

## 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



Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047 2008 Open to Public Inspection

-				· · · · · · · · · · · · · · · · · · ·	-	mspection
			ear, or tax year beginning 7/01/08, and ending 6/30/09	,		
	Check if applicable	Please use IRS	C Name of organization LEGACY ENDOWMENT		D Emplo	yer identification number
닏	Address change	label or	THE COMMUNITY FOUNDATION			0.600.605
	Name change	print or	Doing Business As		33-	0620685
	Initial return	type See	Number and street (or P O box if mail is not delivered to street address)	Room/suite		one number
$\exists$		Specific	P.O. BOX 2710		760	-728-3304
$\Xi$	Termination	Instruc-	City or town, state or country, and ZIP + 4		G Gross rece	9,723,658
$\sqcup$	Amended return	tions.	FALLBROOK CA 92088-2710			
	Application pending		e and address of principal officer		H(a) Is this	a group return for
			IL DELANEY		affiliate H(b) Are all	
			O. BOX 1419		include	ed? Yes No
_			LLBROOK CA 92088-1419		If "No,"	attach a list (see instructions)
_	Tax-exempt stat		501(c) ( <b>3</b> ) ♦ (insert no ) 4947(a)(1) or 527			
			CYCOMMUNITYFOUNDATION.ORG			exemption number •
	Type of organization			ear of formation 1	994	M State of legal domicile CA
_ <u>P</u>	i -	<u>umma</u>				
			he organization's mission or most significant activities			
9	l		CE AND PRESERVE A HIGHER QUALITY OF LIFE FOR CO			
ă	FAC	ILITA	FING PHILANTHROPY FOR FAMILIES, INDIVDUALS AND	NONPROFI	rs.	
E.						
Š	2 Check t	this box	If the organization discontinued its operations or disposed of more than 2	25% of its asse	ts.	
≪5	3 Number	r of voting	members of the governing body (Part VI, line 1a)		3	11
)S Activities & Governance	4 Number	r of indep	endent voting members of the governing body (Part VI, line 1b)		4	9
¥	5 Total nu	umber of	employees (Part V, line 2a)		5	2
დ <u>ჭ</u>	6 Total nu	umber of	volunteers (estimate if necessary)		6	9
8,	7a Total gr	oss unre	ated business revenue from Part VIII, line 12, column (C)		7a	
Ž	b Net unre	elated bu	siness taxable income from Form 990-T, line 34		7b	0
<b>Z</b>				Prior Ye	_	Current Year
SCANNED	8 Contribi	utions an	d grants (Part VIII, line 1h)	164	4,311	1,096,176
BBA CE	9 Progran	n service	revenue (Part VIII, line 2g)			
E Š	10 Investm	nent inco	ne (Part VIII, column (A), lines 3, 4, and 7d)	334	4,397	-1,538,327
₩.	11 Other re	evenue (f	Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	14	4,100	15,292
<del> </del>	12 Total re	venue—	add ines 8 th pugh T must equal Pan VIII, column (A), line 12)	512	2,808	-426,859
0	13 Grants	and simil	ar amounts paid (Part IX, column (A) lines 1-3)	35'	7,640	205,696
2(	14 Benefits	s paid to	or formbers (Part IX), column (A) one 4)			
) 	15 Salaries	s, other c	ompensation, employee benefits (Pan X, column (A), lines 5-10)	50	0,873	53,489
2010 Expenses	16a Profess	ional fun	draising fees (Part IX, column (A), 196 (11e)	· · · · · · · · · · · · · · · · · · ·		•
ed.	<b>b</b> Total fu	ndraising	expense (Part IX, column (A), like 11e)			
Ω	17 Other ex		(Part IX, column (A), lines 11a-11d, 11f-24f)	12'	7,524	119,034
	18 Total ex	penses	Add lines 13-17 (must equal Part IX, column (A), line 25)		6,037	378,219
	19 Revenu	ie less ex	penses Subtract line 18 from line 12		3,229	-805,078
es c			· · · · · · · · · · · · · · · · · · ·	Beginning o	f Year	End of Year
Net Assets or Fund Balances	20 Total as	ssets (Pa	t X, line 16)		7,755	7,834,868
2.2 B.2	21 Total lia	abilities (F	Part X, line 26)	1,38	5,522	23,063
ž,	22 Net ass	ets or fu	d balances Subtract line 21 from line 20	7,302	2,233	7,811,805
_P	art II S	ignatu	re Block			
	Uı	nder pena	ties of perjury, I declare that I have examined this return, including accompanying schedules	and statements, a	and to the bes	st of my knowledge
	ar	nd belief, if	is true correct, and complete Declaration of preparer (other than officer) is based on all info	rmation of which p	preparer has	any knowledge
Sig	ın 📗		Klynsell		01/	28/10
He	re 🛮 🗗	Signaty	rsy of officer O		Date	
		\ (	C. ANSILL VICE PRESDET	VT.		
		Type or	print name and title			
	De	renareda	Date Date	Check	ıf	Preparer's identifying number
Pai	n 1	reparer's gnature	RICHARD F. LEVERING, CPA 1/26	- الموا	₩	(see instructions)
	parer's	- :-	LEVERING & HVASTA CPAS, LLP	O/ IU employ	1	P00018099 ◆ 26-0283164
Us		ım's name	(di yours		EIN	▼ 20-0283184
		self-emplo ddress, an			Phone	760-700 0000
A 4 -			THEIBROOK, CA 92000 0400		no ◆	760-728-8393
			eturn with the preparer shown above? (see instructions)			Yes No
DAA	ror Privacy	ACT and	Paperwork Reduction Act Notice, see the separate instructions.			Form 990 (2008)

20,696 ) (Revenue \$

(Must equal Part IX, Line 25, column (B))

Form 990 (2008)

34,689 including grants of \$

219,689

4e Total program service expenses ◆ \$

## Part IV Checklist of Required Schedules

			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_	X	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors?	_ 2	X	_
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	•		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	3		
•	Schedule C, Part II			x
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	4		
J	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to	<u> </u>		
٠	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
	Schedule D, Part I	6	x	
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
_	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, 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		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,			
	Parts VI, VIII, IX, or X as applicable	11	x	
12	Did the organization receive an audited financial statement for the year for which it is completing this return			
	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18 10	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19 20	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  Did the organization operate one or more hospitals? If "Yes," complete Schedule H	19 20		X
21	Did the organization operate one of more hospitals? If "res," complete Schedule I, Parts I and II	21	х	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	-	X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete	- 22	-	-22
	Schedule J	23		X
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 questions			
	24b-24d and complete Schedule K If "No," go to question 25	24a		X
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	•			
	person from a prior year? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
17	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or			7.7
	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		990	X
		rom	・フラリ	していいおり

### Part IV Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or			
	employee), or an indirect business relationship through ownership of more than 35% in another entity			
	(individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			:
	Part IV	28a	_	_X_
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"			
	complete Schedule L, Part IV	28b		X
C	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a			
	professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		X
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		X
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		X

Form **990** (2008)

