

## 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



**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

2009

Dep Inte	artment of rnal Reven	f the Treasury nue Service		► The organization may have to use a copy	of this return to satis	fy state report	ing requiremen	ts	Open to	Public Insp	ection
	For the	2009 calend	lar year, c	r tax year beginning	, 2009	, and endin	ıg		,		
В	Check if a			С			1	Employe	r Identificati	on Number	
	Adda	ress change	Please use IRS label	LEGACYTREE FOUNDATION				73-1	556664	ļ	
	X Nam	ne change	or print or type.	168 SPUNKY CREEK DRIVE CATOOSA, OK 74015-2312			Ī	Telephon	e number		
	Initia	al return	See specific	(615) 468-8048							
	Tern	nınatıon	Instruc- tions.	:							
	Ame	ended return					- 10	Gross red	eipts \$	672,	332.
	Appl	lication pending	F Name a	ind address of principal officer JAMES WC	LTER		H(a) Is this a				X No
			1143 CC	LUMBIA AVE, SUITE C-21 FRANK	LIN, TN 37064	:	H(b) Are all af			Yes	No
ī	Tax-e	exempt status			4947(a)(1) or	527	If 'No,' at	tach a list (	see instructi	ons) —	
J				CYTREEFOUNDATION.ORG	( / ( /		H(c) Group ex	emption nur	nber ►		
K	Form o	of organization	X Corpora		► L	Year of Format			ate of legal o	domicile OK	
P	art I	Summa									
				janization's mission or most significa	nt activities 0	UR MISS	ION IS	TO PRO	VIDE		
ø				ID AND HELP THE POOR B						-CASH	
Juc.				S, CHARITABLE GIFT ANN							
S.				AINDER TRUSTS							
APR ® % ZUIU Activities & Governance		Check this bo		if the organization discontinued its o		osed of mor	re than 25%	of its as:	sets		
ಅಷ್ಟ				bers of the governing body (Part VI,					3		3
⊜စ္မ				t voting members of the governing b	ody (Part VI, line	1b)		-	4		3
₹ <u>₹</u>				yees (Part V, line 2a) eers (estimate if necessary)					5 6		0
ਕੂ				pusiness revenue from Part VIII, colu	mn (C) line 12			-	7a		0.
7		-		taxable income from Form 990-T, lir	• • •			-	7b		0.
Ũ		tot alli olatoa	240111000	taxable meeme mem verm 550 1, m	10 0 1		D.		75	Cumant Va	
Revenue Revenue	8 0	ontributions	and aran	ts (Part VIII, line 1h)			Pri	or Year 16,81	10	Current Ye	772.
Ž į	•			ue (Part VIII, line 2g)				10,0.		310,	112.
چ کے	1	-		art VIII, column (A), lines 3, 4, and 70	d)					-3.	867.
₩.				II, column (A), lines 5, 6d, 8c, 9c, 10						5,	232.
	1			nes 8 through 11 (must equal Part VI		ne 12)		16,8	LO.		137.
				ounts paid (Part IX, column (A), lines							911.
	1			members (Part IX, column (A), line 4	-					·	
	1			nsation, employee benefits (Part IX,	•	5-10)				7,	500.
ses	16a_E			g fees (Part IX, column (A), line 11e		,		,			
Exper	DE			ses (Part IX, column (D), line 25) ►		7,126.					
ă.	LV.C					1,120.		22 24	<del></del>	111	071
[	1	Juner expens	es (Pag	X, column (A), lines 11a-11d, 11f-24	r) 			22,29			971.
ဖွ	MA		jβ. Α <b>Φ</b>	nes 13-17 (must equal Part IX, colum	in (A), line 25)			22,29			382.
8	19" 1	revenue less	experuse	s. Subtract line 18 from line 12				-5,48			755.
8 2	00	DEALL	17				Beginn	ing of Ye	-	End of Yea	
Be	180G	otal appets (							0.		906.
Net F		otal habilities		•					0.		151.
	22			ances Subtract line 21 from line 20					0.	141,	755.
1	art II		ure Blo								
		Under pepartie true, correct, a	s of perjury,	I declare that I have examined this return inclu Declaration of prepare (Are than officer) is t	ding accompanying scl pased on all information	hedules and st	atements, and	to the best o	f my knowle	edge and belief,	ıt ıs
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110	51 <b>C</b>	Signative					Date				
		Type or p	S WOLTS				PRESI	DENT			
		Type or pr	int name an	d tile		<u> </u>	-		Dronore	u's identifians -	
D	aid					Date	Che self	ck if	(see ins	er's identifying r structions)	umber
Pr		Preparer's signature	- 3	arah Harde.	CPH	3-12	-10 emp	oloyed 🏲	<b>⊣</b> ե^^.	- 4 - 2 - 2 - 4	
	rer's	<del>-</del>	<u>ر</u>		VIII	•			15006	546174	
Us	se	Firm's name (o								000	
Oı	nly	employed), address, and		6 ASPEN GROVE DR STE 50	JU		EIN		2-1384		
	<del></del>	ZIP + 4		NKLIN, TN 37067-4836	· · · · · · · · · · · · · · · · · · ·		Pho	ne no		6-8800	
				with the preparer shown above? (see					X	<del></del>	No
BA	A For F	Privacy Act a	nd Paper	work Reduction Act Notice, see the	separate instructi	ions.	•	TEEA0113L	12/29/09	Form <b>99</b> 0	(2009)

Form 990 (2009) LEGACYTREE FOUNDATION
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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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	3		<u>X</u> _
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		_X_
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) 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 similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		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		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		X
11	is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or $X$ as applicable	11	Х	······
•	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI			
•	Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII			
•	Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16° If 'Yes,' complete Schedule D, Part VIII			
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX  Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X			
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		Х
	AWas the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional Yes No			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14 <i>a</i>	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ŧ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b		<u>X</u>
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		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		X
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		<u>X</u>

