

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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 , 20)14, and endin	g Dece	mber	, 20 14		
В	Check if a	plicable: C Name of organization Latin American C	hildren's Fund			D Employ	er identification number	_	
\checkmark	Address c						43-1527314		
	Name cha	Number and street (or P.O box if mail is no	ite	E Telepho	ne number				
	Initial retur	P.O. Box 128			573-887-3601				
	Final return								
	Amended	etum Marble Hill, MO 63764	G Gross re	eceipts \$					
	Application	pending F Name and address of principal officer M	oup return for	subordinates? Yes Vo	,				
		RR 6 Box 1030 Marguand, MO 63655	_		H(b) Are all	subordinate	s included? Tyes 🗹 No	,	
<u> </u>	Tax-exem	t status 🗸 501(c)(3) 🔲 501(c) () ◀ (insert no.) 🔲 4947(a)() or 527	If "N	o," attach a	a list. (see instructions)		
<u>J</u>	Website:	www.latinamericanchildrensfund.org			H(c) Group	exemption	number >		
K	Form of org	anization: Corporation Trust Association	Other ▶	L Year of format	tion 1991	M State	of legal domicile DE		
P	art I	Summary							
	1 E	riefly describe the organization's mission or	most significant activ	ities: Provid	e Christian e	ducation	to over 200 children		
Š	a	ttending the Roma Lee Courvisier School in Ro	eque, Peru. This includ	es a Christian	education, h	ealth ser	vices to the students		
Activities & Governance		nd families, plus 2 hot meals a day to the stud	ents and faculty						
Ver	2 (theck this box ▶☐ if the organization disco	ntinued its operations	or disposed (of more than	25% of	its net assets.		
Ĝ	1	umber of voting members of the governing				3		_8	
න්	1	umber of independent voting members of the				4		_0	
臺	1	otal number of individuals employed in cale	•	', line 2a) .		5		0	
¥	1	otal number of volunteers (estimate if neces	• •			6	1	00	
Ă	1	otal unrelated business revenue from Part V				7a		0	
	b l	et unrelated business taxable income from	Form 990-T, line 34			7b		0	
Revenue				L	Prior Ye	ear	Current Year		
		contributions and grants (Part VIII, line 1h).		[246,349	203,7	<u> 32</u>	
	1	rogram service revenue (Part VIII, line 2g)		0		_0			
æ	1	evestment income (Part VIII, column (A), line		0		_0			
		other revenue (Part VIII, column (A), lines 5, 6		0		_0			
		otal revenue—add lines 8 through 11 (must e				246,349	203,7	32	
	1	irants and similar amounts paid (Part IX, col		F-		245,349	196,1	79	
	1	enefits paid to or for members (Part IX, colu	•)-		0		_0	
es		alaries, other compensation, employee benefi				0		_0	
ena		rofessional fundraising fees (Part IX, column		<i>.</i> [0		_0	
Expenses		otal fundraising expenses (Part IX, column (···- ···· · ····	· , ,			
	1	other expenses (Part IX, column (A), lines 11				4,705		<u> 15</u>	
	1	otal expenses. Add lines 13-17 (must equal		<u>1e</u> 25) ⊵ [)		250,323			
		evenue less expenses. Subtract line 18 from				-3,974		<u> 38</u>	
200		- A-I A- (D-A-V. H 40)	\delta \del	1 8 2015 H	Beginning of Cu		End of Year		
See.	20 1	otal assets (Part X, line 16)	· · · 🗟 · ix0.v	"מ לאויז F	<u> & </u>	11,733	15,7		
Net Assets or Fund Balances	21 T	otal liabilities (Part X, line 26) let assets or fund balances. Subtract line 21	· · · · · · · · · · · · · · · · · · ·		7 651	0		_0	
	art II	Signature Block	from line 20 (AGI)	<u> </u>	=	11,733	15,7	71	
tru	e, correct,	es of perjury, I declare that I have examined this return, i and complete. Declaration of preparer (other than officer	is based on all information	of which prepare	r has any knowl	ne best of i ledge	my knowledge and belief, i	πis	
	т	1100000			<u> </u>	11/1	1/17		
Sig	an l	Signature of officer			Da	te	413	—	
Here		Mitchell Dooley -	treasurer						
		Type or print name and title	T COUNTRY TO	·					
_		/	rer's signature	D	ate	10	PTIN		
Pa			-			Check self-em	□ #		
	eparer	Firm's name ▶	·		E.m.	n's EIN ▶			
US	e Only	Firm's address >				ne no.		—	
Ma	y the IRS	discuss this return with the preparer shown	above? (see instructi	ons)			· · Pes No	 o	
		rk Reduction Act Notice, see the separate ins			lo. 11282Y		Form 990 (20	_	

