

Return of Organization Exempt From Income Tax

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

2016
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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.

A For the **2016** calendar year, or tax year beginning _____, and ending _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
AFRICAN CHILDREN'S MISSION, INC.

Doing business as _____

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
P.O. BOX 26470

City or town, state or province, country, and ZIP or foreign postal code
BIRMINGHAM AL 35260

D Employer identification number
63-1173214

E Telephone number
205-620-4937

F Name and address of principal officer:
TERRY MOORE
P.O. BOX 26470
BIRMINGHAM AL 35260

G Gross receipts \$ **300,754**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.AFRICANCHILDRENSMISSION.ORG**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1996** **M** State of legal domicile: **AL**

H(c) Group exemption number ▶

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: REACHING OUT TO CHILDREN IN EAST AFRICA LIVING IN DESTITUTE CIRCUMSTANCES, BOTH PHYSICALLY AND WITH THE GOSPEL OF JESUS CHRIST, TO ENABLE THEM TO GROW AND DEVELOP IN A SECURE ENVIRONMENT.			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)		
	4	Number of independent voting members of the governing body (Part VI, line 1b)		
	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)		
	6	Total number of volunteers (estimate if necessary)		
	7a	Total unrelated business revenue from Part VIII, column (C), line 12		
7b	Net unrelated business taxable income from Form 990-T, line 34			
Revenue	8 Contributions and grants (Part VIII, line 1h)		Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)		369,339	292,997
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		12,629	7,686
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		48	51
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6	20
			382,022	300,754
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		101,464	72,164
	14 Benefits paid to or for members (Part IX, column (A), line 4)			0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		63,282	62,392
	16a Professional fundraising fees (Part IX, column (A), line 11e)			0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,468			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		180,103	201,016
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		344,849	335,572
	19 Revenue less expenses. Subtract line 18 from line 12		37,173	-34,818
	Net Assets or Fund Balances	20 Total assets (Part X, line 16)		Beginning of Current Year
21 Total liabilities (Part X, line 26)		427,325	393,483	
22 Net assets or fund balances. Subtract line 21 from line 20		1,379	2,355	
		425,946	391,128	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer _____ Date _____
RYAN AUSTIN MEMBER/TREASURER
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: **GEOFF R. BRYANT** Preparer's signature: *[Signature]* Date: **6/2/17** Check if self-employed PTIN: **P00401856**

Firm's name ▶ **POTTER, BRYANT & MOORE, P.C.** Firm's EIN ▶ **63-0966970**
 Firm's address ▶ **234 AQUARIUS DRIVE, SUITE 109**
BIRMINGHAM, AL 35209-5867 Phone no. **205-323-5206**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No