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	1				
	U.S. Information Returns. Enter -0- if not applicable	1a	0	_]		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and rep	ortable	9		-	
	gaming (gambling) winnings to prize winners?			1c	X	<u></u>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	2	╛		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see					
	instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	d by				
	this return?			_3a	L	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authord	ty			
	over, a financial account in a foreign country (such as a bank account, securities account, or other fin	ancial				
	account)?			4a	ļ	X
þ	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign	Bank				
	and Financial Accounts			_		7.7
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	tion		_5b_		<u> </u>
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity					
e-	Regarding Prohibited Tax Shelter Transaction?  Did the organization solicit any contributions that were not tax deductible?			5c 6a		x
6a b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ne or		Oa		
	gifts were not tax deductible?	113 01		6b		
7	Organizations that may receive deductible contributions under section 170(c).			100		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more	than				
_	\$75?			7a		$\mathbf{x}$
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	ıs				
	required to file Form 8282?			7c	<u>.</u>	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	ersona	ıl			
	benefit contract?			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7f	ļ	X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7 <u>g</u>	<b>├</b>	X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0	as		<b>.</b>		
	required?	49		7h	<del> </del>	X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and sec					
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a spor	isoring			1	x
0	organization, have excess business holdings at any time during the year?			8	<del>                                     </del>	1
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			9a	1	x
a b	Did the organization make any taxable distributions under section 4966?  Did the organization make a distribution to a donor, donor advisor, or related person?			9b	├~	X
10	Section 501(c)(7) organizations. Enter			"	1	† <del></del>
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
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			7		
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against			7		
	amounts due or received from them )	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	)	12a	ļ	ļ
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	<u></u> _		1	

Pa	Governance, Management, and Disclosure (Sections A, B, and C request information ab	out policies	not	
	required by the Internal Revenue Code.)			
Sec	ion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, processes, or changes in Schedule O. See instructions			
1a	Enter the number of voting members of the governing body  1a 11			
b	Enter the number of voting members that are independent 1b 9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct		i	
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		<u> </u>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		X
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations		v	
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at	11		x
500	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			
Sec	tion B. Policies		Yes	No
120	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	NO
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	124		
Ü	rise to conflicts?	12b	x	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	125		
·	describe in Schedule O how this is done	12c	x	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
-	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	x	
ь	Other officers or key employees of the organization?	15b		X
	Describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		_X_
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
_	organization ◆ TINA RAINEY 235 E. MISSION ROAD	760 70		
F.	ALLBROOK CA 92028	760-72	<b>8-7</b>	262

# 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. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- 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 the o	rganization did not comp	pensate	e any	/ offi	icer,	dırec	tor,	trustee, or key employee		
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average hours per week	ndividual trustee or director		Officer	a Key employee	Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
TINA RAINEY										
EXEC DIR	24	X				1_1		31,418	0	
PHIL DELANEY										
PRESIDENT	8	X	ļ	X	<u> </u>	ļļ	<u> </u>	0	0	(
ROY ANSELL								_		
VICE-PRES	11	X		X		$\Box$	<u> </u>	0	0	
KAREN ESTES	•					1				
TREASURER	2	X		X	├		<u> </u>	0	0	0
JON FRANDELI	5	x						o	o	o
IVAN HOLLER		<b>→</b> ^	<del>                                     </del>	$\vdash$	<u> </u>	+	<del> </del>	0	0	
TVIM HODDEN	2	x						О	0	c
BILL LEWIS					t	1				
	4	x						o	0	0
ALEX IRVING	2	x						0	0	
DOMINICK ARE		<u> </u>		-	<del> </del>	╁╌┤	$\vdash$	<u> </u>	U	O
DOMINICK ARE	2	x						0	0	0
								0	0	O
										<u> </u>
:					_					
					-					

<u> ra</u>	(A)	(B)	ices	, ne	(C		yees	, an	(D)	(E)	(F		
	(A) Name and title	Average hours per week	Posi Individi	_	check	k all t	_		Reportable compensation from the	Reportable compensation from related	Estin amou oth	nated int of ner	
			Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee	- <b>1</b>	tre organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	comper from organi and re organi	the zation elated	
	<del></del>												
						-						_	
											<del></del>		
					_								
						_							
			_				_						
			_	<u> </u>		_							
						_	<u> </u>						
												·	
1b 2		ividuals (including those in	1a)	who	rece	ived	mor	e th	31,418 an \$100,000 in reportable of	compensation from the			
_	organization ▶ 0	Tridatio (motoring those th	<del></del>									Т;	т
3									oyee, or highest compensa	ted		Yes	No X
4	For any individual lis		of re	port	able	com	pen	satio	on and other compensation s," complete Schedule J fo		3	_	
5	ındıvıdual	•							ny unrelated organization fo		4	ļ	X
Sec		o the organization? If "Yes,									5		X
1		for your five highest comp	ensa	ted	inde	pend	dent o	cont	ractors that received more	than \$100,000 of			
		(A) Name and business address							Descrip	(B) otion of services		(C) Compensa	ation
		<del></del>											
	· · · · · · · · · · · · · · · · · · ·							_					
2			Jding	tho	se ir	1) \	who	ece	ived more than \$100,000 in	1			
DAA	compensation from	the organization		_				_				m <b>990</b>	(2008)

<u> </u>	rt V	ili Stater	nent of Kev	venue			<del></del>			
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
S S	12	Federated car	mpaigne	1a				ieveilde		512, 513, or 514
Program Service Revenue Contributions, gifts, grants	1a			<del></del>						
ρĒ	D	Membership d		1b			ļ			
a, ff	С	Fundraising e		1c						
gi	d	Related organ	izations	1d			‡			
SiE	е	Government grants	(contributions)	1e						
er s	f	All other contribution	ns, gifts, grants,			1				
혈		and similar amounts	not included above	1f	1,09	96,176				
E E	a	Noncash contributio	ns included in lines	1a-1f \$		5,267				
ပ္ပန	h	Total. Add line				•	1,096,176			
•		70tal: 7100 mil	33 14 11			Busn. Code				
ᇛ	2-					Busn. Code				
ě	2a						<del></del>			
ie E	þ									<del></del>
풀	С									
လီ	d							· · · · · · · · · · · · · · · · · · ·	··	
E	е									
ğ	f	All other progr	am service re	venue						· <del>_</del>
٦	g	Total. Add line	es 2a-2f		,	•				,
	3	Investment inc		a divider	nds. intere	st. and				
		other similar a		J	,	•	353,177			353,177
	4	Income from I	•	2V-6V6m	nt bond or	abeanor	000,217			
	5		iivestilielit oi t	ax-exem	pt bond pi	oceeus •		_,		
	5	Royalties	() Dan		(a) D					
			(ı) Rea	· <u>-                                     </u>	(11) P	ersonal				
	6a	Gross Rents								
	b	Less rental exps								
	С	Rental inc or (loss)	<u></u>							
	_d	Net rental inco	me or (loss)			•				
	7a		(ı) Secun	ties	(11)	Other				<del></del>
		sales of assets other than inventory	8,25	9,013						
	b	Less cost or other								
	_	basis & sales exps	10,15	0.517						
	_	Gain or (loss)								
	_			1,304			1 001 504			1 001 504
l	d	Net gain or (lo				•	-1,891,504			-1,891,504
	ва	Gross income from	om tungraising e	vents						
nge		(not including \$							`.	
ķ		of contributions		1c)						
Other Reven		See Part IV, line	18	а						
her	b	Less direct ex	cpenses	b						
ᅗ	С	Net income or	(loss) from fu	ndraising	events	•				
		Gross income fro								
		See Part IV, line		а						
	h	Less direct ex		b						
		Net income or		- 1	tuutioe	•				<del></del>
			_	- 1	uvilles					
	iva	Gross sales of								
		returns and all		а					į	
		Less cost of g		b						
	С	Net income or	(loss) from sa	les of in	ventory	•				
		Misc	ellaneous Rever	nue		Busn. Code			į	
	11a	TRUSTEE F	TEE INCOME				15,292	15,292		
	ь							·		
	С									<del></del>
	d	All other rever	ue							<del></del>
	e	Total. Add line			•		15,292			
	12			h 2~ 2	4 E E-1 7	<b>.</b> . ▼		<del></del>		
	1.2	Total Revenu		n, 29, 3,	⊶, o, oa, /	u, oc,	-406 050	15 000	اً	1 500 00-
		9c, 10c, and 1	16				-426,859	15,292	0]	-1,538,327