Form 990 (2009) LEGACYTREE FOUNDATION
Part,!V Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	Χ	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		<u> </u>
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		<u>X</u>
24 a	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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No,'go to line 25	24a		Х
b	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		
25 a	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	25 a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		_X_
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		<u>X</u>
b	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? 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? <i>If 'Yes,' complete Schedule M</i>	30		Х
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		Х
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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
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
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Х	
заа		Form	990	(200a)

art 🗸 Statements Regarding Other IRS Filings and Tax Compliance			
		Yes	N
1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S.Information Returns. Enter -0- if not applicable      1a	<b>⊣</b> :		-
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<u> </u>		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		΄,
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 0		,	
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			Г
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	·	}
<b>b</b> If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3b		
4a 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)?	4a		2
<b>b</b> 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.			,
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		2
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		7
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5 c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services		,,	
provided to the payor?	7a	X	⊬
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b	<u>X</u>	╀
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		<u> </u>
d If 'Yes,' indicate the number of Forms 8282 filed during the year  Old the organization, during the year receive any finds, directly or indicately to now promiums on a personal	-		
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		:
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business			
holdings at any time during the year?	8		╀
9 Sponsoring organizations maintaining donor advised funds.	1		
a Did the organization make any taxable distributions under section 4966?	9a		╀
<b>b</b> Did the organization make any distribution to a donor, donor advisor, or related person?	9b	ļ,	╄
0 Section 501(c)(7) organizations. Enter:		,	
a Initiation fees and capital contributions included on Part VIII, line 12	-		
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
1 Section 501(c)(12) organizations. Enter			
a Gross income from other members or shareholders.	4		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	ļ,	٠ "	
2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> </u>	上
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	i		

BAA

Form 990 (2009)

**Governing Body and Management** 

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

				Yes	No			
1 a	Enter the number of voting members of the governing body	1a 3						
k	Enter the number of voting members that are independent	1b 3						
2	Did any officer, director, trustee, or key employee have a family relationship or a business re officer, director, trustee or key employee?	lationship with any other	2	,	Х			
3	Did the organization delegate control over management duties customarily performed by or u of officers, directors or trustees, or key employees to a management company or other personal company or other personal company.	nder the direct supervision	3					
1		our,	4	Х	<u>X</u>			
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?  SEE SCH 0		-4					
_		-12	_		v			
_	Did the organization become aware during the year of a material diversion of the organization	i's assets?	5		X X			
6	Does the organization have members or stockholders?		6		<u> </u>			
7 a	Does the organization have members, stockholders, or other persons who may elect one or r governing body?	nore members of the	7a		Х			
k	$oldsymbol{\mathfrak{o}}$ Are any decisions of the governing body subject to approval by members, stockholders, or ot	her persons?	7b		X			
8	Did the organization contemporaneously document the meetings held or written actions under the following:	rtaken during the year by						
a The governing body?								
<b>b</b> Each committee with authority to act on behalf of the governing body?								
	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who can	anot be reached at the						
	organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	SEE SCHEDULE O	9	Х				
	ct <b>ion B. Policies</b> (This Section B requests information about policies not	required by the interna	11					
Reve	enue Code )		1					
10	December assessment as the section to the section of the section o			Yes	No X			
	a Does the organization have local chapters, branches, or affiliates?		10 a					
ŧ	of Yes,' does the organization have written policies and procedures governing the activities of and branches to ensure their operations are consistent with those of the organization?	f such chapters, affiliates,	10 ь					
	Has the organization provided a copy of this Form 990 to all members of its governing body by		11	Х				
	· · · · · · · · · · · · · · · · · · ·	<del>-</del>						
	A Describe in Schedule O the process, if any, used by the organization to review this Form 990	. SEE SCHEDULE O	10	· ·				
	a Does the organization have a written conflict of interest policy? If 'No,' go to line 13		12a	X				
	Are officers, directors or trustees, and key employees required to disclose annually interests to conflicts?	•	12b	Х				
(	Does the organization regularly and consistently monitor and enforce compliance with the pole of the schedule	icy? If 'Yes,' describe in	12c	Х				
13	Does the organization have a written whistleblower policy?		13	X				
14	Does the organization have a written document retention and destruction policy?		14	Х				
15	Did the process for determining compensation of the following persons include a review and a persons, comparability data, and contemporaneous substantiation of the deliberation and dec	approval by independent cision?						
á	The organization's CEO, Executive Director, or top management official		15 a	,	X			
ŀ	Other officers of key employees of the organization		15b		X			
	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)							
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar entity during the year?	arrangement with a taxable	16a		Х			
ŀ	If 'Yes,' has the organization adopted a written policy or procedure requiring the organization	to evaluate its participation	iou					
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard status with respect to such arrangements?	the organization's exempt	16b					
Sec	tion C. Disclosures							
	List the states with which a copy of this Form 990 is required to be filed NONE	•••		<del></del>				
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available 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 docum statements available to the public. SEE SCHEDULE O	nents, conflict of interest polic	y, and	financ	cıal			
	State the name, physical address, and telephone number of the person who possesses the b							
► JAMES WOLTER PO BOX 626 FRANKLIN TN 37064 615 468-8048								

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

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees See instructions for definition of 'key employees'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order individual trustees or directors; institutional trustees; officers, key employees; highest compensated employees; and former such persons.

Check this box if the organization did no		sate ar	ту с			fficer,	dıre			
(A)	(B)			(0				(D)	(E)	(F)
Name and Title	Average hours per week	ndividual trustee or director	institutional trustee	check Officer	a Key employee	Highest compensated employee	Former	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
JAMES WOLTER										
PRESIDENT	40			X				2,500.	0.	0.
ANNETTE JOHNSON SECRETARY	40			Х				2,500.	0.	0.
NANETTE BEEBE TREASURER	40			Х				2,500.	0.	0.
	-									