Part	Ш	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	
1	Brio	ofly describe the organization's mission:	<u> </u>
•		•	_
		vide a Christian education, medical services, and 2 hot meals a day to over 200 children and faculty at the Roma Lee Courvisie 1001 in Reque, Peru, SA	:r
	SUI	iooi in Reque, Peru, SA	
2	Did	the organization undertake any significant program services during the year which were not listed on the	
		or Form 990 or 990-EZ?	No
	If "Y	Yes," describe these new services on Schedule O.	
3	Did	the organization cease conducting, or make significant changes in how it conducts, any program	
		vices?	No
	If "Y	Yes," describe these changes on Schedule O.	
4	Des	scribe the organization's program service accomplishments for each of its three largest program services, as measure	d by
		enses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	hers,
	the	total expenses, and revenue, if any, for each program service reported.	
4a	(Co	de:) (Expenses \$including grants of \$160,530) (Revenue \$)	
		ver expenses, salaries, and other costs associated with the operation of the Roma Lee COurvisier School in Regue, Peru. This	
	incl	udes the cost of providing a Christian education, and providing for 2 hot meals per day to the students and faculty at the school	ol.
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
			·
46	(00	do: \(\(\big(\text{Eventon } \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	
4b		including grants of \$ 27,832) (Revenue \$) ney used to provide direct financial assistance to two missionaries who live and work at the Roma Lee Courvisier School in	
	Key	que, Peru	
4c	(Co	ode:) (Expenses \$ including grants of \$ 7,817) (Revenue \$)	
	Mor	ney used for construction costs of adding additional classrooms at the Roma Lee Courvisier School in Reque, Peru	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
4d		ner program services (Describe in Schedule O.)	
4e		penses \$ including grants of \$) (Revenue \$)	
	LOT	al program service expenses > 196,179	

Form **990** (2014)

art	Checklist of Required Schedules			
4	Is the organization described in section E01(o)(2) or 4047(o)(1) (other than a private foundation)? If "Vee "		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	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? If "Yes," complete Schedule C, Part II	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		√
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		1
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		1
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	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
e f	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		1
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
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a		14a	.	✓
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		1
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		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
h	If "Voc" to line 20a, did the organization attach a convint its audited financial statements to this return?	20h	1	11

Checklist of Required Schedules (continued)

Part IV

			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		1
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		✓
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		√
b c	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		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		1
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	1	
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	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		1
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		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	31		/
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	32		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		
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		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	
		For	n 990	(2014)

Form **990** (2014)

Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		<u>, </u>
4.			Yes	No
18	· · · · · · · · · · · · · · · · · · ·	4		
C	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	2	İ	
·	reportable gaming (gambling) winnings to prize winners?	10		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c		√
	Statements, filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		1
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20		V
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	ļ	1
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			<u> </u>
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	1		
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶			
	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		✓
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		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			١,
_	gifts were not tax deductible?	6b		✓
7	Organizations that may receive deductible contributions under section 170(c).			ŀ
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a	 	1
b C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7b	 	
·	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		·
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f	 	7
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	<u> </u>	1
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		1
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		1
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		1
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		1
10	Section 501(c)(7) organizations. Enter:			
a	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	_		
11	Section 501(c)(12) organizations. Enter:	ļ		
a b	Gross income from members or shareholders	-		j
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	il	1
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	120		×
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		1
-	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		V
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		I

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	ee ins		ions.		
Section	on A. Governing Body and Management	<u> </u>	<u></u> :			
			Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 8					
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b Enter the number of voting members included in line 1a, above, who are independent . 1b 0 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with						
3	any other officer, director, trustee, or key employee?	2		√		
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		1		
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		√		
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:					
a	The governing body?	8a	√			
9	Each committee with authority to act on behalf of the governing body?	8b	✓	<u> </u>		
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1		
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)			
			Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?	10a		/		
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		1		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	<u> </u>			
b 12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	120				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b		✓		
c	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		7		
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?					
a	The organization's CEO, Executive Director, or top management official	15a		1		
þ	Other officers or key employees of the organization	15b	منجو	Y		
16a		16a		/		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b				
Secti	on C. Disclosure					
17	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 int financial statements available to the public during the tax year.		•	, and		
20	State the name, address, and telephone number of the person who possesses the organization's books and re Mitchell Dooley RR 6 Box 1030 Marquand, MO 63655	cords	.			

