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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2006

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form The organization may have to use a copy of this return to satisfy state reporting requirements.

Header section A-F: For the 2006 calendar year, or tax year beginning January 1, 2006, and ending December 31, 2006. C Name of organization: LEGEND LADY INC A NON-PROFIT CORPORATION. D Employer identification number: 33-0850503. E Telephone number: (323) 753-8022. F Group Exemption Number.

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Accounting method: [X] Cash [ ] Accrual Other (specify).

Website: I Organization type (check only one) [X] 501(c)(3) [ ] 4947(a)(1) or [ ] 527. H Check [X] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

K Check [X] if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return. L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 47 of the instructions.)

Table with 21 rows for Revenue, Expenses, and Net Assets. Includes handwritten notes like 'JUL 02 2010' and 'received'. Revenue total (line 9) is 2000. Expenses total (line 17) is 1000. Net assets total (line 21) is 1000.

Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ. (See page 51 of the instructions)

Table with 7 rows for Balance Sheets. Columns: (A) Beginning of year, (B) End of year. Rows: 22 Cash, savings, and investments; 23 Land and buildings; 24 Other assets; 25 Total assets; 26 Total liabilities; 27 Net assets or fund balances.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Cat No 106421 Form 990-EZ (2006)

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Part III Statement of Program Service Accomplishments (See page 51 of the instructions)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others)
What is the organization's primary exempt purpose? Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.		
28	..... ..... (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29	..... ..... (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30	..... ..... (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31	Other program services (attach schedule) (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32	Total program service expenses (add lines 28a through 31a)	32

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 52 of the instructions.)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Barbara Harding 6230 Wilshire Blvd., #162, Los Angeles 90048	Chair person	none	none	none
C. Kim Crawford 6230 Wilshire Blvd., #162, Los Angeles 90048	Secretary	none	none	none
Larry Jones 6230 Wilshire Blvd., #162, Los Angeles 90048	Treasurer	none	none	none
Esther Glaze 222 East 76th Street, Los Angeles, CA 90003-2140	Director/Board mem.	none	none	none

Part V Other Information (Note the statement requirement in General Instruction V.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	✓
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34	✓
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a	✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	✓
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)	36	✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
b	Did the organization file Form 1120-POL for this year?	37b	✓
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 unpaid at the start of the period covered by this return?	38a	✓
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	38b	
39	501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	

Part V Other Information (Note the statement requirement in General Instruction V.) (Continued)

40a 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under:

- section 4911 ; section 4912 ; section 4955
b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
d Enter amount of tax on line 40c reimbursed by the organization
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?

Table with columns Yes, No and rows 40b, 40e. Row 40b: Yes, No (check). Row 40e: Yes, No (check).

41 List the states with which a copy of this return is filed

42a The books are in care of Located at Telephone no. ZIP + 4

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)?

Table with columns Yes, No and rows 42b, 42c. Row 42b: Yes, No (check). Row 42c: Yes, No (check).

If "Yes," enter the name of the foreign country

See the instructions for exceptions and filing requirements for Form TD F 90-22.1.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

If "Yes," enter the name of the foreign country

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

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.

Please Sign Here Signature of officer: Esther R. Glaze Date: 5/14/2010 Type or print name and title: Esther R. Glaze, Director/Board member

CIS CASE-DO NOT CORRESPOND FOR SIGNATURE Use Only if self-employed, address, and ZIP + 4 EIN Phone no Preparer's SSN or PTIN (See Gen. Inst. X) Check if self-employed