Part.VII   Section A. Officers, Directors, Trus	T	<u>ney</u>	En			ees,	, an			ipioye		<u>ont</u>
(A) Name and Title	(B) Average	Posi	tion (		c) k all f	hat a	(vlaa	(D) Reportable	(E) Reportable		<b>(F)</b> Estimated	J
Name and Thie	hours per week			Officer		Highest compensated employee		reportable compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	ame co	count of of mpensati from the ganization ganization	ther ion on ed
11. Tabel								7 500		-		
<ul><li>1 b Total</li><li>2 Total number of individuals (including but not limited</li></ul>	to thes	o lic	tod	aha	· · · ·	who	roor	7,500.	0.		noncat	tion
from the organization • 0	10 1103	ic iis	icu	abo	vej	<b>*V</b> 110	160	erved more man q	rioo,ooo iirreporta	DIE COII	iperisai	,1011
	·										Yes	N
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	ndıvıduai	1	-	·	•	•		•	, ,	3	ļ	Х
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater the individual	oortable nan \$150	com 0,000	npen 02 /:	isati f 'Ye	on a	and o	othe <i>lete</i>	r compensation fr Schedule J for si	om uch	4		X
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sch	ompens nedule J	atior for	fro such	m a	ny u rsor	inrel	atec	d organization for	services	5		X
Complete this table for your five highest compensation from the organization.	ed indep	end	ent	con	trac	tors	that	received more th	an \$100,000 of			
(A) Name and business addres	ss							(B Description	) of Services		(C) ensatio	on _
2 Total number of independent contractors (including \$100,000 in compensation from the organization ▶		limite	ed to	o the	ose	liste	d ab	oove) who receive	d more than	· · · · · · · · · · · · · · · · · · ·		

Pa	T VIII Statement of Revenue	·······			
		<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns     1 a       b Membership dues     1 b       c Fundraising events     1 c       d Related organizations     1 d       e Government grants (contributions)     1 e			,	
CONTRIBUTI	f All other contributions, gifts, grants, and similar amounts not included above 1f 310,77  g Noncash contribus included in lns 1a-1f \$  h Total. Add lines 1a-1f	2. ► 310,772.	, ,		
IICE REVENUE	Business Code  2 a  b  C		, ,,		<i>"</i>
ROGRAM SER\	def All other program service revenue	<b>*</b>			
<u> </u>	<ul> <li>g Total. Add lines 2a-2f</li> <li>3 Investment income (including dividends, interest and other similar amounts)</li> <li>4 Income from investment of tax-exempt bond proceeds</li> </ul>	▶ 148.			148.
	5 Royalties  (i) Real (ii) Personal  6a Gross Rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss)		,		,
	7a Gross amount from sales of assets other than inventory  b Less cost or other basis and sales expenses c Gain or (loss)  d Net gain or (loss)  (i) Securities (ii) Other 356, 180.  360, 195.  -4,015.	-4,015.			-4.015.
OTHER REVENUE	8a Gross income from fundraising events (not including \$			,	,
	9a Gross income from gaming activities See Part IV, line 19  b Less: direct expenses.  c Net income or (loss) from gaming activities		,	, , , ,	enentena e e
	10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory			,	
	Miscellaneous Revenue         Business Code           11 a NPV ADJUSTMENT SEE 0         900099           b	5,232.	5,232.		
	d All other revenue . e Total. Add lines 11a-11d	► 5,232.			
	12 Total revenue, See instructions	► 312,137.	5,232.	0.	-3,867.

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).

Do i	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	50,911.	50,911.		,
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	37,322	33,311.		,
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16			· · · · · · · · · · · · · · · · · · ·	
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	7,500.	0.	7,500.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits.		-		
10	Payroll taxes				
	Fees for services (non-employees)				
	Management				
	Legal	4,583.		4,583.	
	Accounting	2,865.		2,865.	
	Lobbying				
	Prof fundraising svcs See Part IV, In 17				
	Investment management fees				
	1 Other				
	Advertising and promotion	9,640.		0.640	
13 14	Office expenses	9,040.		9,640.	
	Information technology Royalties				
15 16	Occupancy	3,750.		3,750.	
17	Travel	3,730.	····.	3,730.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	198.	198.		
19	Conferences, conventions, and meetings				
20	Interest				
21	,			<u> </u>	
	Depreciation, depletion, and amortization				
23 24	Insurance. Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25		s * .		
	below.)	FA 054		· · · · · · · · · · · · · · · · · · ·	
	DEVELOPMENT FEES	50,251.	50,251.		
	SURRENDER PENALTIES MARKETING	22,922.	22,922.		E 050
	MARKETING TIT/TECHNICAL	5,852. 4,370.		4,370.	5,852.
	STATE REGISTRATIONS	2,592.	2,592.	4,3/0.	77 MAY 17
	All other expenses	4,948.	721.	2,953.	1,274.
	Total functional expenses Add lines 1 through 24f	170,382.	127,595.	35,661.	7,126.
	Joint costs. Check here ► If following	1,0,002.		33,001.	7,120.
	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA					Form <b>990</b> (2009)

**Balance Sheet** 

Part X

Form 990 (2009)

(A) Beginning of year **(B)** End of year 1 289,719. Cash - non-interest-bearing 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L 6 7 Notes and loans receivable, net Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis. 10 a Complete Part VI of Schedule D 10 b b Less accumulated depreciation. 10 c Investments - publicly-traded securities 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 14 14 Intangible assets 15 364,187. 15 Other assets. See Part IV, line 11 0. 653,906. 16 Total assets Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees 22 highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties... 24 25 512,151 Other liabilities Complete Part X of Schedule D 0. Total liabilities. Add lines 17 through 25 26 512,151 X and complete lines Organizations that follow SFAS 117, check here 27 through 29 and lines 33 and 34. 141,755. Unrestricted net assets 27 28 Temporarily restricted net assets. Permanently restricted net assets 29 R Organizations that do not follow SFAS 117, check here and complete F U N lines 30 through 34. 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, and equipment fund 31 31 BALANCES 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances. 0. 33 141,755. 34 653,906. Total liabilities and net assets/fund balances. 0. 34