D	

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

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 employees."
- 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	ted any curren	t officer, director	r, or trustee.
				(0	C)					
(A)	(B)				ition			(D)	(E)	(F)
Name and Title	Average hours per	box,	unies	s pe	rson	e than o is both or/trust	an	Reportable compensation	Reportable compensation from	Estimated amount of
	week (list any hours for related organizations below dotted line)	Individua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Randy Wolfe, President	15									
6151 Michael Rd, Middletown, OH 45042				✓				0	0	0
(2) Paul Martorana, Vice President	10			l	ļ			}		
4521 Blairwood, St. Louis, MO 63128			<u> </u>	1	<u> </u>	<u> </u>	<u> </u>	0	0	0
(3) Mitchell Dooley, Treasurer	20			1						
RR 6 Box 1030, Marquand, MO 63655		<u> </u>		✓				0	0	0
(4) Jeanne Erzinger, Secretary	10]				Ì			ł	
40 Cove Trail, New Florence, MO 63363				✓	<u> </u>		L	0	0	0
(5) David Young	5			l						
11118 Wurzbach Suite 300, San Antonio, TX 78230	ļ	1		_		<u> </u>	_	0	0	0
(6) Ken Biron	20		ļ	1						
Km 1.3 Carratera, Reque Peru, SA		✓				ļ	_	0	0	0
(7) Paul Gonzales	5	l	ļ				Ì		<u> </u>	
5515 Royal Vista Dr, San Antonio, TX 78247		✓		L_		ļ		0	0	0
(8) David Hogan	5									
4301 Fisher Ave, Middletown, OH 45042		1	<u>l</u>	L	<u> </u>		<u></u> .	0	0	0
(9)		ł								
(10)			 	Г						
(11)										<u></u>
(12)										
(13)		-			<u> </u>					
(14)					\dagger	 	-	- "		

Part	VII Section A. Officers, Directors, Trus	tees, Key E	mplo	yees			lighe	st C	ompensated E	mployees (contin	nued)
]		-	C)					
	(A)	(B)	(don	ot ch		ition more	than o	one	(D)	(E)	(F)
	Name and title	Average	box,	unles	s pe	rson	is both	n an	Reportable	Reportable	Estimated
		hours per week (list any	-	rano			or/trus	· ·	compensation	compensation from related	amount of other
		hours for	Individual trustee or director	귫	Officer	줎	多	Former	the	organizations	compensation
		related	물호	2	ॡ	Key employee	흥	Į	organization	(W-2/1099-MISC)	from the
		organizations	3 8	l≅i	**	ᇢ	À X	4	(W-2/1099-MISC)		organization
		below dotted] ♀ ‡	<u>a</u>		ই	m ğ	l			and related
		line)	<u> </u>	3		8	1	1			organizations
		1	8	Institutional trustee			Highest compensated employee	l			
			1	•			l 🕏	l		ŀ	
(15)		 	 	\vdash	╁─╴	 	 	┢	· · · · · · · · · · · · · · · · · · ·	 	<u> </u>
7.37		 	ł					İ			
				Ш	Ļ	L	<u> </u>	<u> </u>	<u> </u>	L	
(16)		1						l			
		T	1				l	l			
(17)		 			-	 		╁		· · · · · · · · · · · · · · · · · · ·	
777			ł				l	1			
		<u> </u>			<u> </u>	<u> </u>		<u> </u>			
(18)		İ						l	ļ	•	
J	***************************************	†	1		İ	ĺ		l	}		
(40)	 	<u> </u>	-	-				\vdash			
(19)		↓	ł		ĺ	ļ		l			
								11		1.	
(20)											
3Z		†	1			i	Į.	l		1	
7041		 	-	\vdash	-	├	·	⊢	 		
(21)			ļ			1		l		,	
		<u> </u>					<u> </u>	L	<u> </u>		
(22)						1		Ι			
3		†	1		ı		1	l	ł	1	
(00)		 	 -	H	⊢	-	 	⊢	 		
(23)		↓	ļ			1		l			
		1			1			l			1
(24)					 -					*	
35.7	***************************************		ł		1	l		l	İ		
		 		\vdash			 	├	ļ		
(25)		1	1		1	l		ŀ		1	
			1				1	l		ł	
1b	Sub-total					•	•		0	0	C
	Total from continuation sheets to Part	 		•	•	•	•			 	
C		•		•	•		•		0	0	0
d	Total (add lines 1b and 1c)							ightharpoonup	0	0	<u> </u>
2	Total number of individuals (including but						above	a) w	ho received m	ore than \$100 00	On of
_	reportable compensation from the organ			.030	, 113	.cu	above	-, • •	nio received in	ore triair wroo,ot)O OI
	reportable compensation from the organ	IZation									······································
											Yes No
3	Did the organization list any former of	fficer, direc	tor, c	or tr	uste	ee,	key e	əmp	oloyee, or high	nest compensate	ed Market
	employee on line 1a? If "Yes," complete							. •		•	3 ✓
	• •							•			
4	For any individual listed on line 1a, is the										
	organization and related organizations	greater th	an \$1	150,	,000)? <i>l</i> i	f "Ye	s, "	complete Sch	nedule J for suc	ch
	individual										4 🗸
5	Did any person listed on line 1a receive of	N 2007 10 00	mno	neat	tion	froi			rolated organi	zation or individu	
9										zation or individu	j
	for services rendered to the organization	rii Yes, C	ompi	ete	Scr	1eal	Jie J 1	or s	sucn person		5 ✓
Section	on B. Independent Contractors										
1	Complete this table for your five highest	compensat	ed in	den	end	ent	contr	act	ors that receive	ed more than \$1	00 000 of
•	compensation from the organization. Rep										
		port compe	isaut	א ווכ	Oi li	16 0	aleilu	iai	year ending wil	ui or within the o	rganization's tax
	year.										
	(A)								(B)		(C)
	Name and business add	iress							Description of s	ervices	Compensation
								┢╾			· · · · · · · · · · · · · · · · · · ·
		<u></u>						<u> </u>			
								ł			
								 			
