a	<u> </u>	1
b	Other officers or key employees of the organization	15b	ļ	1
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
L	with a taxable entity during the year?	16a	ļ	✓
D	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
Soot:	organization's exempt status with respect to such arrangements?	16b	<u> </u>	<u></u>
<u>Secti</u>	on C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► Missouri			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	n 501(c)(3)s	only)
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of infinancial statements available to the public during the tax year.	terest	polic	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and r	ecords	: ▶	
	Mitchell Dooley 220 Dame Ave Chaffee MO 63740 phone (573) 887-3601			

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Page	e ,

Form	റററ	1201	A١
CUIIII	930	1201	41

Part VII	Compensation of	Officers, Directors,	, Trustees,	Key Employees,	Highest Comp	ensated Employed	es, and
	Independent Cont	tractors					

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 no	r any relate	d orga	aniz	atic	n c	ompe	nsa	ited any currer	t officer, director	r, or trustee.
				(0	C)					
(A)	(B)		-4 -4		ition			(D)	(E)	(F)
Name and Title	Average					than one of the second		Reportable	Reportable	Estimated
	hours per	office				or/trust		compensation	compensation from related	amount of other
	week (list any hours for	e a	lns	ð	줎	₽₩	Fo	the	crganizations	compensation
	related		<u> </u>	Officer	ě	ploy	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted		Š		Key employee	8 8] `	(W-2/1099-MISC)		organization and related
	line)	200	3		yee	mg mg				organizations
		e e	Institutional trustee			Highest compensated employee				
			Ľ			<u>— 8</u> -				
(4) Dan da Walfa Danidan	45									
(1) Randy Wolfe, President	15			1				0	o	0
6151 Michael Rd, Middletown, OH 45042	10			╀	-		-		0	
(2) Paul Martorana, vice president	†		1	1	l	1	1	o	0	0
4521 Blairwood Dr., St. Louis, MO 63128	20		-	<u> </u>		-				<u>u</u>
(3) Mitchell Dooley, treasurer 220 Dame Ave, Chaffee, MO 63740	†	1		1				0	0	0
(4) Jeanne Erzinger, secretary	10			۲		-		·		
40 Cove Trail, New Florence, MO 63363	† ''	1		1				0	o	0
(5) David Young	5	\vdash	_	Ė	_	\vdash	\vdash	†		
11118 Wurzbach, Suite 300, San Antonio, TX 78230		1					1	0	ا	0
(6) Ken Biron	20			t				<u> </u>		
KM 1.3 Carratera, Reque, Peru, S.A.	†	1	1	1				l 0	o	0
(7) Paul Gonzales	5			i						
5515 Royal Vista Dr., San Antonio TX 78247		1					:	0	o	0
(8) David Hogan	5			1						
4301 Fisher Ave, Middletown, OH 45042		 						0	0	0
(9)										
				l						
(10)										
		<u> </u>	ļ	<u> </u>	<u> </u>		_	ļ		
(11)	ļ			[
(40)			1	┺	-	-	-			
(12)	 	ł								1
(13)	 	\vdash	\vdash	t^-	\vdash	 	\vdash			
	<u> </u>	1								
(14)										

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A) Name and title	(C) Position (do not check more than one box, unless person is both an hours per officer and a director/trustee) Week (list any) Week (list any)		able Est on from am		(F) mated ount of ther								
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)		comp fro orgai and	ensation in the nization related nizations	
(15)			-											
(16)										•				
(17)										_				
(18)														
(19)					-	-					i		•	
(20)														
(21)														
(22)														
(23)														
(24)												 ,		
(25)						-				-				
1b c d	Sub-total			•	•			> > >	0		0			0
2	Total number of individuals (including but reportable compensation from the organic	t not limited						e) w	<u> </u>	ore than \$10	00,000	of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete	ficer, direc						emp	bloyee, or high	est compe	nsated	3	Yes	No ✓
4	For any individual listed on line 1a, is the organization and related organizations	sum of reg	portal	ble	con	npei	nsatio						,	
5	Did any person listed on line 1a receive of for services rendered to the organization									ation or ind	 Iividual	1——		√
Section	on B. Independent Contractors	: 11 163, 0	.unpi	CIC	367	1600	116 0 1	Or 3	such person	<u> </u>	<u>: :</u>	5	<u> </u>	<u> </u>
1	Complete this table for your five highest compensation from the organization. Repyear.													ix
	(A) Name and business add	Iress	•			-			(B) Description of s	ervices	,	(C) Compens	ation	
								-						
2	Total number of independent contractor	-	_					th	nose listed abo	ove) who				