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must of				
	not include amounts reported on lines 6b, 8b, 9b, 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 governments and			-, -	<del></del>
•	organizations in the U.S. See Part IV, line 21	205,696	205,696		
2	Grants and other assistance to individuals in		200/000		***************************************
•	the U.S. See Part IV. line 22				
3	Grants and other assistance to governments,		<del></del>		<u> </u>
,	organizations, and individuals outside the			ļ	
	U.S See Part IV, lines 15 and 16				
	· '				
4	Benefits paid to or for members		· ·		
5	Compensation of current officers, directors,	27 405	12 742	12 740	
_	trustees, and key employees	27,485	13,743	13,742	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	04 04 5			
7	Other salaries and wages	21,613		21,613	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	4,391		4,391	
11	Fees for services (non-employees)	<u> </u>			
а	Management				
b	Legal				
С	Accounting	25,605		25,605	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	57,565		57,565	<del>-</del>
g	Other				
12	Advertising and promotion				
13	Office expenses				·
14	Information technology				· ·
15	Royalties				
16	Occupancy	11,600		11,600	
17	Travel				· · · · · · · · · · · · · · · · · · ·
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,254		6,254	· · · · · · · · · · · · · · · · · · ·
23	Insurance	3,662		3,662	<u> </u>
				= / 5 5 2	
24	Other expenses Itemize expenses not			Į	
-	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below )				
а	OFFICE EXPENSE	7,583		7,583	
ь	LICENCES & FEES	2,728		2,728	<del></del>
c	MISCELLANEOUS	1,414	_	1,414	<del></del>
d	PAYROLL PROCESSING	1,203	<del></del>	1,203	<del></del>
e	MARKETING	1,170	<del></del>	1,170	<del></del>
_	All other expenses	250	250	<u> </u>	
	Total functional expenses. Add lines 1 through 24f		219,689	158,530	
	Joint Costs. Check here   If following	310,219	219,009	130,330	
20	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation	L			5 990 (sans

P	art X	Balance Sheet							
					(A)			3)	
					Beginning of year	-	End o		
	1	Cash—non-interest bearing		<u> </u>	64,059	1_		76,	
	2	Savings and temporary cash investments		_	1,172,750	2	<del>  3</del>	54,	313
	3	Pledges and grants receivable, net		-		3	<del> </del>		
	4	Accounts receivable, net		<b> </b>		4	<del> </del>		
	5	Receivables from current and former officers, directors,				_			
		employees, or other related parties Complete Part II of		<del> </del>	<del></del>	5_	<del> </del>		
	6	Receivables from other disqualified persons (as defined		į.					
		4958(f)(1)) and persons described in section 4958(c)(3)(	B) Co	mplete		_			
	_	Part II of Schedule L		<del> -</del>		6	<del> </del>		
ets	7	Notes and loans receivable, net		-	· · · · · · · · · · · · · · · · · · ·	7	<del> </del>		
Assets	8	Inventories for sale or use		-		8			
⋖	40-	Prepaid expenses and deferred charges	.مه ا	31 260		9	<del> </del>		
	10a	Land, buildings, and equipment cost basis	10a	31,269			1		
	D	Less accumulated depreciation Complete		12 500	25 015		ł	10	761
		Part VI of Schedule D	10b	12,508	25,015 7,423,515		<del>                                     </del>	18, 82,	<u> </u>
	11	Investments—publicly traded securities		-	1,423,515	11	<del>                                     </del>	<u>82,</u>	219
	12	Investments—other securities See Part IV, line 11		F	<del></del>	12	<del> </del>		
	13	Investments—program-related See Part IV, line 11		-		13	<del> </del>		
	14	Intangible assets		-	2 416	14	<del> </del>		226
	15	Other assets See Part IV, line 11		-	2,416 8,687,755	15	<del>  7 0</del>		336
	16	Total assets. Add lines 1 through 15 (must equal line 34 Accounts payable and accrued expenses	<del>1</del> )		8,081,133	16 17	1,8	34,	808
	17	+							
	18	<del> </del>							
	19	Deferred revenue		+		19	<del> </del>		
Ø	20	Tax-exempt bond liabilities		H		20	<del>                                     </del>		
Liabilities	21	Escrow account liability Complete Part IV of Schedule I				21	+ ,		
Ē	22	Payables to current and former officers, directors, truste		·					
<u>.e</u>		employees, highest compensated employees, and disqu	ialified				-		
_		persons Complete Part II of Schedule L		. <u>.</u>		22	<del>                                     </del>		
	23	Secured mortgages and notes payable to unrelated third	partie	es  -	<del></del>	23	<del> </del>		
	24	Unsecured notes and loans payable Other liabilities, Complete Part V of Schooling D		-	1,385,522	24	+	23,	063
	25 26	Other liabilities Complete Part X of Schedule D  Total liabilities. Add lines 17 through 25		<del> </del>	1,385,522	25 26	<del>                                     </del>	<u>23,</u> 23,	
<b>-</b>	20		7		1,303,322		<del></del>	23,	003
ces		Organizations that follow SFAS 117, check here ◆ 2 complete lines 27 through 29, and lines 33 and 34.	⊈ and	'					
Balan	27	Unrestricted net assets			111,452	27	1	.00,	102
3al	28	Temporarily restricted net assets		-	111,302	28		33,	
<del>-</del>	29	Permanently restricted net assets		-	7,190,781	29		78,	
Fund	23	Organizations that do not follow SFAS 117, check he	ro 📤 [	<del>-</del> ŋ  -	1,130,101	25	+ 0,0	70,	032
F		and complete lines 30 through 34.	, c ▼ [	-					
s or	30	Capital stock or trust principal, or current funds				30	İ		
Assets	31	Paid-in or capital surplus, or land, building, or equipmen	t fund	}		31	+		
155	32	Retained earnings, endowment, accumulated income, or		funds	<del></del>	32	1		
t A	33	Total net assets or fund balances	Other		7,302,233	33	7 8	11,	805
Net	34	Total liabilities and net assets/fund balances		-	8,687,755			34,	
	art )		-		0,00,,,00		<u> </u>	<u></u>	<del>000</del>
				<del></del>	-			Yes	No
1		• • • • • • • • • • • • • • • • • • • •	ash	X Accruai Oth				T	
2	a We	ere the organization's financial statements compiled or re-	viewed	by an independent accounta	ant?		2a		X
		ere the organization's financial statements audited by an i					<u>2b</u>	X	<u> </u>
(		Yes" to lines 2a or 2b, does the organization have a com-							
_		e audit, review, or compilation of its financial statements a		·			2c	<u>X</u>	<del> </del>
3		a result of a federal award, was the organization required	to un	dergo an audit or audits as s	et forth in				
		Single Audit Act and OMB Circular A-133?					3 <u>a</u>	┼	X
	<u>) If "</u>	Yes," did the organization undergo the required audit or a	udits?				3b	1	1

#### SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

◆ Attach to Form 990 or Form 990-EZ. ◆ See separate instructions.