								├			
								L_			
2	Total number of independent contractor) th	nose listed ab	ove) who	
	received more than \$100,000 of compen-	sation from	the o	rgar	niza	tion			0		
				<u> </u>							r 000 /
											Form 990 (2014)

Part	VIII	Statement of Revenue					rage 3
-		Check if Schedule O contains a res	sponse or note to	any line in this	Part VIII		🗆
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
at st	1a	Federated campaigns 1a					
F 등	b	Membership dues 1b					
s, G Am	С	Fundraising events 1c				1	
Giff	d	Related organizations 1d				į	
ns, jimi	е	Government grants (contributions) 1e	<u> </u>				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants, and similar amounts not included above	203,732				
d O	9	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f		203,732			
Program Service Revenue			Business Code				
evel	2a						
e B	Ь				- <u></u> .		<u> </u>
Ŋċ	C						
Se	d						
ram	е	A II					
rog	1	All other program service revenue.					<u> </u>
	<u>g</u> 3	Total. Add lines 2a–2f	tondo interest	0			
	3						
	4	Income from investment of tax-exempt to		0			
	5	·	•	0			
		Royalties	(ii) Personal		····		
	6a	Gross rents				•	
	b	Less: rental expenses					
	C	Rental income or (loss)					
	d	Net rental income or (loss)	•	0			
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory				ļ	
	b	Less: cost or other basis					
		and sales expenses .					
	С	Gain or (loss)					
	d	Net gain or (loss)	•	0			
anue	8a	Gross income from fundraising					
Other Revenue		events (not including \$ of contributions reported on line 1c).					
Je.		See Part IV, line 18		1		-	,
ᅙ	ľ	Less: direct expenses					
		Net income or (loss) from fundraising	events . ►	0			
	ya	Gross income from gaming activities. See Part IV, line 19		•			
		Less: direct expenses I Net income or (loss) from gaming ac					
		Gross sales of inventory, less	uvilles	0			
	100	returns and allowances					
	ь	Less: cost of goods sold I					
		Net income or (loss) from sales of in-		0			
		Miscellaneous Revenue	Business Code				
,	11a						
	b						
	C				· · · · · · · · · · · · · · · · · · ·		
	d	All other revenue					
	е	Total. Add lines 11a-11d		0			
	12	Total revenue. See instructions	•	203,732			