Part	VIII	Statement of Revenue	to any line in this	Dod VIII		
		Check if Schedule O contains a response or note	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1a	Federated campaigns 1a				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b			[
Am Am	С	Fundraising events 1c]			
ig ig	d	Related organizations 1d]			
ži.	е	Government grants (contributions) 1e	_]
er S	f	All other contributions, gifts, grants,	1]
년 본		and similar amounts not included above 1f 246,34	9			
ᅙ	g	Noncash contributions included in lines 1a-1fr \$			ļ	j
	h_	Total. Add lines 1a–1f ▶ Business Code	246,349			
Program Service Revenue		Business Code	-			
eve	2a					-
9	b		+			
Ž	l d		+ +			
Š	l e		 			-
gra	f	All other program service revenue .	 			
Pro	g	Total. Add lines 2a–2f	0		<u> </u>	<u> </u>
	3	Investment income (including dividends, interest,				
	ļ	and other similar amounts) ▶				,
	4	Income from investment of tax-exempt bond proceeds ▶	0			
	5	Royalties ▶	0			
]	(i) Real (ii) Personal				
	6a	Gross rents] [
	p_	Less: rental expenses]			}
	С	Rental income or (loss)	<u> </u>			
	_d	Net rental income or (loss)	_			
	7a	Gross amount from sales of (i) Securities (ii) Other	_			
	l_	assets other than inventory	-			
	b	Less cost or other basis and sales expenses .				ł
		Gain or (loss)	4			
	C		<u>-</u>		- -	
	d	Net gain or (loss)	0			
<u>r</u> e	8a	Gross income from fundraising	1			
		events (not including \$				·
Other Rever	Ì	of contributions reported on line 1c).				
<u>-</u>		See Part IV, line 18 a				
ŧ	ь	Less: direct expenses b	1			
•	С	Net income or (loss) from fundraising events . ▶	ا ا		-	<u> </u>
	9a	Gross income from gaming activities.				
		See Part IV, line 19 a]			
		Less: direct expenses b				
	1	Net income or (loss) from gaming activities .	0			
	10a	Gross sales of inventory, less				
		returns and allowances a	4 !			
	1	Less: cost of goods sold b	4 1			.
	С	Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code	 			
	11a	IVII-oce il ai i i i i i i i i i i i i i i i i i	┽ -	-	-	
	b		 			
	C		 			
	d	All other revenue	0			
		Total. Add lines 11a–11d	0			
	12	Total revenue. See instructions ▶	246,349			

OIIII 33	. ,				
	IX Statement of Functional Expenses				
Sectio	n 501(c)(3) and 501(c)(4) organizations must con				
	Check if Schedule O contains a respon				
Do no 8b, 9b	t include amounts reported on lines 6b, 7b, , 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 domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	245,618	245,618		
4 5	Benefits paid to or for members				
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 8	Other salaries and wages				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				· - · · · · · · · · · · · · · · · · · ·
b	Legal	325		325	
С	Accounting				
d	Lobbying				
e^	Professional fundraising services. See Part IV, line 17				
f g	Investment management fees				
12	Advertising and promotion	483		483	
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance				<u> </u>
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	nostage and chinning	518		518	
b	wire transfer fees	2,040		2,040	
С	board expenses	1,339		1,339	
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	250,323	245,618	4,705	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)				