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

LEGACY ENDOWMENT

THE COMMUNITY FOUNDATION

Employer identification number 33-0620685

P	urt l	Reaso	on for Public Charity	Status (All organizations	must c	omplete	e this p	oart.) (	see ir	struct	tions)		
The	orga	nization is not	a private foundation because	e it is (Please check only one o	organizatio	on )							
1	$\bigcap$	A church, cor	evention of churches, or asso	ociation of churches described i	n section	170(b)(1	)(A)(i).						
2	П	A school desc	cribed in section 170(b)(1)(A	A)(ii). (Attach Schedule E)									
3	П			e organization described in sec	tion 170(	b)(1)(A)(i	ii). (Atta	ch Sche	dule H	)			
4	Н	•	•	I in conjunction with a hospital of	•		• •			•	soital's name	·.	
•	_	city, and state	=					( - / ( - / ( - /	.,				
5	П	• .		f a college or university owned	or operate	ed by a go	overnme	ntal unit	descri	ed in			
Ū	ш	•	b)(1)(A)(iv). (Complete Part I	•	o, opo.a	, c							
6		,		•	ection 17	0/b)/1)/A)	1/01						
7	X	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  An organization that normally receives a substantial part of its support from a governmental unit or from the general public											
•		An organization that normally receives a substantial part of its support from a governmental unit of from the general public described in section 170(b)(1)(A)(vi). (Complete Part II )											
8	П	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II )											
9	Н	An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross											
•	ш	receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its											
		support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses											
		• •	•		•			, 2					
10	П	acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III )  An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)											
11	Н	An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the											
	ш	=	- · · · · · · · · · · · · · · · · · · ·	ed organizations described in se							1		
				-									
		509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h  a Type I b Type II c Type III–Functionally Integrated d Type III–Other											
е	П	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified											
	_	persons other than foundation managers and other than one or more publicly supported organizations described in section											
		509(a)(1) or s	section 509(a)(2)										
f		If the organization	ation received a written dete	rmination from the IRS that it is	a Type I,	Type II, o	or Type I	II suppo	orting				
		organization,	check this box										
g		Since August	17, 2006, has the organizat	tion accepted any gift or contrib	ution from	any of th	ie						_
		following per	sons?										
		(i) A persor	who directly or indirectly co	ntrols, either alone or together	with perso	ns descr	ibed in (	II)				Yes	No
		and (III) l	below, the governing body of	f the supported organization?							11g(i)		
		(ii) A family	member of a person describ	ped in (i) above?							11g(ii)	<u> </u>	
		(iii) A 35% c	ontrolled entity of a person of	lescribed in (i) or (ii) above?							11g(iii	<u></u>	
h		Provide the f	following information about the	he organizations the organization	n support	s							
(1)	Nam	e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Did y	ou notify	(vi)	s the	(viı) Am	ount of	
	oté	ganization		(described on lines 1–9		sted in your	_	ization in	organizat		supj	ort	
				above or IRC section (see instructions))	governing	document?	col (i)	or your cort?		zed in the			
				(ccc mearceache),	Yes	No	Yes	No	Yes	No			
				<del></del>	<u> </u>								
			t	Į.	E .	Į.	i	i	4	1	1		

١	62	0	68	5	P:

age 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (d) 2007 (a) 2004 (b) 2005 (c) 2006 (e) 2008 (f) Total Gifts, grants, contributions, and membership fees received (Do not 946,000 include any "unusual grants") 1,145,081 201,424 145,691 164,311 2,602,507 Tax revenues levied for the organization's benefit and either paid to or expended on 3 The value of services or facilities furnished by a governmental unit to the organization without charge 145,691 946,000 2,602,507 Total. Add lines 1-3 1,145,081 201,424 164,311 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 2,602,507 Section B. Total Support Calendar year (or fiscal year beginning in) (d) 2007 (e) 2008 (a) 2004 (b) 2005 (c) 2006 (f) Total 7 1,145,081 201,424 145,691 164,311 946,000 2,602,507 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar 91,342 173,844 217,993 282,106 295,806 1,061,091 sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets 87.572 14,100 32,801 71,518 89.741 295.732 (Explain in Part IV) 11 Total support. Add lines 7 through 10 3,959,330 12 12 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 65.7310 % 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) Public support percentage from 2007 Schedule A, Part IV-A, line 26f 15 65.4847 16a 33 1/3 % support test-2008. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3 % support test—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test-2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

Page 3

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Gifts, grants, contributions, and membership fees 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 Gross receipts from activities that are not an unrelated trade or business under section 513 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 Total, Add lines 1-5 Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 b received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated husiness activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 13 Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 14 organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) 15 Public support percentage from 2007 Schedule A, Part IV-A, line 27g 16 % Section D. Computation of Investment Income Percentage 17 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h 18 19a 33 1/3 % support tests—2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3 % support tests—2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008 LEGACY ENDOWMENT

33-0620685

Page 4

Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10, Part II, line 17a or 17b; or Part III, line 12 Provide any other additional information. (see instructions)

PART II, LINE 10 - OTHER INCOME DETAIL

TRUSTEE FEE INCOME

\$ 292,732

SEMINAR INCOME

\$ 3,000

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

♦ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2008
Open to Public Inspection

Name of the organization Employer identification number LEGACY ENDOWMENT THE COMMUNITY FOUNDATION 33-0620685 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 10 142,500 953,676 Aggregate contributions to (during year) 2 100,000 105,696 3 Aggregate grants from (during year) 1,031,309 6,780,496 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7, Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year • Number of states where property subject to conservation easement is located • Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year • Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year • \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service. provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