Part IX Statement of Functional Expenses								
Sectio	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).							
Check if Schedule O contains a response or note to any line in this Part IX								
	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							
4 5	Benefits paid to or for members	196,179	196,179					
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):							
a	Management	200		260				
b	Legal	360		360				
d	Lobbying							
e	Professional fundraising services. See Part IV, line 17							
f	Investment management fees			***************************************				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)							
12	Advertising and promotion	669		669				
13	Office expenses							
14	Information technology							
15	Royalties				··········			
16	Occupancy							
17 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							
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	postage and shipping	562		562				
b	wire transfer fees	1,740		1,740				
C	board expenses	184		184				
d								
e 25	All other expenses Total functional expenses. Add lines 1 through 24e							
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and							
	fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	199,694	196,179	3,515				
	<u> </u>	1 100,004	190,179		<u> </u>			

Р	art X	Balance Sheet	-		
		Check if Schedule O contains a response or note to any line in this Par	rt X		🗆
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	11,733	1	15,771
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,		[
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	 <u> </u>
Ass	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	· · · · · · · · · · · · · · · · · · ·
	_	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a		i	
	ь	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11	··· · · · · · · · · · · · · · · ·	13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	11,733		15,771
	17	Accounts payable and accrued expenses		17	
	18 19	Grants payable		18	
	20	Tax-exempt bond liabilities	· · - · · · · · · · · · · · · · · · · ·	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
ý	22	Loans and other payables to current and former officers, directors,	· · · · · · · · · · · · · · · · · · ·		
ij		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	
S		complete lines 27 through 29, and lines 33 and 34.			
Š	27	Unrestricted net assets	· · · · · · · · · · · · · · · · · · ·	27	
ala	28	Temporarily restricted net assets		28	
9	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and			
or F		complete lines 30 through 34.			
its	30	Capital stock or trust principal, or current funds		30	
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ţ	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Š	33	Total net assets or fund balances	11,733		15,771
	34	Total liabilities and net assets/fund balances	11,733	34	15,771

$ar{P}art$	XI Re	conciliation of Net Assets			
	Ch	eck if Schedule O contains a response or note to any line in this Part XI			🗆
1		venue (must equal Part VIII, column (A), line 12)	1		203,732
2	Total ex	penses (must equal Part IX, column (A), line 25)	2		199,694
3	Revenue	e less expenses. Subtract line 2 from line 1	3		4,038
4	Net asse	ets or fund balances at beginning of year (must equal Part X, line 33, column (A)) [4		11,733
5	Net unre	ealized gains (losses) on investments	5		
6	Donated	I services and use of facilities	6		
7	Investm	ent expenses	7		
8	•	riod adjustments	8		
9		nanges in net assets or fund balances (explain in Schedule O)	9		
10		ets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
		mn (B))	10		15,771
Part		nancial Statements and Reporting			
	Cr	eck if Schedule O contains a response or note to any line in this Part XII	<u> </u>	,	<u> </u>
				Fraction value of	Yes No
1		ting method used to prepare the Form 990: 🗸 Cash 🔲 Accrual 🔲 Other		. [33]	
		rganization changed its method of accounting from a prior year or checked "Other," exp	olain in		
_	Schedu				
2a		e organization's financial statements compiled or reviewed by an independent accountant?		2a	√
		' check a box below to indicate whether the financial statements for the year were comp d on a separate basis, consolidated basis, or both:	ilea or		
		·			
		rate basis Consolidated basis Both consolidated and separate basis			
b		e organization's financial statements audited by an independent accountant?	 d on o	2b	V
		e basis, consolidated basis, or both:	u on a		1.4
		rate basis Consolidated basis Both consolidated and separate basis			7 33
С		to line 2a or 2b, does the organization have a committee that assumes responsibility for ov	ersiaht		electric de la constante de la
C		udit, review, or compilation of its financial statements and selection of an independent account		2c	
		ganization changed either its oversight process or selection process during the tax year, exp			
	Schedu				
3a	As a res	sult of a federal award, was the organization required to undergo an audit or audits as set	orth in	256	
		le Audit Act and OMB Circular A-133?		3a	1
b	_	did the organization undergo the required audit or audits? If the organization did not under	go the		
_		l audit or audits, explain why in Schedule O and describe any steps taken to undergo such at		3ь	
				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.