Net Assets or Fund Balances

Form 990 (2014) **Balance Sheet** Part X Check if Schedule O contains a response or note to any line in this Part X . . . (B) Beginning of year End of year <u>15</u>,707 1 1 11,733 2 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 3 4 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 Assets 7 7 Inventories for sale or use 8 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment; cost or other basis. Complete Part VI of Schedule D 10a 10b 10c b Less: accumulated depreciation 11 11 Investments—publicly traded securities . 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 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 15,707 11,733 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Tax-exempt bond liabilities 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to current and former officers, directors, 22 -iabilities 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 24 24 Unsecured notes and loans payable to unrelated third parties . . . Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 26 Total liabilities. Add lines 17 through 25 26

c	omplete lines 27 through 29, and lines 33 and 34.			
27 L	Inrestricted net assets	27		
28 T	emporarily restricted net assets	28		
29 F	Permanently restricted net assets	29		
	organizations that do not follow SFAS 117 (ASC 958), check here ► ☐ and omplete lines 30 through 34.			:
30 C	Capital stock or trust principal, or current funds	30		
31 F	Paid-in or capital surplus, or land, building, or equipment fund	31		
32 F	Retained earnings, endowment, accumulated income, or other funds .	32		
33 T	otal net assets or fund balances	33		11,733
34 T	otal liabilities and net assets/fund balances	34		11,733
			Form 9	90 (2014)

Organizations that follow SFAS 117 (ASC 958), check here ▶ □

_	-	
Page	1	7

•						9° .—
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		<u>.</u> .	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			24	6,349
2	Total expenses (must equal Part IX, column (A), line 25)	2			25	0,323
3	Revenue less expenses. Subtract line 2 from line 1	3				3,974
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			1	5,707
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10	ı		1	1.733
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: 🗸 Cash 🔲 Accrual 🔲 Other					
	If the organization changed its method of accounting from a prior year or checked "Other," exp	olaın	in	1		1
	Schedule O.			Ì		1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. [7	2a		1
	if "Yes," check a box below to indicate whether the financial statements for the year were comp	oled o	or 🗍			ì
	reviewed on a separate basis, consolidated basis, or both:		ļ	- [i
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		İ	1		}
b	Were the organization's financial statements audited by an independent accountant?			2b		√
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	d on	a			į
	separate basis, consolidated basis, or both:		İ	1		1
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		ĺ			}
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov					
	of-the-audit, review, or compilation of its financial statements and selection of an independent accou	ntant'	?	2c		
	If the organization changed either its oversight process or selection process during the tax year, ex	plaın	ın 「			i i
	Schedule O.			[
За	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?		. [:	3a		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rgo th	іе 🗀			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	[;	3b	[
				Form	990	(2014)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No 1545-0047

Open to Public Inspection

lame	ame of the organization Employer identification number								
atin	American Children's Fund					43-15			
Par							ns.		
_	organization is not a private founda		•		-	•			
1	A church, convention of church			ibed in se	ection 1/	U(b)(1)(A)(i).			
2	A school described in section				470/6\/4	VAVGIO			
3 4	☐ A hospital or a cooperative hos ☐ A medical research organization						(iii) Enter the		
4	hospital's name, city, and state	•	orijuniction with a nost	Jilai Gesc	iibeu iii s	ecuon mo(b)(n)(A)	un, Enter the		
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 gover		mental unit described	l ın secti c	on 170(b)	(1){A)(v).			
7	An organization that normally described in section 170(b)(1)	receives a subs	tantial part of its sup				n the general public		
8	☐ A community trust described i	n section 170(b)	(1)(A)(vi). (Complete	Part II.)					
9	An organization that normally receipts from activities related support from gross investme acquired by the organization a	d to its exempt int income and	functions—subject to unrelated business	certain taxable ii	exception	ns, and (2) no more ess section 511 ta	than 331/3% of its		
10	☐ An organization organized and	operated exclus	sively to test for public	c safety.	See secti	on 509(a)(4).			
11	An organization organized and one or more publicly supported the box in lines 11a through 11a	d organizations d	escribed in section 5	09(a)(1) o	r section	509(a)(2). See secti	i on 509(a)(3). Check		
a	Type I. A supporting organize the supported organization(sorganization. You must contact the support of the sup) the power to re	egularly appoint or ele	•					
b	Type II. A supporting organic control or management of the organization(s). You must control organization	e supporting org	anization vested in th			-			
С	□ =	ated. A supportir	ng organization opera				y integrated with,		
d	☐ Type III non-functionally in that is not functionally integr requirement (see instructions	ated. The organi	zation generally must	satisfy a	distributi	on requirement and			
е	Check this box if the organiz functionally integrated, or Ty						I, Type III		
f	Enter the number of supported								
g	Provide the following information		oorted organization(s).						
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
				Yes	No				
(A)									
(B)									
(C)	- · · · · · · · · · · · · · · · · · · ·								
(D)									
(E)	· · · · · · · · · · · · · · · · · · ·								
		ŀ	l	ì	1				