Sche	dule D (Form 990) 2008 LEGACY EN	DOWMENT		33	3-0620685	Page 2
	तर ॥ Organizations Maintaining		Historical Trea			
3	Using the organization's accession and other items (check all that apply)	·				to (continued)
_	Public exhibition	d 🗆 1000	ar avahansa prasra			
a			or exchange prograi	ms		
b	Scholarly research	e 📙 Other				
С	Preservation for future generations					
4	Provide a description of the organization's co Part XIV	llections and explain how t	they further the orga	anızatıon's exe	empt purpose in	
5	During the year, did the organization solicit o assets to be sold to raise funds rather than to	be maintained as part of	the organization's c	collection?		Yes No
Pa	Trust, Escrow and Custod Part IV, line 9, or reported	_			nswered "Yes" to F	orm 990, 
1a	Is the organization an agent, trustee, custodi	an or other intermediary fo	r contributions or of	her assets no	t	
	ıncluded on Form 990, Part X?					Yes No
b	If "Yes," explain the arrangement in Part XIV	and complete the following	g table			
						Amount
С	Beginning balance				1c	
d	Additions during the year				1d	
е	Distributions during the year				1e	
f	Ending balance				1f	
2a	Did the organization include an amount on Fe	orm 990, Part X, line 21?				Yes No
<u>b</u>	If "Yes," explain the arrangement in Part XIV					·
Pa	rt V Endowment Funds. Comp	lete if organization a	nswered "Yes"	to Form 99	00, Part IV, line 10.	
		(a) Current year	(b) Pnor year	(c) Two year	s back (d) Three years ba	ick (e) Four years back
1a	Beginning of year balance	7,190,781				
b	Contributions	939,000	~ <del>~~</del>			
C	Investment earnings or losses	-1,288,042				,
d	Grants or scholarships	100,000				
е	Other expenditures for facilities			1		
	and programs	·	•			
f	Administrative expenses	63,647				
9	End of year balance	6,678,092	<u></u>	<u> </u>		
2	Provide the estimated percentage of the year	r end balance held as				
а	Board designated or quasi-endowment •	%				
b	Permanent endowment • 100.00%					
С	Term endowment ◆ %					
3a	Are there endowment funds not in the posse	ssion of the organization th	nat are held and adr	ministered for	the	
	organization by					Yes No
	(i) unrelated organizations					3a(i) X
	(ii) related organizations					3a(ii) X
b	If "Yes" to 3a(II), are the related organization:	s listed as required on Sch	edule R?			3b
4	Describe in Part XIV the intended uses of the					·_·.
<u></u> ₽a	rt VI Investments—Land, Build	ings, and Equipmen	it. See Form 99	<u>00, Part X,</u>	line 10	
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or of basis (other	ı	(c) Depreciation	(d) Book value
1a	Land					
b	Buildings					
С	Leasehold improvements					
d	Equipment					
е	Other		31	,269	12,508	18,761
Tota	I. Add lines 1a-1e (Column (d) should equal I	Form 990, Part X, column (		_	•	18,761

Schedule D (Form 990) 2008 LEGACY ENDOWMENT		33-0620685	Page
Part VII Investments—Other Securities. See Form 99			
(a) Description of security or category	(b) Book value	(c) Method of valuation	
(including name of security)		Cost or end-of-year market v	alue
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
<b> </b>			
<b> </b>			
_ <b></b>			
	-		
Total. (Column (b) should equal Form 990. Part X. col. (B) line 12.)			
Total. (Column (b) should equal Form 990, Part X, col. (B) line 12.) ◆ Part VIII Investments—Program Related. See Form 99	On Part Y line 13		
(a) Description of investment type	(b) Book value	(c) Method of valuation	
(a) Description of investment type	(D) Book value	Cost or end-of-year market v	alue
	<del>                                     </del>	<del></del>	
	+		•
	<del>                                     </del>		
	<del> </del>		
		· · · · · · · · · · · · · · · · · · ·	
	l l		
-			
Total. (Column (b) should equal Form 990. Part X, col (B) line 13 )			
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. See Form 990, Part X, line 15.			
		(b)	Book value
Part IX Other Assets. See Form 990, Part X, line 15.		(b)	Book value
Part IX Other Assets. See Form 990, Part X, line 15.		(b)	Book value
Part IX Other Assets. See Form 990, Part X, line 15.		(b)	Book value
Part IX Other Assets. See Form 990, Part X, line 15.		(b)	Book value
Part IX Other Assets. See Form 990, Part X, line 15.		(b)	Book value
Part IX Other Assets. See Form 990, Part X, line 15.		(b)	Book value
Part IX Other Assets. See Form 990, Part X, line 15.		(b)	Book value
Part IX Other Assets. See Form 990, Part X, line 15.		(b)	Book value
Part IX Other Assets. See Form 990, Part X, line 15.		(b)	Book value
Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description		(b)	Book value
Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description  Total. (Column (b) should equal Form 990, Part X, col (B) line 15.)		(b)	Book value
Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description  Total. (Column (b) should equal Form 990, Part X, col (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line 2			Book value
Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description  Total. (Column (b) should equal Form 990, Part X, col (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line 2  (a) Description of liability	25. (b) Amount		Book value
Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description  Total. (Column (b) should equal Form 990, Part X, col (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line 2  (a) Description of liability  Federal income taxes	(b) Amount		Book value
Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description  Total. (Column (b) should equal Form 990, Part X, col (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line 2  (a) Description of liability  Federal income taxes  CHARITABLE CONTRIBUTIONS PENDING	(b) Amount 22 , 623		Book value
Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description  Total. (Column (b) should equal Form 990, Part X, col (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line 2  (a) Description of liability  Federal income taxes  CHARITABLE CONTRIBUTIONS PENDING  PAYROLL TAXES PAYABLE	(b) Amount		Book value
Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description  Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line 2  (a) Description of liability  Federal income taxes  CHARITABLE CONTRIBUTIONS PENDING	(b) Amount 22 , 623		Book value
Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description  Total. (Column (b) should equal Form 990, Part X, col (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line 2  (a) Description of liability  Federal income taxes  CHARITABLE CONTRIBUTIONS PENDING  PAYROLL TAXES PAYABLE	(b) Amount 22 , 623		Book value
Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description  Total. (Column (b) should equal Form 990, Part X, col (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line 2  (a) Description of liability  Federal income taxes  CHARITABLE CONTRIBUTIONS PENDING  PAYROLL TAXES PAYABLE	(b) Amount 22 , 623		Book value
Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description  Total. (Column (b) should equal Form 990, Part X, col (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line 2  (a) Description of liability  Federal income taxes  CHARITABLE CONTRIBUTIONS PENDING  PAYROLL TAXES PAYABLE	(b) Amount 22 , 623		Book value
Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description  Total. (Column (b) should equal Form 990, Part X, col (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line 2  (a) Description of liability  Federal income taxes  CHARITABLE CONTRIBUTIONS PENDING  PAYROLL TAXES PAYABLE	(b) Amount 22 , 623		Book value
Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description  Total. (Column (b) should equal Form 990, Part X, col (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line 2  (a) Description of liability  Federal income taxes  CHARITABLE CONTRIBUTIONS PENDING  PAYROLL TAXES PAYABLE	(b) Amount 22 , 623		Book value
Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description  Total. (Column (b) should equal Form 990, Part X, col (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line 2  (a) Description of liability  Federal income taxes  CHARITABLE CONTRIBUTIONS PENDING  PAYROLL TAXES PAYABLE	(b) Amount 22 , 623		Book value
Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description  Total. (Column (b) should equal Form 990, Part X, col (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line 2  (a) Description of liability  Federal income taxes  CHARITABLE CONTRIBUTIONS PENDING  PAYROLL TAXES PAYABLE	(b) Amount  22, 623 440		Book value