2015

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

lame	of the organization					Employer identification	number
	American Children's Fund		···			43-15	
	Reason for Public Cha						ins.
	organization is not a private founda			-	-	•	
1 2	☐ A church, convention of churc ☐ A school described in section						
3	A hospital or a cooperative ho		•			• •	
4	A medical research organization						(iii). Enter the
•	hospital's name, city, and stat		, , , , , , , , , , , , , , , , , , , ,				(m) and
5	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	d by a government	al unit described in
6	☐ A federal, state, or local govern	nment or govern	mental unit described	in sectio	on 170(b)	(1)(A)(v).	
7	An organization that normally described in section 170(b)(1)			port from	a goveri	nmental unit or from	n the general public
8	☐ A community trust described i	n section 170(b)	(1)(A)(vi). (Complete l	Part II.)			
9	An organization that normally receipts from activities related support from gross investme acquired by the organization a	d to its exempt ent income and	functions—subject to unrelated business	certain taxable i	exception ncome (l	ns, and (2) no more ess section 511 ta	than 331/3% of its
10	☐ An organization organized and	d operated exclus	sively to test for public	safety.	See sect i	ion 509(a)(4).	
11	☐ An organization organized and one or more publicly supported the box in lines 11a through 11	d organizations d	lescribed in section 50	09(a)(1) o	r section	509(a)(2). See sect	ion 509(a)(3). Check
а				•		•	
	the supported organization(s organization. You must con	s) the power to re	egularly appoint or ele				
b	☐ Type II. A supporting organi	zation supervise	d or controlled in con	nection w	ith its su	pported organization	n(s), by having
	control or management of the organization(s). You must co	omplete Part IV	Sections A and C.				
С	its supported organization(s)	(see instructions	s). You must comple	te Part I\	/, Section	ns A, D, and E.	
d	Type III non-functionally in that is not functionally integr requirement (see instructions)	rated. The organi	zation generally must	satisfy a	distributi	on requirement and	
е	Check this box if the organize functionally integrated, or Ty						II, Type III
f	Enter the number of supported	organizations .					
g	Provide the following information	n about the supp	oorted organization(s).				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	listed in you	rganization ir governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
A)							
B)							
C)							
D)							
E)							
	_					 	· - · · <u>- · · - · · · · · · · · · · · ·</u>
			Una	15		1	1

Part	Support Schedule for Organiza (Complete only if you checked the						
	Part III. If the organization fails to						my dridor
Section	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	279,277	214,920	223,146	246,349	203,732	1,167,424
2	Tax revenues levied for the		,				
	organization's benefit and either paid to or expended on its behalf					1	
	·	<u> </u>					
3	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
A	Total. Add lines 1 through 3	270 277	214 020	222.146	246 240	202 722	1 107 104
4	~	279,277	214,920	223,146	246,349	203,732	1,167,424
5	The portion of total contributions by		1				
	each person (other than a governmental unit or publicly				ŀ	1	
	supported organization) included on		}				
	line 1 that exceeds 2% of the amount				į		
	shown on line 11, column (f)						124,903
6	Public support. Subtract line 5 from line 4.						1,042,521
	on B. Total Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	279,277	214,920	223,146	246,349	203732	1,167,424
8	Gross income from interest, dividends,	ļ ļ]			ŀ	
	payments received on securities loans,						
	rents, royalties and income from similar	}					
•	sources						
9	Net income from unrelated business activities, whether or not the business	1	,			1	
	is regularly carried on			i			
10	Other income. Do not include gain or						
.0	loss from the sale of capital assets						
	(Explain in Part VI.)	i		ļ	1	İ	
11	Total support. Add lines 7 through 10						1,167,424
12	Gross receipts from related activities, etc	. (see instruction	ons)			12	1,101,112
13	First five years. If the Form 990 is for the	he organization	's first, second	d, third, fourth	, or fifth tax ye	ar as a section	501(c)(3)
	organization, check this box and stop he						>
Secti	on C. Computation of Public Support						
14	Public support percentage for 2015 (line		_			14	89 %
15	Public support percentage from 2014 Sc					15	94 %
16a	331/3% support test—2015. If the organibox and stop here. The organization qua						
	331/3% support test—2014. If the organization qua	•	•	_			
	check this box and stop here. The organ	nization qualifies	s as a publicly	supported org	anization .		. • 🗆
17a	10%-facts-and-circumstances test—2						
	10% or more, and if the organization me Part VI how the organization meets the ":						
	organization	racts-and-circu 		i. The organiza	auon qualines	as a publicly St	• • • •
	•					- 406 47	· P
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization n						
	supported organization						. > _
18	Private foundation. If the organization d				, or 17b, chec	k this box and	