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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	245,567	279,277	214,920	223,146	246,349	1,209,259
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	245,567	279,277	214,920	223,146		1,209,259
3	The value of services or facilities furnished by a governmental unit to the organization without charge	,					
4	Total. Add lines 1 through 3	245,567	279,277	214,920	223,146	246,349	1,209,259
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)						68,156
6	Public support. Subtract line 5 from line 4.						1,141,103
	on B. Total Support			1		<u> </u>	1,141,103
	dar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	245,567	279,277	214,920	223,146	246,349	1,209,259
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 VI.)						
11	Total support. Add lines 7 through 10		<u> </u>			<u> </u>	1,209,259
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the	_			-		
04	organization, check this box and stop he						· · • U
	on C. Computation of Public Suppor			4 and unam (6)		44	
14	Public support percentage for 2014 (line 6 Public support percentage from 2013 Sch					15	94 %
15 16a							100 %
.00	box and stop here . The organization qua						
ь	331/3% support test-2013. If the organ	•		-			_
	check this box and stop here. The organ						
17a	10%-facts-and-circumstances test—2014. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.						
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizate Explain in Part VI how the organization m	013. If the orgation meets the leets the	anization did no facts-and-ci and-circums	ot check a box rcumstances" tances" test. T	on line 13, 16 test, check th he organizatio	6a, 16b, or 17a his box and st o n qualifies as a	, and line op here. a publicly
40	supported organization						. 🕨 📙
18	Private foundation. If the organization di instructions						

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.)

	If the organization fails to qualify	under the te	sts listed bei	ow, please co	omplete Part	II.)	
	on A. Public Support					· · · · · · · · · · · · · · · · · · ·	<u> </u>
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees			ļ	1		
_	received. (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or 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			Ì		l	
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3]		ļ	
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5.000						
	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from]		
	line 6.)			<u> </u>			
	on B. Total Support				· · · · · · · · · · · · · · · · · · ·		
	dar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources .				-		
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or	j					
	loss from the sale of capital assets						
40	(Explain in Part VI.)			 			
13	Total support. (Add lines 9, 10c, 11, and 12.)						
4.4	·		'a first asser	المالية			- F01(-\/0\
14	First five years. If the Form 990 is for the organization, check this box and stop her	_					, ,, ,
Saati	on C. Computation of Public Suppor				<u> </u>	<u> </u>	· · <u> </u>
15	Public support percentage for 2014 (line 8			12 solumn (f)		15	
16	Public support percentage from 2013 Sch		•	,,			<u>%</u>
	on D. Computation of Investment Inc			· · · · ·		10	%
17	Investment income percentage for 2014 (li			v line 13 colu	mp (fl)	17	%
18	Investment income percentage from 2013					18	
19a	331/3% support tests—2014. If the organization						
.56	17 is not more than 331/3%, check this box a						
ь	331/3% support tests—2013. If the organiza		_			_	
	line 18 is not more than 331/3%, check this b						
20	Private foundation. If the organization did		_			•	

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

	Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete P	art V	.)	
Secti	on A. All Supporting Organizations			
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		Yes	No
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did-the-organization-add, substitute, or remove any supported organizations during the tax-year?-If-"Yes,"—answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b c	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.			
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	ļ	_	

determine whether the organization had excess business holdings.)