BAA

For	<u>ກ 990</u> _	(2009) БЕ	EGACYTREE FOUNDATION	73-1556664	Pa	age 12
Ρá	rt XI	Financia	al Statements and Reporting			
					Yes	No
1	Acco	ounting meth	od used to prepare the Form 990: $\hfill\Box$ Cash $\hfill$ Accrual $\hfill\Box$ Other			,
		e organizatioi chedule O.	n changed its method of accounting from a prior year or checked 'Other,' explain			
2	a Were	e the organiz	zation's financial statements compiled or reviewed by an independent accountant?	2 <i>a</i>		X
	<b>b</b> Were	e the organiz	ration's financial statements audited by an independent accountant?	2 b	<b>,</b>	X
	c If 'Ye	es' to line 2a ew, or compil	or 2b, does the organization have a committee that assumes responsibility for overs lation of its financial statements and selection of an independent accountant?	sight of the audit,	:	
		e organizatioi chedule O.	n changed either its oversight process or selection process during the tax year, expla	aın		
	d If 'Ye	es' to line 2a solidated basi	or 2b, check a box below to indicate whether the financial statements for the year wis, separate basis, or both.	ere issued on a		
		Separate b	pasis Consolidated basis Both consolidated and separate basis			
3	<b>a</b> As a Audi	result of a fe t Act and OM	ederal award, was the organization required to undergo an audit or audits as set fort MB Circular A-133?	th in the Single		X

**b** If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

BAA

Form 990 (2009)

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

## **Public Charity Status and Public Support**

OMB No 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

		YTREE FOUNDA	TION							556664			
Part				is (All organizations	must	compl	ete thi	s part					_
The o	rga	anization is not a pri	vate foundation becaus	se it is (For lines 1 throu	igh 11, c	heck on	ly one b	ox )					
1	L			ociation of churches desc		section	170(b)(1	χΑχi).					
2													
3													
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state:												
5			perated for the benefit	of a college or university	owned o	or opera	ted by a	govern	mental (	unit desc	ribed in se	ction	
6 7		A federal, state, of An organization th	r local government or g	governmental unit describ substantial part of its sup art II )					or from t	the gene	ral public o	describ	ed
8	Ļ			70(b)(1)(A)(vi). (Complete		•							
9													
10	Ļ	4 "	•	exclusively to test for pul		•		, , ,	•				
11	An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h												
	_	a ∐Type I	<b>b</b> Type II		I — Fund	-	-			d 📋	Type III—		
е	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 section 509(a)(2)												
f		If the organization check this box	received a written dete	ermination from the IRS t	that is a	Type I,	Type II o	or Type	III supp	orting or	ganızatıon	•	
g		Since August 17, 2	2006, has the organiza	tion accepted any gift or	contribu	ition froi	n any o	f the fol	lowing p	ersons?			
												Yes	No
		(i) a person who	o directly or indirectly o overnina body of the si	controls, either alone or to upported organization?	ogether	with per	sons de	scribed	ın (II) ar	nd (III)	11 g (i)		
			nber of a person desc								11 g (ii)		
		(iii) a 35% contro	olled entity of a person	described in (i) or (ii) ab	ove?						11 g (iII)		
h		Provide the follow	ing information about t	he supported organization	ns.		_						
	(	Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat (i) liste	Is the tion in col d in your erning ment?	(v) Did y the organ col o your su	iization in (i) of	organizati	s the ion in col zed in the 3.7	(vii) Amou	nt of Sup	port
					Yes	No	Yes	No	Yes	No			
			<u> </u>			<del> </del>							
		3											<del></del>
			-										
Total				¥									

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Pár	t II Support Schedule for	-			)(b)(1)(A)(iv) a	ınd 170(b)(	1)(A)	(vi)		
	(Complete only if you check	ed the box on line	5, 7, or 8 of Part	1)						
_	tion A. Public Support	1	r	T		<del></del>		<del></del>		
begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009		(f) Tota	il 	
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')			ļ						
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf									
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge									
4	Total. Add lines 1-through 3									
5	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)		,	* ************************************	,					
6	<b>Public support.</b> Subtract line 5 from line 4									
Sec	tion B. Total Support			-						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	1	(f) Tota	ıt	
7	Amounts from line 4			ļ						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources									
9	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 (Explain in Part IV)									
11	Total support. Add lines 7 through 10									
12	Gross receipts from related activ	rities, etc (see ins	tructions)				12	_		
	First five years. If the Form 990 organization, check this box and	stop here	, 	d, third, fourth, o	r fifth tax year as	a section 501	(c)(3)		<b>▶</b> □	
	tion C. Computation of Pu			- 11 - 1 - 10		1	14	-		
15	Public support percentage for 20 Public support percentage from 3	=	• •	e 11, column (t)			14 15		<u>%</u> %	
16 a	33-1/3 support test — 2009. If the and stop here. The organization				the line 14 is 33-1	/3 % or more	, chec	k this box	► 🗌	
ŀ	<b>b 33-1/3 support test</b> – <b>2008.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization									
17 a	7a 10%-facts-and-circumstances test – 2009 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									
ŀ	• 10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a	nd-circumstances	s' test, check this	box and stop her	e. Explain in P	art IV		▶	
18	Private foundation. If the organiz		=	·		-		uctions	▶□	

