Form **990-EZ**

Department of the Treasury

For Paperwork Reduction Act Notice, see the separate instructions.

Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation) Do not enter Social Security numbers on a lit may be made public. By law, the

IRS generally cannot redact the information on the form.

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

OMB No. 1545-1150

Open to Public Inspection

Cat. No. 10642I Form **990-EZ** (2018)

_		018 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019	D Fl-		ntification number		
_	Check if ap	Laccon Children Alliana	D Emplo	yer ide	nuncation number		
=	Address cl	iange .	27-3869694				
=	Name cha	Number and street (or P. O. box, if mail is not delivered to street address) Hoom/suite	E Telepho	one nun	nber		
=	Initial retur Final return/		(773) 888	3-3404			
=	Amended	return					
=	Application	Chicago, ileada 1320 13 City of town, state of province, country, and zir of foreign postal code	F Group I Number.		ion		
G A	ccounting	g Method: Cash Accrual Other (specify)	≽ ☑ if	the or	ganization is not		
I W	ebsite: 🕨				chedule B		
J Ta	x-exempt	status(check only one) - 501(c)(3) □ 501(c) () (insert no.) □ 4947(a)(1) or □ 527 (Form	1 990, 99	90-EZ,	or 990-PF).		
K Fo	rm of oro	anization: V Corporation Trust Association Other					
			3) below) are \$	500,000 or more, file		
Forn	n 990 inst	o, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (E ead of Form 990-EZ ▶ \$ 46,968	,	,	,		
F	Part I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)					
		Check if the organization used Schedule O to respond to any question in this Part I		✓			
	1	Contributions, gifts, grants, and similar amounts received	1	. 1	1,505		
	2		•	1	36,057		
		Program service revenue including government fees and contracts	•	2	0 30,037		
	3	Membership dues and assessments	•	3			
	4	Investment income		4	0		
	5a	Gross amount from sale of assets other than inventory	145				
	b	Less: cost or other basis and sales expenses	0				
9	С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	145		
6	6	Gaming and fundraising events					
Revenue	а	Gross income from gaming (attach Schedule G if greater than \$15,000) . 6a	0				
œ	b	Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the					
		sum of such gross income and contributions exceeds \$15,000) 6b	0				
	С	Less: direct expenses from gaming and fundraising events 6c	0				
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	0		
	7a	Gross sales of inventory, less returns and allowances	2,535				
	b	Less: cost of goods sold	1,852				
	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	683		
	8	Other revenue (describe in Schedule O)	. 1	8	6,726		
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	>	9	45,116		
	10	Grants and similar amounts paid (list in Schedule O)		10	200		
	11	Benefits paid to or for members			0		
	12	·		11	0		
		Salaries, other compensation, and employee benefits	•	12	44,286		
90	13	Professional fees and other payments to independent contractors	•	13			
35	14	Occupancy, rent, utilities, and maintenance	•	14	0		
06	15	Printing, publications, postage, and shipping	٠	15	2,978		
Expense	16	Other expenses (describe in Schedule O)		16	35,334		
	17	Total expenses. Add lines 10 through 16		17	82,798		
JVD.	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-37,682		
že	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with					
Net Assets		end-of-year figure reported on prior year's return)		19	92,342		
	20	Other changes in net assets or fund balances (explain in Schedule O)	.	20	0		
	21	Net assets or fund halances at end of year Combine lines 18 through 20	-	~	54 660		