Part						 	rage 🗸
	(Complete only if you checked the						der Part II.
	If the organization fails to qualify	under the te	sts listed belo	ow, please co	omplete Part	II.)	
	on A. Public Support				·		
_	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees						}
2	received. (Do not include any "unusual grants.") 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 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
8 8	Add lines 7a and 7b						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop he	re	<u> </u>		-		
Sect	on C. Computation of Public Suppor					 	
15 16	Public support percentage for 2015 (line to Public support percentage from 2014 Sch						<u>%</u>
Sect	ion D. Computation of Investment In	come Perce	ntage				
17	Investment income percentage for 2015 (%
18 19a	Investment income percentage from 2014 331/3% support tests—2015. If the organ 17 is not more than 331/3%, check this box	ization did not	check the box	c on line 14, a	nd line 15 is m	ore than 331/	
ь	33 ¹ / ₂₃ % support tests—2014. If the organiz line 18 is not more than 33 ¹ / ₂₃ %, check this l	ation did not o	heck a box on	line 14 or line 1	19a, and line 16	is more than	331/3%, and

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on 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.)

Section 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.
- 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- 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.
- c 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.
- 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.
- **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.
- C 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.
- 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).
- **b** 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 or 990-EZ).
- 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.
 - b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) 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.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Part	Supporting Organizations (continued)	rage
		Yes No
11	Has the organization accepted a gift or contribution from any of the following persons?	
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	
b	below, the governing body of a supported organization? A family member of a person described in (a) above?	11a
	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	1
		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, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported 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 VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2
Secti	on C. Type II Supporting Organizations	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 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 the supported organization(s).	Yes No
Secti	on D. All Type III Supporting Organizations	
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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	Yes No
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 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 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	instructions):
а	☐ The organization satisfied the Activities Test. Complete line 2 below.	
þ	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.	
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
2	Activities Test. Answer (a) and (b) below.	Yes No
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 those supported organizations and explain how these activities directly furthered their exempt purposes, 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 of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	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	jani	zations	
Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must contain the property of the prop			nstructions. All
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		
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-functionall	y-in	tegrated Type III supportin	g organization (see
instructions).	-		- - ,

Part) Supporting Organi	zations (continued)	
Section	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted	
	organizations, in excess of income from activity	**		
	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	·····
	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.			
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive	
	(provide details in Part VI). See instructions.		 	
	Distributable amount for 2015 from Section C, line 6		· · · · · · · · · · · · · · · · · · ·	
10	Line 8 amount divided by Line 9 amount	· · · · · · · · · · · · · · · · · · ·		
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
_1	Distributable amount for 2015 from Section C, line 6			····
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
<u>a</u>				
<u> </u>				
C	F 0040			
	From 2013			
	From 2014			
<u>f</u>	Total of lines 3a through e Applied to underdistributions of prior years		······································	
<u>g</u> h	Applied to Underdistributions of phor years Applied to 2015 distributable amount			
<u> </u>	Carryover from 2010 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	-		
	Distributions for 2015 from Section		· · · · · · · · · · · · · · · · · · ·	
4	D, line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			<u> </u>
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
_	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b				
С	Excess from 2013			
d	Excess from 2014			
е	Excess from 2015			
		- 		

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

*	
-4	
	•

4	,

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

2015

Open to Public

Department of the Treasury Internal Revenue Service

▶ 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

ame c	of the organization					Employer iden	tification number
	American Children's Fund						527314
Par	General Information Form 990, Part IV, line		ies Outside 1	the United States. Comp	olete if the organi	zation answe	ered "Yes" on
1		eligibility for the		ords to substantiate the am sistance, and the selection		award the	☑Yes □No
2	For grantmakers. Descri assistance outside the Un		the organizati	on's procedures for moni	toring the use o	f its grants	and other
3	Activities per Region. (The	following Part	I, line 3 table o	can be duplicated if addition	nal space is need	ed.)	
	(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 liste a program se describe specific service(s) in r	rvice, type of	(f) Total expenditures for and investments in region
(1)	Peru	0	0	grantmaking	school support		160,530
(2)	Peru	0	0	grantmaking	school construct	ion	7,817
(3)							
(4)							
(5)					,		-
(6)							
(7)							
(8)					:		
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)					<u> </u>		
(17)							
	Sub-total		 				168,347
b	Total from continuation sheets to Part I						

c Totals (add lines 3a and 3b)

168,347

Page 2

Schedule F (Form 990) 2015

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. Part II

1 (a) Name of organization	(1)	(2)	(9)	(4)	(2)	(9)	E	(8)	(6)	(10)	(11)	(12)	(13)	(14)	(15)	(16)
(b) IRS code section and EIN (if applicable)																
(c) Region	Peru	Peru														
(d) Purpose of grant	school support	school construction														
(e) Amount of cash grant	160,530 EFT	7,817 EFT														
(f) Manner of cash disbursement	FT	EFT														
(g) Amount of non-cash assistance																
(h) Description of non-cash assistance																
(l) Metrico of valuation (book, FMV, appraisal, other)																