## Part III Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you ched	ked the box on lin	e 9 of Part I.)				
Sec	tion A. Public Support			<del></del>			
Cale	ndar year (or fiscal yr beginning in) 🟲	(a) 2005	<b>(b)</b> 2006	(c) 2007	<b>(d)</b> 2008	<b>(e)</b> 2009	(f) Total
	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')				16,810.	310,772.	327,582.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						0.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 5	0.	0.	0.	16,810.	310,772.	327,582.
7 a	Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the	0.	0.	0.		;	
_	year	0.	0.	0.	0.	0.	0.
	Add lines 7a and 7b	0.	0.	U.	<u> </u>	· · · · · · · · · · · · · · · · · · ·	<u> </u>
0	Public support (Subtract line 7c from line 6)						327,582.
Sec	tion B. Total Support		<u>_</u>			,	321,302.
	Holl Di Total Capport						
Cale	ndar vear (or fiscal vr beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(4) 2008	(a) 2009	(f) Total
	ndar year (or fiscal yr beginning in)	<b>(a)</b> 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total 327, 582
9	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources.	(a) 2005 0.	<b>(b)</b> 2006	<b>(c)</b> 2007	(d) 2008 16,810.	310,772.	327,582.
9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form						
9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b					310,772.	327,582.
9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0.	0.	0.	16,810.	310,772. 147.	327,582. 147.
9 10 a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is	0.	0.	0.	16,810.	310,772. 147.	327,582.  147.  0. 147.  0.
9 10 a b 11 12	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 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.) Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 in the sale of capital assets (Explain in Part IV.)	0.  0.	0.	0.	0.	310,772. 147.	327,582.  147.  0. 147.  0. 327,729.
9 10 a 11 12 13 14	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 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.)  Total support. (add ins 9, 10c, 11, and 12)  First five years. If the Form 990 i organization, check this box and	0.  0.  s for the organizat stop here	0. 0. tion's first, second,	0.	0.	310,772. 147.	327,582.  147.  0. 147.  0. 327,729.
9 10 a b c 11 12 13 14 Sec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 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.) Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 in organization, check this box and tion C. Computation of Putiness.	0.  0.  s for the organization here	0.  tion's first, second,	0. 0. third, fourth, or	0.	310,772. 147. 147.	327,582. 147. 0. 147. 0. 327,729.
9 10 a b c 11 12 13 14 Sec 15	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 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.)  Total support. (add ins 9, 10c, 11, and 12)  First five years. If the Form 990 in organization, check this box and tion C. Computation of Puthulic support percentage for 20	0.  o.  s for the organization here blic Support F	0.  tion's first, second,  Percentage (f) divided by line	0. 0. third, fourth, or	0.	310,772.  147.  147.  a section 501(c)(3	327,582. 147. 0. 147. 0. 327,729. ► □
9 10 a 11 12 13 14 Sec 15 16	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 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.)  Total support. (add ins 9, 10c, 11, and 12)  First five years. If the Form 990 in organization, check this box and tion C. Computation of Public support percentage from 20.	o.  s for the organization of the organization of the organization of the stop	0.  tion's first, second,  Percentage (f) divided by line Part III, line 15	third, fourth, or	0.	310,772. 147. 147.	327,582. 147. 0. 147. 0. 327,729.
9 10 a 11 12 13 14 Sec 15 16 Sec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 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.)  Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 in organization, check this box and tion C. Computation of Public support percentage from 2 tion D. Computation of Inventorial in the second computation of Interest in the second computation in the second computation of Interest in the second computation in the sec	s for the organizat stop here  blic Support F 09 (line 8, column 2008 Schedule A, I/cestment Inco	0.  tion's first, second,  Percentage (f) divided by line  Part III, line 15  me Percentage	0. third, fourth, or	0.	310,772.  147.  147.  147.  15  16	327,582.  147.  0. 147.  0. 327,729.  100.0%
9 10 a 11 12 13 14 Sec 15 16	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 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.)  Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 in organization, check this box and tion C. Computation of Public support percentage from 20 public support percentage from 21 tion D. Computation of Investment income percentage for	s for the organizat stop here blic Support F 09 (line 8, column 2008 Schedule A, Ivestment Incor	0.  tion's first, second,  Percentage (f) divided by line Part III, line 15 me Percentage column (f) divided by	third, fourth, or	0.	310,772.  147.  147.  a section 501(c)(3	327,582.  147.  0. 147.  0. 327,729.  100.0%  0.0%
9 10 a 11 12 13 14 Sec 15 16 Sec 17 18	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 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.)  Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 in organization, check this box and tion C. Computation of Public support percentage from 20 public support percentage from 21 tion D. Computation of Investment income percentage from 33-1/3 support tests — 2009. If the	s for the organizat stop here  blic Support F 09 (line 8, column 2008 Schedule A, I vestment Incorpor 2009 (line 10c, com 2008 Schedule e organization did	0.  0.  0.  Percentage  (f) divided by line Part III, line 15  me Percentage  column (f) divided to the column (f) divided	third, fourth, or 13, column (f))  by line 13, column (f) on line 14, and	16,810.  0.  fifth tax year as a	310,772.  147.  147.  147.  15  16  17  18  an 33-1/3%, and	327,582.  147.  0. 147.  0. 327,729.  100.0%  0.0%
9 10 a 11 12 13 14 Sec 17 18 19 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 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.)  Total support. (add ins 9, 10c, 11, and 12)  First five years. If the Form 990 is organization, check this box and tion C. Computation of Public support percentage for 20  Public support percentage from 2  tion D. Computation of Investment income percentage from 2	s for the organization of the stop here  blic Support Form 2008 Schedule A, prestment Incompression 2008 Schedule e organization did this box and stop here.	0.  10.  10.  10.  10.  10.  10.  10.	third, fourth, or 13, column (f))  oy line 13, column on line 14, and ualifies as a pub in line 14 or 19a, attorn qualifies as	n (f)) line 15 is more th licly supported or and line 16 is mo a publicly support	310,772.  147.  147.  147.  147.  15  16  17  18  an 33-1/3%, and ganization re than 33-1/3%, ted organization	327,582.  147.  0. 147.  0. 327,729.  100.0%  0.0%  0.0%  Inne 17 is not X

Schedule /	<b>A</b> (Form 990 or 9	90-EZ) 2009	LEGACYTRE	E FOUNDATIO	N		73-1556664	Page 4
Part IV	Supplemen	tal Informa	tion. Complete	this part to	provide the exp	lanations req	uired by Part II, mation. See ins	line 10;
	Part II, line	17a or 17b;	and Part III, I	ine 12. Provi	de any other ac	dditional infori	mation. See ins	tructions.
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# SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