Form 990-EZ (2018)
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Page 2

Part II Balance Sheets (see the instruct Check if the organization used Sched		in this Part II					√			
			(A) Beginning of ye		ar	(B) End of year				
22 Cash, savings, and investments					82,230	22	32,004			
23 Land and buildings					C	23	0			
24 Other assets (describe in Schedule O)		-			17,444	24	25,924			
25 Total assets					99,674	25	57,928			
26 Total liabilities (describe in Schedule O)					7,332	26	3,268			
27 Net assets or fund balances (line 27 of column	n (B) must agree with line 21)			!	92,342	27	54,660			
Part III Statement of Program Service organization used Schedule O to respond what is the organization's primary exempt purpose? Describe the organization's program service accomplexpenses. In a clear and concise manner, describe the information for each program title.	cond to any question in this Part II Educational - teacher professional ishments for each of its three larger	II . I development est program services, a	as meas	sured by	501	quired	Expenses for section 501(c)(3) and organizations; optional for			
28 Software development of LessonNote (an iPad apusers of LessonNote for iPad is unknown but the num (Grants \$ 0) If this amount includes foreign grants, ch	ber of total downloads exceeds 4				28a		26,456			
29 Organize the annual Chicago Lesson Study Confe		ed by 140 educators			20a		20,430			
(Grants \$ 200) If this amount includes foreign grants,		,			29a		15,803			
30 Provide a summer workshop for 30 educators					200		10,000			
(Grants \$ 0) If this amount includes foreign grants, ch	eck here 🕨 🗌				30a		9,408			
Provide other workshops, events, and training for tear individuals.	chers. Total attendance approxima	ately 500; approximate	ly 300 c	listinct						
(Grants \$ 0) If this amount includes foreign grants, ch	eck here 🕨 🗌				31a		25,457			
32 Total program service expenses (add lines 28a	through 31a)			▶	32		77,124			
Part IV List of Officers, Directors, Trustees Check if the organization used Sched			ed - see	the instructions for		•				
(a) Name and title	(b) Average hours per week devoted to position	(c)Reportable compensation (Forms W-2/1099-MI: not paid, enter -		(d) Health contributions benefit and deferred o	to emp plans,	oloyee	(e) Estimated amount of other compensation			
Akihiko TakahashiPresident, Treasurer	5		0				0			
Joshua LernerSecretary	0		0				0			
Alice GillDirector	0		0				0			

Other Information

Part V

Form **990-EZ** (2018)

	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V					
			Yes	No		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O					
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the changeon Schedule O (see instructions)					
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?					
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b				
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		No		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N					
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions.)				
b	Did the organization file Form 1120-POL for this year?	37b	Ī	No		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were					
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b 0)				
39	Section 501(c)(7) organizations. Enter:					
a	Initiation fees and capital contributions included on line 9					
b	Gross receipts, included on line 9, for public use of club facilities					
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1				
b	section 4911 $\boxed{0}$; section 4912 $\boxed{0}$; section 4955 $\boxed{0}$ Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I					
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections4912, 4955, and 4958					
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursedby the organization					
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		No		
41	List the states with which a copy of this return is filed.					
42a	The organization's books are in care of macDougal Telephone no. (773) 888-3404					
	Located at 4801 S Kenwood AveChicago, IL ZIP + 4 606152015					
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		Yes	No		
		42b		No		
	If "Yes," enter the name of the foreign country: \[\] See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?					
	If "Yes," enter the name of the foreign country:	L	<u> </u>			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		V I	N		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of		Yes	No		
	Form 990-EZ	44a		No		
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completedinstead of Form 990-EZ					
С	Did the organization receive any payments for indoor tanning services during the year?					
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O					
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?					
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b) (13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		No		

(Note the Schedule A and personal benefit contract statement requirements in the

							Yes	No	
46		ation engage, directly or indire public office? If "Yes," complet	ectly, in political campaign activitie e Schedule C, Part I.	es on behalf of or in opposition 	to	46		No	
Pa	All se		ions only ttions must answer question edule O to respond to any question		omplete the tables for lines	s 50 an	d 51		
							Yes	No	
47	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							No	
48	Is the organizat	ion a school as described in s	section 170(b)(1)(A)(ii)? If "Yes," c	omplete Schedule E		48		No	
49a	•	·	an exempt non-charitable related organization?					No	
b		es," was the related organization a section 527 organization?				49b		No	
50			highest compensated employees the organization. If there is none, e		, trustees and key employees) v	who each	received		
	(a) Name and	(b) Average hours per week devoted to position (b) Average (c) Reportable compensation (Forms W-2/1099-MISC) (c) Health benefits, contributions to employee benefit plans, and deferred compensation				(e) Estimated amount of other compensation			
NON	E								
f	Total num	ber of other employees paid of	over \$100,000					. <u>•</u> 0	
51		able for the organization's five there is none, enter "None."	highest compensated independe	ent contractors who each receive	ved more than \$100,000 of com	pensatio	n from the	;	
		(a) Name and business add	dress of each independent contra	ctor	(b) Type of service	(0	(c) Compensation		
NON	E								
d 52		•	ractors each receiving over \$100		<u>0</u> ed Schedule A 	•	Yes 🗌	No	
			ed this return, including accompan er) is based on all information of w			and beli	ef, it is tru	e, correct,	
Sign		ature of officer nas McDougal Executive Director			2019-09-10 Date				
	_	•							
		or print name and title Print/Type preparer's name	Preparer's signature	e Da	check if	PTIN			
Pai	d				self-employed				
	parei	Firm's name 🕨	Firm's EIN						
Use	e Only	Firm's address			Phone no.				
May t	he IRS discuss th	is return with the preparer sho	own above? See instructions .		. Yes No				

Form 990-EZ (2018)

Page 4