Sche	dule D (Form 990) 2008 LEGACY ENDOWMENT		33-062068	5	Page 4
₽₽	rt XI Reconciliation of Change in Net Assets from Form 990 to	Fina	ncial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	-426,859
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	378,219
3	Excess or (deficit) for the year Subtract line 2 from line 1			3	-805,078
4	Net unrealized gains (losses) on investments			4	8,868
5	Donated services and use of facilities			5	
6	Investment expenses			6	
7	Prior period adjustments			7	
8	Other (Describe in Part XIV)			8	-252,668
9	Total adjustments (net) Add lines 4-8			9	-243,800
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9			10	-1,048,878
	rt XII Reconciliation of Revenue per Audited Financial Stateme	nts V	Vith Revenue per Re	turn	620 670
1	Total revenue, gains, and other support per audited financial statements			1	-670,659
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.		1 000		
а	•	2a	8,868		
b	Donated services and use of facilities	<u>2b</u>			
C	Recoveries of prior year grants	2c	050 660		
d	Other (Describe in Part XIV)	_2d	-252,668		0.40, 000
_	Add lines 2a through 2d			2e	-243,800
3	Subtract line 2e from line 1	ſ	1	3	-426,859
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	١.			
_	Investment expenses not included on Form 990, Part VIII, line 7b	4a	-		
þ	Other (Describe in Part XIV)	4b	<u> </u>	_	
	Add lines 4a and 4b			4c	426 950
	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part 1, line 12)  If XIII Reconciliation of Expenses per Audited Financial Statement	to	Mith Evpanosa par E	5	-426,859
1	Total expenses and losses per audited financial statements	ents	with Expenses per r	1	378,219
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				310,219
a	Donated services and use of facilities	2a	1		
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d	-		
e	Add lines 2a through 2d		<u></u>	2e	
3	Subtract line 2e from line 1			3	378,219
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	[	1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIV)	4b			
	Add lines 4a and 4b		·	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)			5	378,219
	rt XIV Supplemental Information				· <b>/</b>
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lin	nes 1a	and 4, Part IV, lines 1b		
and :	2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d	and 4l	<b>o</b>		
_	PART XI, LINE 8 - RECONCILATION OF CHANGES	C	THER	_	
	CHARITABLE REMAINDER TRUST LOSS REPORTED ON		ואסט סבייינוסאו	ė	
_	CHARTIADDE VENATIONEY IVOST POSS VENOVIED ON	<u></u>	T THY KETOKU	٧	222,666
_				\$_	
		_	<del>_</del>	•	
_				_	
_	PART XII, LINE 2D - REVENUE AMOUNTS INCLUDE	D_I	<u>N FINANCIALS</u>	<b>-</b> _c	THER
1	CHARITABLE REMAINDER TRUST LOSS REPORTED ON	CP	T TAX RETURN	\$	-252,668
_					
_				<b>\$</b> _	

Schedule D (I	Form 990	2008	L	EGAC	CY	ENI	WOO	ME)	ТN										33-	<u>-06</u>	20	685	5					P	age 5
Schedule D (I	Supp	leme	ntal	Infor	mat	tion (	conti	nued	)																				
					_			_	_			_	_	_	_	_	_				_	_		_	_	_			
																										_	_	_	
					_			_	_			_	_	_	_	_	_				_	_	_	_	_	_	_	_	
					_			_	_			_	_	_	_	_	_	_			_	_	_	_	_	_	_		
					_			_	_			_	_	_	_	_	_	_			_	_	_	_	_	_	_	_	
					_				_			_	_	_	_	_	_	_			_	_	_	_		_	_	_	
					_			_	_			_	_	_	_	_	_	_			_	_	_	_	_	_	_		
					_		- —	_				_		_	_	_	_	_				_	_		_	_	_		
					_		-	_	_			_	_	_	_	_		_			_	_	_	_	_	_	_	_	
					_				_			_	_	_	_	_		_			_	_	_	_	_	_	_	_	
					_		-	_	_			_	_	_	_	_	_	_			_	_	_	-		_	_	_	
					_		-	_	_			_	_	_	_	_	_	_				-	-	-	-	-	_	_	
					_			_				_		_	-	_	_	_			_	-	_	_	_	_	_	_	- <i>-</i>
					_		_	_	_			_	_	_	-	_	_	_				_	_	_	_		_	_	
					_		_	_	_				_	_	_	_	_	_			_	_	_	_	_	_	_	_	
					_			_	_			_	_	_	_	_	_	_			_	_	_	_	_		_		
													_			_					_		_	_	_	_		_	
					_			_	_			_	_	_	_	_					_	_	_	_	_	_	_		
					_			_	_			_	_	_	_	_	_	_			_	_	_	_	_	_	_	_	
					_			_	_			_	_		_	_	_	_			_	_	_	_	_	_	_	_	
								_	_			_	_	_		_	_				_	_		_	_	_	_		
								_	_			_	_	_	-	_	_	_			_	_	-	_	_	-	_	_	
					_			_	_			_	_	_	_	_	_	_			_	-	_	_	_	_	_	_	
								_	-			_	_	_		_	_	_				_	_	_	_	_	_		
					_		-	_	_			_	_	_	_	_	_	_			_	_	-	_	_	-	_	_	
					_		-	_	_			_	_	_	_	-		_			-	_	_	_	-	-	_	_	
				- –	_		_	_	_			_	_	_	_	_	_	_			_	_	_	_	_	_	_	_	
				_	_			_		_	_	_	_	_	_	_	_	_	_	_		_							
				_	_		_	_	_			_	_	_	_	_	_	_			_	_	_	_	_	_	_	_	
					_			_	_				_	_	_	_	_	_			_	_	_		_				_
			_	_		_			_			_		_	_	_	_	_				_	_			_		_	

ş
5
5
5
22
92
5
240
4

SCHEDULE (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

1545-0047	00
윈	C
OMB	C

◆ Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

General Information on Grants and Assistance THE COMMUNITY FOUNDATION

Part

LEGACY ENDOWMENT

Department of the Treasury Internal Revenue Service Name of the organization

2008	Open to Public	Inspection

Employer identification number 33-0620685

3 Enter total number of other organizations

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. DAA

Schedule I (Form 990) 2008

Schedule I (Form 990) 2008 LEGACY ENDOWMENT

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

4240 01/26/2010 10 01 AM

Page 2

Far III	Grants and Other Assistance to individuals in the Use Schedule I-1 (Form 990) if additional space is r	to individuals in the	e united states. Con needed.	iipiete ii tile otganiza	United States. Complete in the Organization answered. Tes. On Form 330, Farcily, fine 22.	1111 990, Fait IV, IIIIe 22.
	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book,   (f) Description of non-cash assistance
		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
į						
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	omplete this part to p	provide the information	on required in Part I,	line 2, and any other additi	onal information.

SCHEDULE O

(Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ♦ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

THE

LEGACY ENDOWMENT
THE COMMUNITY FOUNDATION

Employer identification number 33-0620685

FORM 990, PART I, LINE 6

ALL BOARD MEMBERS AND OFFICERS ARE VOLUNTEERS EXCEPT EXECUTOR DIRECTOR.

EXECUTOR DIRECTOR IS A BOARD MEMBER BUT NOT AN OFFICER.

FORM 990, PART III, LINE 4D - ALL OTHER ACHIEVEMENTS

OTHER NORTH COUNTY SAN DIEGO CHARITIES BENEFITING THE

FALLBROOK MUSIC SOCIETY AND OTHER MISCELLANEOUS CHARITIES.

FORM 990, PART VI, LINE 8B - DOCUMENTATION BY COMMITTEE EXPLANATION
THE BOARD, BY RESOLUTION ADOPTED BY A MAJORITY OF THE DIRECTORS THEN IN
OFFICE, MAY CREATE ONE OR MORE COMMITTEES, EACH CONSISTING OF AT LEAST ONE
OR MORE DIRECTORS AND NON BOARD MEMBERS TO SERVE AT THE PLEASURE OF THE
BOARD. APPOINTMENTS TO COMMITTEES OF THE BOARD SHALL BE BY MAJORITY VOTE
OF THE DIRECTORS THEN IN OFFICE.