## **Supplemental Financial Statements**

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions

OMB No 1545 0047

Open to Public Inspection
Employer Identification number

LEC	SACYTREE FOUNDATION		72 155664
			73-1556664
Pai	the organizations Maintaining Done	or Advised Funds or Other Similar F to Form 990, Part IV, line 6.	unds or Accounts Complete if
	the organization answered Tes	(a) Donor advised funds	(b) Funds and other accounts
-	Total number at and of year	(a) Donor advised idrids	(b) Fullus and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and do funds are the organization's property, subject	nor advisors in writing that the assets held in d to the organization's exclusive legal control?	lonor advised Yes No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private ben	ors, and donor advisors in writing that grant fun the benefit of the donor or donor advisor or foi efit??	nds may be r any other Yes No
Pai	t II Conservation Easements Comp	lete if the organization answered 'Ye	s' to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held b	y the organization (check all that apply)	
	Preservation of land for public use (e.g.,	recreation or pleasure) Preservation	n of an historically important land area
	Protection of natural habitat	Preservation	n of certified historic structure
	Preservation of open space	_	
2	Complete lines 2a through 2d if the organizations day of the tax year	ion held a qualified conservation contribution in	n the form of a conservation easement on the
			Held at the End of the Year
ä	Total number of conservation easements		2a
ŀ	Total acreage restricted by conservation ease	ements	2b
•	Number of conservation easements on a cert	ified historic structure included in (a)	2c
•	Number of conservation easements included	ın (c) acquired after 8/17/06	2d
3	Number of conservation easements modified,	transferred, released, extinguished, or termina	ated by the organization during the tax
	year ▶		
4	Number of states where property subject to c	onservation easement is located <b>&gt;</b>	
5	Does the organization have a written policy reand enforcement of the conservation easeme	egarding the periodic monitoring, inspection, ha	andling of violations, Yes No
6		ing, inspecting, and enforcing conservation eas	
7	Amount of expenses incurred in monitoring, i during the year ▶	nspecting, and enforcing conservation easeme	ents \$
8	Does each conservation easement reported of 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	on line 2(d) above satisfy the requirements of s	ection Yes No
9	include, if applicable, the text of the footnote conservation easements.	ports conservation easements in its revenue a to the organization's financial statements that	describes the organization's accounting for
Pa	Organizations Maintaining Col Complete if the organization an	lections of Art, Historical Treasures, swered 'Yes' to Form 990, Part IV, III	, or Other Similar Assets ne 8.
1:	a If the organization elected, as permitted under treasures, or other similar assets held for put the text of the footnote to its financial statement	er SFAS 116, not to report in its revenue staten olic exhibition, education, or research in further ents that describes these items	ment and balance sheet works of art, historica rance of public service, provide, in Part XIV,
I		er SFAS 116, to report in its revenue statement olic exhibition, education, or research in further	
	(i) Revenues included in Form 990, Part VIII	I, line 1	<b>►</b> \$
	(ii) Assets included in Form 990, Part X		<b>*</b> \$
2	If the organization received or held works of amounts required to be reported under SFAS	art, historical treasures, or other similar assets 1116 relating to these items:	for financial gain, provide the following
;	<b>a</b> Revenues included in Form 990, Part VIII, lin	e 1	<b>►</b> \$
	h Assats included in Form 900. Part Y		<b>▶</b> ¢

•									
	CYTREE FO						73-155		Page 2
Part 41 Organizations Mainta	ining Colle	ections of Ar	<u>t, Hist</u>	<u>orical Tr</u>	easures, o	<u>r Other Si</u>	<u>milar As</u>	sets (con	tınued)
3 Using the organization's acquisiti items (check all that apply):	on accession	and other record	ds, chec	k any of th	e following th	at are a sign	ıfıcant use	of its collect	ion
a Public exhibition		d [	Loan	or exchang	e programs				
<b>b</b> Scholarly research		e 🗌	Other						
c Preservation for future gener	ations								
4 Provide a description of the orga Part XIV.	nızatıon's colle	ections and expl	aın how	they furthe	er the organiz	ation's exem	pt purpose	ın	
5 During the year, did the organiza assets to be sold to raise funds r	ather than to	be maintained a	s part o	f the organ	ization's colle	ection?		Yes	No
Part IV Escrow and Custodia	al Arrangen	nents Compl	ete if	organizat	tion answe	red 'Yes' t	o Form 9	990, Part	IV, lıne
9, or reported an amo	ount on For	m 990, Part .	x, iine	21.					
1 a Is the organization an agent, trus	stee, custodiar	n, or other interr	nediary	for contribu	utions or othe	er assets not	Г	٦.,	П.,
included on Form 990, Part X?	5						l	Yes	∐No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIV a	na complete the	followin	ng table				A	
a Dogunana halanaa						1.		Amount	
c Beginning balance						1c			
d Additions during the year						1d 1e			•
e Distributions during the year				•		1f			
f Ending balance	maunt on For	000 Dort V I	ma 212	•		1 11		Van	T No
2a Did the organization include an a		m 990, Part <b>X</b> , ii	ine ZI?		•	•	l	Yes	∐No
Part V Endowment Funds Co		raanization :	305040	rod 'Voc'	to Form 9	190 Part IV	/ lino 10	· · · · · · · · · · · · · · · · · · ·	
Tait V   Elidowillelit I dids Co	(a) Current		Prior yea		Two years back	i	e years back	(e) Four y	reare back
1 a Beginning of year balance	(a) current	yeai (b)	riioi yea	<u>' (c</u>	) I WU years back	(u) Tillet	years back	(e) rour y	Cais Dack
<b>b</b> Contributions	}				+++	-		<u> </u>	***************************************
			<del></del>					1	
c Net Investment earnings, gains, and losses									
<b>d</b> Grants or scholarships						7 . 70 07	· · · · · · · · · · · · · · · · · · ·	<u> </u>	<i>.</i>
<ul> <li>Other expenditures for facilities and programs</li> </ul>					· · · · · · · · · · · · · · · · · · ·	<u> </u>		-	
f Administrative expenses					····				
<b>g</b> End of year balance .	L	<u>-</u>			•	14 **		. '	
2 Provide the estimated percentage	•		i as:						
a Board designated or quasi-endov	wment 🕨	·							
<b>b</b> Permanent endowment ►	<sup>8</sup>								
c Term endowment ►	8								
3a Are there endowment funds not a organization by.	n the possess	sion of the organ	ization	that are he	ld and admın	istered for the	е	Ye	s No
(i) unrelated organizations					•			3a(i)	
(ii) related organizations						•		3a(ii)	
<b>b</b> If 'Yes' to 3a(II), are the related of	organizations I	listed as require	d on Sc	hedule R?	•			3b	
4 Describe in Part XIV the intended	d uses of the	organization's er	ndowme	ent funds.					
Part VI Investments—Land, E	Buildings, a	and Equipme	nt. Se	e Form 9	990, Part λ	ر, line 10.			
Description of investment	t	(a) Cost or othe (investment	er basis nt)	(b) Cos basis	t or other (other)	(c) Accum Depreci	iulated ation	(d) Book	: Value
1 a Land									

Part Vi Investments—Land, Buildings, and Equipment. See Form 990, Part X, Inne 10.