Schedule F (Form 990) 2015

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 entities

ო

8

Page 3

Schedule F (Form 990) 2015

Part III 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.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) direct cash assistance	Peru	-	27,832 EFT	EFT			
(2)							
(6)							
(4)							
(5)							
(9)							•
(2)							
(8)							
(6)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
						Sch	Schedule F (Form 990) 2015

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)	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately 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)	☐ Yes	☑ 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)	☐ Yes	 ✓ 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).	☐ Yes	☑ 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)	☐ Yes	☑ 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	☐ Yes	☑ No

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

Employer identification number

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Latin A	merican Children's F	und								43-1	15273 ⁻	14		
Part		fit Transaction ne organization	s (section 501 answered "Ye	l(c)(3), s" on l	section Form 99	501(c)(4), a 0, Part IV, l	nd 50 line 25	01(c)(29) organiz 5a or 25b, or Fo	ations rm 99	only) 0-EZ,	Part \	V, line	40b.	· · · · · ·
1	(a) Name of disqualified	person	(b) Relationship be			person and		(c) Description	n of trai	nsaction	n		(d) Cor	rected?
- (a) Name of disquamed possess		po.00	organization			(c) Description of tran						Yes	No	
(1)			······				ļ							ļ
(2)							 							ļ
(3)							 						ļ	<u> </u>
(4)	-4"					<u> </u>	ļ						ļ	<u> </u>
(5)							 						<u> </u>	
(6) 2	Enter the amount under section 4958		by the organ	nizatio	n manag	gers or dis	iqualif	ied persons du	uring t	he ye	ar > \$		l	
3	Enter the amount o	of tax, if any, on	line 2, above,	reimb	ursed by	the organ	izatio	n		!	S			
Part	Complete if the	Vor From Interne organization eported an amo	answered "Ye	es" on	Form 99 art X, lin	0-EZ, Part e 5, 6, or 2	V, line 2.	9 38a or Form 9	90, Pa	ırt IV,	line 2	6; or	if the	
(a) Nai	me of interested person	(b) Relationship with organization	nization loan		(d) Loan to or from the organization? (e) Origin				(g) in default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From	1			Yes	No	Yes	No	Yes	No
(1)					1				1					
(2)			•											<u> </u>
(3)														
(4)														
(5)				<u> </u>						<u></u>				
(6)				<u> </u>		<u> </u>								
(7)	· · · · · · · · · · · · · · · · · · ·													
(8)				<u> </u>										
(9)				<u> </u>										L
(10)	· · · · · · · · · · · · · · · · · · ·	<u> </u>	······································	<u> </u>		<u> </u>		Ļ		<u>l</u>				<u> </u>
Total Part	Grants or As	sistance Benef	fiting Interest	ed Pe	rsons.	0 D-+ N/		\$						····
Complete if the organization answered "Yes" on (a) Name of Interested person (b) Relationship between interested person and the organization				t of assistance				se of a	of assistance					
(1) K	enneth Biron	- '	nber/missionar		<u> </u>	27,832	Gran			finan	cial s			
(2)	cinical Diroil	Doard men	ingi/iiii33iUildi	7		£1,03Z	yı arı			illiail	cial 5	որիու	<u> </u>	
(3)	"						 			t				
(4)					 		 			t			-	
(5)							1			<u>† </u>				
(6)										t				
(7)	· _w · ·						1	*****		<u> </u>				
(8)					······					1				
(9)					····									
(10)										T	2.5		_	

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing o organization' revenues?	
					Yes	No
·····						
						
						<u> </u>
						
						
t V	Supplemental Information					
	Provide additional informatio	n for responses to questions	on Schedule L (see	instructions).		

				•		
 -						

SCHEDULE O (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 VI 11B - LACF has a regular online board meeting and we share all information among a	Il 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	
Total 990 Part vi 19 - LACT has no formal connect of interest poncy. Governing documents are available	ne to the public upon written request.
Financial statements are available upon written request as well as summarized in the organization new	sletter yearly.

	·

Schedule O (Form 990 or 990-EZ) (2015)	1	Page 2
Name of the organization	Employer identification number	
		*
	****-	

		,