10b

				. 5
Part	Supporting Organizations (continued)		1	
44	the the executation eccepted a get as contributes from any of the following persons?		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either slope or together with persons described in (b) and (c)			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b	<u> </u>	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,		1	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		l	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	-	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	ļ		
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	<u> </u>		
Soot!		2	L	<u> </u>
Secti	on C. Type II Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		:	
	or management of the supporting organization was vested in the same persons that controlled or managed		ļ	ļ
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
	Doddha anno bata anno bata anno bata anno ata da anno ata da anno ata da anno ata da anta da anta da anta da a		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax-year, (1) a written notice describing the type and amount of support provided during the prior tax-	1		
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the	ļ		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a		ļ	
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			1
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	inetru	ction	e).
· a	The organization satisfied the Activities Test. Complete line 2 below.	113010	Caon	3 /.
b	The organization satisfied the Activities rest. Complete line 2 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see in:	structi	ons).
2	Activities Test. Answer (a) and (b) below.		Yes	No
		Г	162	140
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	ł		1
	those supported organizations and explain how these activities directly furthered their exempt purposes,	ł	}	
	how the organization was responsive to those supported organizations, and how the organization determined	_		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	1		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		1	
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3	Parent of Supported Organizations. Answer (a) and (b) below.	2b	 	
о a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		1	
_	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must contain the containing organization.			•
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		(5) 6
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3	• • • • • • • • • • • • • • • • • • • •	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	-4-		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional	ly-in	tegrated Type III suppor	ting organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	_			
	on D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish						
2	Amounts paid to perform activity that directly furthers exe						
	organizations, in excess of income from activity						
3_	Administrative expenses paid to accomplish exempt purp	poses of supported orga	nizations				
4	Amounts paid to acquire exempt-use assets		• •				
5_	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions.		 				
7	Total annual distributions. Add lines 1 through 6.	L. Al					
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	in the organization is res	sponsive				
9	Distributable amount for 2014 from Section C, line 6	 					
10	Line 8 amount divided by Line 9 amount		· ·				
-10	the o amount divided by the 9 amount]	(ii)	(iii)			
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2014	Distributable Amount for 2014			
1	Distributable amount for 2014 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2014		'				
	(reasonable cause required-see instructions)						
3	Excess distributions carryover, if any, to 2014:						
<u>a</u>	1						
b							
C	 						
d	From 2012						
e f	From 2013						
<u>'</u> _	Applied to underdistributions of prior years						
	Applied to diderdistributable amount						
: -	Carryover from 2009 not applied (see instructions)						
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2014 from Section						
•	D, line 7: \$		•				
а	Applied to underdistributions of prior years		1				
b	Applied to 2014 distributable amount						
С	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2014, if						
	any. Subtract lines 3g and 4a from line 2 (if amount						
	greater than zero, see instructions).						
6	Remaining underdistributions for 2014. Subtract lines 3h						
	and 4b from line 1 (if amount greater than zero, see instructions).						
7	Excess distributions carryover to 2015. Add lines 3j						
7	and 4c.						
8	8 Breakdown of line 7:						
а							
b_							
C	<u> </u>						
<u>d</u>	Excess from 2013		,				
е	Excess from 2014						

Schedule A (F	90 or 990-E∠) 2014						
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions.)						
							
- -	,						

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990.

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

Inspection Employer identification number

atin a	American Children's Fund					43-1527314
Par	General Information Form 990, Part IV, line		es Outside	the United States. Com	plete if the organization	n answered "Yes" on
1	For grantmakers. Does the assistance, the grantees' elegrants or assistance?	igibility for the	e grants or as	sistance, and the selection		
2	For grantmakers. Describe assistance outside the Unite		he organızatı	on's procedures for moni	toring the use of its	grants and other
3	Activities per Region. (The fo	ollowing Part	, line 3 table o	can be duplicated if additio	nal space is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d a program service, describe specific type service(s) in region	expenditures for
(1)	Peru	0	0	grantmaking	school support	216,979
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)				1		
(11)						
(12)	-					
(13)		:				
(14)						
(15)						
(16)						
(17)	0.5.4.4.1					
3a b						245,618
_	Totals (add lines 3a and 3b)			-	<u> </u>	245 619

Schedule F (Form 990) 2014

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, (h) Description of non-cash assistance Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (g) Amount of non-cash assistance (f) Marmer of cash disbursement 216,979 EFT (e) Amount of cash grant (d) Purpose of grant school support (c) Region Peru (b) IRS code section and EIN (if applicable) (a) Name of organization Part II <u>€</u> . 15) 9 = 12 4 16) N ල 3 2 <u></u> <u>@</u> 6