Description of investment

(a) Cost or other basis (b) Cost or other basis (c) Accumulated Depreciation

1 a Land

b Buildings

c Leasehold improvements

d Equipment

e Other

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) )

(c) Accumulated Depreciation

(d) Book Value

BAA

Schedule **D** (Form 990) 2009

Schedule D (Form 990) 2009 LEGACYTREE FOUNDAT	ION	73-1556	664 Page <b>3</b>
Part VII Investments-Other Securities See Fo			
(a) Description of security or category (including name of security)	(b) Book value	<b>(c)</b> Method of valuation Cost or end-of-year marke	on t value
Financial derivatives			
Closely-held equity interests			
Other			
			<del></del>
			<u></u>
		·	
Total (Column (b) must equal Form 990 Part X, col. (B) line 12.) ►			
Part VIII Investments—Program Related (See	orm 990. Part X. lin	e 13) N/A	
(a) Description of investment type	(b) Book value	(c) Method of valuation	on
	<b>(.,,</b>	Cost or end-of-year marke	t value
		<del></del>	
Total. (Column (b) must equal Form 990, Part X, Col. (B) line 13 )			
Part IX Other Assets (See Form 990, Part X,	line 15)		
	scription		(b) Book value
DEPOSITS			750.
REINSURANCE POLICIES .			363,437.
Total. (Column (b) must equal Form 990, Part X, col (B), III	15)	<b>&gt;</b>	364,187.
Part X Other Liabilities (See Form 990, Part			304,107.
(a) Description of Liability	(b) Amount		
Federal Income Taxes	(b) / iiiioane	1	
LEGACY PLAN LIABILITIES	512,151		5
		7	•
		1	
		1	
			,
			,
		_	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ►	512,151		
2. FIN 48 Footnote. In Part XIV, provide the text of the footr for uncertain tax positions under FIN 48.	note to the organization's f	inancial statements that reports the or	ganization's liability

	73-155	6664	Page 4
Fart XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		N/A	
1 Total revenue (Form 990, Part VIII,column (A), line 12)	•		
2 Total expenses (Form 990, Part IX, column (A), line 25)			
3 Excess or (deficit) for the year. Subtract line 2 from line 1			
4 Net unrealized gains (losses) on investments			
5 Donated services and use of facilities			
6 Investment expenses			
7 Prior period adjustments			
8 Other (Describe in Part XIV)			
9 Total adjustments (net). Add lines 4 through 8			
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	Retur	n N/A	
1 Total revenue, gains, and other support per audited financial statements	1		
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains on investments	-		
b Donated services and use of facilities 2b	$\dashv$		
c Recoveries of prior year grants	-		
d Other (Describe in Part XIV)	_		
e Add lines 2a through 2d			
	2e		
	3		
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a Investments expenses not included on Form 990, Part VIII, line 7b			
b Other (Describe in Part XIV)	$\dashv$ .		
c Add lines 4a and 4b	4c		
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	37./3	
Part XIII   Reconciliation of Expenses per Audited Financial Statements With Expenses per Re		N/A	
1 Total expenses and losses per audited financial statements	1		
2 Amounts included on line 1 but not on Form 990, Part IX, line 25			
a Donated services and use of facilities 2a	_		
b Prior year adjustments 2b			
c Other losses 2c			
d Other (Describe in Part XIV)			
e Add Ines 2a through 2d	2e		
3 Subtract line 2e from line 1	3		
4 Amounts included on Form 990, Part iX, line 25, but not on line 1:			
a Investments expenses not included on Form 990, Part VIII, line 7b			
<b>b</b> Other (Describe in Part XIV)			
c Add lines 4a and 4b	4c		
5 Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)	5		
Part XIV Supplemental Information	•		
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this p information	/, lines 1 art to pro	b and 2b; Par ovide any addi	t V, tional
		<del>-</del>	

TEEA3304L 02/02/10

BAA

Schedule **D** (Form 990) 2009

Schedule D (Form 990) 2009 LEGACYTREE FOUNDATION	73-1556664	Page 5
Part XIV Supplemental Information (continued)		
,		
,		

# SCHEDULE I

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990.

OMB No 1545-0047 2009

Open to Public Inspection

**2** □

**A** 

(h) Purpose of grant or assistance Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form ASSISTANCE ASSISTANCE X Yes 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use GENERAL GENERAL Employer identification number 73-1556664 (g) Description of non-cash assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? (f) Method of valuation (book, FMV, appraisal, other) SEE PART IV o. o. (e) Amount of non-cash assistance 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant 7,124 7,124 Part IV and Schedule I-1 (Form 990) if additional space is needed (c) IRC section if applicable Enter total number of section 501(c)(3) and government organizations 38-1554664 501C3 14-1338562 501C3 Part I | General Information on Grants and Assistance (b) EIN 1400 TOWNSEND DRIVE, 7TH FLOOR 1 (a) Name and address of organization or government LEGACYTREE FOUNDATION SARATOGA SPRINGS, NY 12866 MICHIGAN TECH UNIVERSITY 815 NORTH BROADWAY HOUGHTON, MI 49931 SKIDMORE COLLEGE Name of the organization 1

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

Enter total number of other organizations

TEEA3901L 02/10/10

Schedule I (Form 990) 2009

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. LEGACYTREE FOUNDATION Schedule I (Form 990) 2009 Part III