ANY SUCH COMMITTEE SHALL HAVE ALL THE AUTHORITY OF THE BOARD, TO THE EXTENT PROVIDED IN THE BOARD RESOLUTION, EXCEPT THAT NO COMMITTEE MAY DO THE FOLLOWING:

- 1. TAKE ANY FINAL ACTION ON ANY MATTER THAT, UNDER THE CALIFORNIA NONPROFIT PUBLIC BENEFIT CORPORATION LAW, ALSO REQUIRES APPROVAL OF THE MEMBERS OR APPROVAL OF A MAJORITY OF ALL MEMBERS;
- 2. FILL VACANCIES ON THE BOARD OR ANY COMMITTEE OF THE BOARD;

- 3. FIX COMPENSATION OF THE DIRECTORS FOR SERVING ON THE BOARD OR ANY COMMITTEE;
- 4. AMEND OF REPEAL BYLAWS OR ADOPT NEW BYLAWS;
- 5. AMEND OR REPEAL ANY RESOLUTION OF THE BOARD THAT BY ITS EXPRESS TERMS
  IS NOT SO AMENDABLE OR REPEALABLE;
- 6. CREATE ANY OTHER COMMITTEES OF THE BOARD OR APPOINT THE MEMBERS OF THE COMMITTEES OF THE BOARD;
- 7. EXPEND CORPORATE FUNDS TO SUPPORT A NOMINEE FOR DIRECTOR IF MORE PEOPLE HAVE BEEN NOMINATED FOR DIRECTOR THAN CAN BE ELECTED.
- 8. APPROVE ANY CONTRACT OR TRANSACTION TO WHICH THE CORPORATION IS A PARTY
  AND IN WHICH ONE OR MORE OF ITS DIRECTORS HAS A MATERIAL FINANCIAL
  INTEREST, EXCEPT AS SPECIAL APPROVAL IS PROVIDED FOR IN CORPORATIONS
  CODE SECTION 5233(D)(3).

FORM 990, PART VI, LINE 10 - ORGANIZATION'S PROCESS USED TO REVIEW FORM 990

A SELECT MEMBER OF THE BOARD IS ASSIGNED TO REVIEW FORM 990 FOR ACCURACY

AND COMPREHENSIVENESS. THE FORM 990 IS THEN PRESENTED TO THE BOARD OF

DIRECTORS FOR THEIR APPROVAL BEFORE IT IS SIGNED BY AN OFFICER OF THE

ORGANIZATION AND FILED.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
THE DIRECTORS OF LEGACY ENDOWMENT OWE A DUTY OF LOYALTY TO THE ORGANIZATION
WHICH REQUIRES THAT IN SERVING LEGACY ENDOWMENT THEY ACT, NOT IN THEIR
PERSONAL INTERESTS OR IN THE INTERESTS OF OTHERS, BUT RATHER SOLELY IN THE
INTEREST OF LEGACY ENDOWMENT. DIRECTORS MUST HAVE UNDIVIDED ALLEGIANCE TO
LEGACY ENDOWMENT'S MISSION AND MAY NOT USE THEIR POSITIONS AS DIRECTORS,
INFORMATION THEY HAVE ABOUT LEGACY ENDOWMENT, OR LEGACY ENDOWMENT'S

Name of the organization

LEGACY ENDOWMENT

Employer identification number 33-0620685

PROPERTY, IN A MANNER THAT ALLOWS THEN TO SECURE A PECUNIARY BENEFIT FOR THEMSELVES, OTHER ORGANIZATIONS OR THEIR RELATIVES.

THE CONDUCT OF PERSONAL BUSINESS BETWEEN ANY DIRECTOR AND LEGACY ENDOWMENT IS PROHIBITED. BUSINESS TRANSACTIONS OF LEGACY ENDOWMENT IN WHICH A DIRECTOR HAS AN INTEREST SHALL NOT BE PROHIBITED, BUT THEY SHALL BE SUBJECT TO CLOSE SCRUTINY. SUCH PROPOSED TRANSACTIONS SHALL BE REVIEWED CAREFULLY TO DETERMINE THAT THEY ARE IN THE BEST INTEREST OF LEGACY ENDOWMENT AND THEY WILL NOT LEAD TO CONFLICT OF INTEREST. FOR THE PURPOSE OF THIS POLICY, A DIRECTOR HAS AN INTEREST IN A PROPOSED TRANSACTION IF HE/SHE HAS A SUBSTANTIAL FINANCIAL INTEREST IN IT, OR HAS A SUBSTANTIAL FINANCIAL INTEREST IN ANY ORGANIZATION INVOLVED IN THE PROPOSED TRANSACTION, OR HOLDS A POSITION AS TRUSTEE, DIRECTOR, GENERAL MANAGER, OR PRINCIPAL OFFICER IN ANY SUCH ORGANIZATION. PRIOR TO THE START OF ANY NEGOTIATIONS, OR CONSIDERATION OF A GRANT REQUEST BY THE ORGANIZATION, DIRECTORS WILL MAKE FULL DISCLOSURE TO THE BEST OF THEIR KNOWLEDGE OF ANY DUAL INTEREST IN A PROPOSED TRANSACTION BY SUBMITTING A REPORT TO THE PRESIDENT OR OTHER OFFICER DESIGNATED BY THE BOARD TO HANDLE SUCH MATTERS, SUPPLY ANY REASONS WHY THE TRANSACTION MIGHT NOT BE IN THE BEST INTEREST OF LEGACY ENDOWMENT. IN MATTERS REQUIRING PRIOR APPROVAL OF THE BOARD OF DIRECTORS, THE PRESIDENT OR OTHER OFFICER SHALL FORWARD COPIES OF THIS DISCLOSURE REPORT TO THE BOARD BEFORE ITS APPROVAL.

A DIRECTOR WITH A DUAL INTEREST IN A PROPOSED TRANSACTION SHALL NOT VOTE ON THE MATTER AND, DEPENDING UPON THE CIRCUMSTANCES, MAY BE EXCLUDED FROM ANY DISCUSSION OF THE MATTER.

Name of the organization

LEGACY ENDOWMENT

Employer identification number 33-0620685

A DIRECTOR SHALL NOT USE INSIDE INFORMATION OF LEGACY ENDOWMENT FOR HIS/HER PERSONAL BENEFIT, OR USE SUCH INSIDE INFORMATION OR HIS/HER POSITION AS DIRECTOR TO THE DETRIMENT OF LEGACY ENDOWMENT. INSIDE INFORMATION IS INFORMATION OBTAINED THROUGH THE DIRECTOR'S POSITION THAT HAS NOT BECOME PUBLIC INFORMATION.

EACH DIRECTOR HAS A DUTY TO PLACE THE INTERESTS OF LEGACY ENDOWMENT FOREMOST IN ANY DEALINGS INVOLVING THE ORGANIZATION AND HAS A CONTINUING RESPONSIBILITY TO COMPLY WITH THE REQUIREMENTS OF THE POLICY. ON AN ANNUAL BASIS, EACH DIRECTOR IS REQUIRED TO COMPLETE A DIRECTOR DISCLOSURE STATEMENT.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE PRESIDENT CARRIES OUT AN ANNUAL PERFORMANCE REVIEW AND RECOMMENDS THE

LEVEL OF COMPENSATION TO THE BOARD OF DIRECTORS.