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entitles

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Schedule F (Form 990) 2014

10, Part IV, line 16.	(h) Method of valuation (book, FMV, appraisal, other)																		
Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.	(g) Description of non-cash assistance																		
organızation answ	(f) Amount of non-cash assistance																		
s. Complete if the	(e) Manner of cash disbursement	EFT																	
the United States	(d) Amount of cash grant	28,639																	
ls Outside is needed.	(c) Number of recipients	-																	
Grants and Other Assistance to Individuals Outside Part III can be duplicated if additional space is needed.	(b) Region	Peru																	
Part III Grants and Other As Part III Can be duplica	(a) Type of grant or assistance	(1) direct cash assistance	(2)	(3)	(4)	(5)	(9)	(2)	(8)	(6)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)

Page	4

Part	V Foreign Forms	 _
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	✓ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	☑ No

Part	V	5

Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Details on the money granted to Peru is kept in the US within accounting software. Details on the money received in Peru is
maintained by a paid accountant and details are provided to the board of directors in the US for review.

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	American Children's F	und									43-	15273	14				
Part	Excess Bene Complete if the	fit Transaction ne organization											V, line	40b.			
1	(a) Name of disqualified	namen .	(b) Relationship between disqualified person and				(c) Description of tra							(d) Corrected?			
•	(a) Name of disqualified	person	organization			(c) Des	cription	ioi tran	ISACIO			Yes	No				
(1)																	
(2)																	
(3)					-												
(4)																	
(5)																	
(6)								·	•								
2	Enter the amount under section 4958		by the organ	nızatio 	n manag	gers or dis	qualif	ied person	ns dur 	ring t	he ye 	ar ► \$	S				
3	Enter the amount o	of tax, if any, on	line 2, above,	reimb	ursed by	the organ	ızatıoı	n			. !	• \$	S				
Part	Complete if the	l/or From Interne organization eported an am	answered "Ye	es" on				38a or Fo	rm 99	00, Pa	rt IV,	line 2	6; or	ıf the			
(a) Na	ame of interested person	(b) Relationship with organization	(c) Purpose of loan	fro	oan to or om the nization?	(e) Origii principal an		(f) Balance	due	(g) In o	(g) In default?		default? (h) Approved by board or committee?		ard or		ritten ment?
				То	From	1				Yes	No	Yes	No	Yes	No		
(1)																	
(2)																	
(3)				<u> </u>													
(4)																	
(5)																	
(6)																	
(7)	_									}							
(8)]															
(9)	•																
(10)			L								l <u>-</u> .						
Total		<u></u>					.▶	\$									
Part		sistance Bene ne organization				0, Part IV, I	ine 27	7 .									
(a)	Name of interested person		ship between inter and the organization		(c) Amount	of assistance	((d) Type of assistance (e) Purpo		se of a	se of assistance						
(1) ;	Ken Biron	board men	nber, missionar	γ		28,639	grant				finan	cial s	uppor	t			
(2)																	
(3)																	
(4)																	
(5)									·								
(6)																	
(7)																	
(8)																	
(9)																	
(10)																	

Part IV	Part IV Business Transactions Involving Interested Persons. Complete If the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.							
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever			
					Yes	No		
(1) (2)					-	<u> </u>		
(3)								
(4)								
(5)					<u> </u>			
(6) (7)						<u> </u>		
(8)								
(9)								
(10) Part V	Supplemental Information		an Sahadula I. (asa	(notwictions)				
	Provide additional information for	or responses to questions	on Schedule L (see	instructions	·	,		
						••••		
				•••••				
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SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

Latin American Children's Fund	43-1527314
Form 990 Part III Line 4D Money used to cover the costs associated with 2 missions trips to the Roma	Lee Courvisier School. Money
was used to purchase building supplies and pay other construction costs for construction projects at	the school
Form 990 Part VI 11B - LACF has a regular online board meeting and we share all information among a	ll board members via email. A copy
of the 990 and all associated attachments were emailed to all board members for review prior to filing.	The form was discussed at the next
board meeting and accepted.	
Form 990 Part VI 19 - LACF has no formal conflict of interest policy. Governing documents are available	ele to the public upon written request.
Financial statements are available upon written request as well as summarized in the organization new	rsletter yearly.

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization	Employer identification number
•	
·····	
•••••••••••••••••••••••••••••••••••••••	
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