Page 2

73-1556664

(f) Description of non-cash assistance Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) ORGANIZATIONS THAT THEY WOULD LIKE TO RECEIVE SUPPORT, BUT DOES NOT RESTRICT THE USE \_\_GIVEN\_TO\_THESE\_ORGANIZATIONS\_BY\_CONFIRMING\_THEIR\_TAX-EXEMPT\_STATUS\_AND\_ASCERTAINING \_\_GIVING\_TRANSACTION\_WITH\_OUR\_ORGANIZATION.\_ EACH DONOR MAY GIVE\_A LIST OF SUGGESTED OUR ORGANIZATION GIVES GIFTS TO OTHER NON-PROFIT ORGANIZATIONS AS PART OF A PLANNED \_\_OF\_THE\_FUNDS\_GIVEN\_TO\_ANY\_ORGANIZATION.\_\_OUR\_ORGANIZATION\_MONITORS\_ANY\_DONATIONS \_\_IHAT THESE ORGANIZATIONS FALL WITHIN THE OVERALL MISSION AND PURPOSE OF OUR (d) Amount of non-cash assistance PART I, LINE 2 - GRANTMAKER'S DESCRIPTION OF HOW GRANTS ARE USED (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance ORGANIZATION

BAA

Schedule I (Form 990) 2009

## SCHEDULE M → (Form 990)

**Noncash Contributions** 

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

2009

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

LEGACYTREE FOUNDATION

Employer identification number

73-1556664

Par	t I Types of Property			•				
		(a) Check if applicable	<b>(b)</b> Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	Me	thod of c rever	letermır	iing
1 2 3 4	Art—Works of art Art—Historical treasures Art—Fractional interests Books and publications							
5 6 7 8	Clothing and household goods. Cars and other vehicles. Boats and planes Intellectual property							
9 10 11 12	Securities—Publicly traded Securities—Closely held stock Securities—Partnership, LLC, or trust interests Securities—Miscellaneous	Х	1	360,195.	FMV	SECUR:	ITIES	
13	Qualified conservation contribution— Historic structures							
14 15 16 17 18 19	Qualified conservation contribution—Other Real estate—Residential Real estate—Commercial Real estate—Other Collectibles Food inventory							
20 21 22	Drugs and medical supplies Taxidermy Historical artifacts							
23 24 25 26	Scientific specimens  Archeological artifacts  Other ► (FIXED ANNUITIES)  Other ► ()	Х	2	116,862.	ANNU	ITY S	ГМТ	
27 28	Other ► (       Other ► (       )							
29	Number of Forms 8283 received by the organization completed Form 8283, Part IV, Done	on during the e Acknowled	tax year for contributio gement	ons for which the	29		Yes	No
30 a	During the year, did the organization receive by chold for at least three years from the date of the inpurposes for the entire holding period?	ontribution ar nitial contribu	ny property reported in ition, and which is not r	Part I, lines 1-28 that it equired to be used for	must exempt	30 a	_	Х
	olf 'Yes,' describe the arrangement in Part II.	a	and the manual of an		2	27	v ·	
	Does the organization have a gift acceptance poli	•	-		ns?	31	Х	
	Does the organization hire or use third parties or noncash contributions?	related organ	iizations to solicit, proce	ess, or sen		32 a		X
	olf 'Yes,' describe in Part II.	(a) f 1	ama af muanauh dau ba	ala a ali mana (-)ll	لم	ļ		
33	If the organization did not report revenues in colu describe in Part II.	mm (c) for a t	ype of property for which	cri column (a) is checke	eu,			
BAA	For Privacy Act and Paperwork Reduction Act No	tice, see the	Instructions for Form 9	990.	Sche	edule <b>M</b> (	Form 99	30) 2009

Schedule M (Form 990) 2009	LEGACYTREE	FOUNDATION			73-1556664	Page 2
Farril Supplemental I and 33. Also co	<b>nformation.</b> Co mplete this par	mplete this part t for any addition	to provide the inform nal information.	nation required	l by Part I, lines	30b, 32b,
					- – – – – – – -	
		. – – – – – -				

### SCHEDULE O (Form 990)

## **Supplemental Information to Form 990**

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

Open to Public Inspection

Name of the organization	Employer identification number
LEGACYTREE FOUNDATION	73-1556664
NET PRESENT VALUE CHANGE OF LIABILITY	
PER_GAAP, WE RECOGNIZE THE CHANGES IN NET PRESENT VALUE OF OUR	LEGACY PLAN
LIABLITIES_AND_REINSURANCE_POLICIES	
FORM 990, PART III, LINE 2 - NEW SERVICES	
IMPLEMENTED CHARITABLE PLANNED GIVING PROGRAMS INCLUDING CHARIT	ABLE GIFT ANNUITIES,
CHARITABLE BARGAIN SALES, CHARITABLE REMAINDER TRUSTS, AND DONG	OR ADVISED ACCOUNTS.
FORM 990, PART III, LINE 3 - CEASED CONDUCTING OR SIGNIFICANT CHANGES 1	O SERVIC
OUR ORGANIZATION NOW RUNS ITS OPERATIONS OUT OF FRANKLIN, TN.	THE EXISTING PROGRAMS
OF OUR ORGANIZATION REMAIN THE SAME, BUT ARE NOW CARRIED OUT BY	OUR NEW BOARD
MEMBERS FROM OUR NEW LOCATION IN FRANKLIN.	
FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCU	JMENTS
WE MADE CHANGES TO OUR NAME. SEE ATTACHED AMENDED CERTIFICATE	OF INCORPORATION.
FORM 990, PART VI, LINE 9 - OFFICER, DIRECTOR, TRUSTEE, KEY EMPLOYEE MA	ILING ADDRESS
ALL OFFICERS CAN BE REACHED AT THE ADDRESS OF THE CUSTODIAN OF	THE FINANCIAL
RECORDS.	
FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS	
IT IS REVIEWED BY THE BOARD OF DIRECTORS	
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEM	ENT OF CONFLICTS
OUR ORGANIZATION REQUIRES THE BOARD OF DIRECTORS TO DISCLOSE AN	NUALLY ANY INTERESTS
THAT COULD GIVE RISE TO CONFLICTS.	
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AV	/AILABLE
GIVEN UPON REQUEST	
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FORM 990, PART IX, LINE 24 OTHER EXPENSES				
	(A)	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) <u>FUNDRAISING</u>
BANK CHARGES INSURANCE	25 1,903	=	25. 1,903.	
POSTAGE AND SHIPPING UTILITIES	1,995 1,025 TOTAL \$ 4,948	•	1,025. \$ 2,953.	1,274. \$ 1,274.

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