Form 4562

Department of the Treasury Internal Revenue Service

## **Depreciation and Amortization**

(Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return.

OMB No 1545-0172 2008

tachment equence No 6

Name(s) shown on return

LEGACY ENDOWMENT

THE COMMUNITY FOUNDATION

Identifying number 33-0620685

	ess or activity to which this form relates NDIRECT DEPRECIAT	ON									
Pa	rt I Election To Expen	se Certain Prop	erty Under Se	ction 17	'9					,	
	Note: If you have a	•	•			con	nolete Pa	art I.			
1	Maximum amount See the instruct								1	250,0	000
2	Total cost of section 179 property	_							2		
3	Threshold cost of section 179 prop			instructions	s)				3	800,0	000
4	Reduction in limitation Subtract lin	•	•		-,				4		
5	Dollar limitation for tax year Subtract line		•		enarately s	ee insti	rictions		5	<del></del>	
	(a) Description			(b) Cost (bu				lected cost			
6							(-,				
7	Listed property Enter the amount to	from line 29				7					
8	Total elected cost of section 179 p		ts in column (c) lir	nec 6 and 7	,	,		-	8		
9	Tentative deduction Enter the small	•	, ,.	ies o aliu 7					9		
10	Carryover of disallowed deduction								10	-,	
11	Business income limitation Enter t		11								
12	Section 179 expense deduction A	15)	12								
13	•	•			· '	42			12		
_	Carryover of disallowed deduction Do not use Part II or Part III below					13					
	rt II Special Depreciati				/Do no	t inc	ludo liet	ad prop	orty )	/Soc instruction	<u>~ \</u>
<del>         </del>  4	Special depreciation allowance for						iuue iiste	su propi	51 ty. <i>j</i>	(See instruction	<u>s.,                                    </u>
•	•	, , , , , ,	anei man iisteu pii	operty) plac	eu ili sen	vice			44		
	during the tax year (see instruction		14								
15	Property subject to section 168(f)(	•							15		
16 Da	Other depreciation (including ACR:  If III MACRS Depreciati		uda liatad prop	orb ( ) ( )	oo inets	uotio	<del></del>		16		
Fd	rt III MACRS Depreciati	יום ווסנו ווסנו	ude listed prop Secti		ee msu	uctio	ns.)	<del></del>			
17	MACRS deductions for assets place	and in convice in toy							17		0
								$\blacksquare$	17		
18	If you are electing to group any assets p	ssets Placed in Se							etem		
	0000012	(b) Month and	(c) Basis for depi			Cerre	nai Depie	CIACIOII O	Steili		
	(a) Classification of property	year placed in service	(business/investm	entuse 🔼	Recovery period	(e) (	Convention	(f) Met	hod	(g) Depreciation dedu	iction
19a	3-year property	Service	only-see instruc	uons)	Penie						
b	3-year property			<del></del>				<u></u>			
	5-year property			+-	-						
<u> </u>	7-year property										
	10-year property										
	15-year property								-		
f	20-year property				0.5	_					
_9_	25-year property	<u> </u>			25 yrs			S/L		·	
п	Residential rental property				27 5 yrs		MM	S/L			
•					27 5 yrs	<u> </u>	MM	S/L			
İ	Nonresidential real property		<del></del>		39 yrs	-	MM	S/L			
		sets Blood in Sec	 	Tou Voor I le	-i 4b /		MM D	S/L			
		sets Placed in Serv	ice During 2006 i	ax rear U	sing the A	Aiterna	ative Depr		ysten	<u> </u>	
	Class life			+		<u> </u>		S/L			
	12-year				12 yrs			S/L		<del></del>	
	40-year	tructions \	L,		40 yrs	L	MM	S/L			
	art IV Summary (See ins		<del></del>	<del></del>	_		·			<del></del>	
21	Listed property Enter amount from					•			21		
22	Total. Add amounts from line 12, li	-									
	Enter here and on the appropriate			5 corporation	ons—see	ınstr			_ 22		
23	For assets shown above and place	-	•								
	enter the portion of the basis attrib	utable to section 263	3A costs		1	23				I	

			_											
Ι	J	3	G	Z	4(	CY	7	E	ND	0	W	ME	N	T

LEGACY	ENDOMMENT	33-0620685	
Form 4562 (2008)			Page 2
***************************************			

Part V	Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and
	property used for entertainment, recreation, or amusement.)
	Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only

		24a, 24b, colum	ns (a) through (c	) of Section A, all of S	ection	B, and	Sectio	n C i	f applica	ble	,				
Sect	ion A—De	epreciation and C	ther Information	n (Caution: See the in	struct	tions for	limits	for pa	assenge	r automot	oiles )				
24a	Do you ha	ive evidence to supp	ort the business/inv	estment use claimed?		Yes	No	. 2	24b   If "	Yes," is ti	he evid	ence written?		Yes	∏ N∈
(list	(a) (b) (c) Business/ gree of property Date placed in Investment use basis first) percentage (d)  (d)  Cost or other basis			(e) Basis for depreciation (business/investment use only)				(f) ecovery period	(g) Method/ Convention		(h) Depreciation deduction	n	(I) Elected section 179 cost		
25	Special	depreciation allow	ance for qualified	listed property placed	d in se	ervice du	ring th	e tax	(						
	year and	l used more than t	50% in a qualifie	d business use (see in	struc	tions)				_	25				
26	Property	used more than 5	50% in a qualified	business use											
			%												
			%												
27	Property	used 50% or less	in a qualified bu	isiness use											
			%							S/L-					
			%							S/L-					
28	Add amo	ounts in column (h	i), lines 25 throug	th 27 Enter here and	on line	e 21, paç	ge 1				28			<u> </u>	
29	9 Add amounts in column (i), line 26 Enter here and on line 7, page 1									ĺ					

#### Section B-Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30	Total business/investment miles driven	(-	a)	(	b)	(4	c)	(4	d)	(4	e)	(	(f)	
	during the year (do not include commuting		Vehicle 1		Vehicle 2		Vehicle 3		Vehicle 4		Vehicle 5		Vehicle 6	
	miles)													
31	Total commuting miles driven during the year													
32	Total other personal (noncommuting) miles driven					[								
33	Total miles driven during the year Add													
	lines 30 through 32											İ		
34	Was the vehicle available for personal	Yes	No											
	use during off-duty hours?					1				ļ				
35	Was the vehicle used primarily by a					1								
	more than 5% owner or related person?						İ				į			
36	Is another vehicle available for personal use?			1					i				<u> </u>	

#### Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

		Yes	NO_
37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees?		
	See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39	Do you treat all use of vehicles by employees as personal use?		L .
40	Do you provide more than five vehicles to your employees, obtain information from your employees about		
	the use of the vehicles, and retain the information received?		
41	Do you meet the requirements concerning qualified automobile demonstration use? (See instructions )		
	Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

P	art VI Amortization					
	(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42	Amortization of costs that begins du	ring your 2008 tax year (see inst	tructions)			
43	Amortization of costs that began be	fore your 2008 tax year			43	6,254
<u>44</u>	Total. Add amounts in column (f) S	ee the instructions for where to	report		44	6,254