Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

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

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $500,000 and total assets less than $1,250,000 at the end of the year may use this form

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

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20

B Check if applicable	Please use IRS label or print or type See Specific Instructions.	C Name of organization		D Employer identification number
☐ Address change		Legacy Family Ministries		74-2736222
☐ Name change		Number and street (or P O box, if mail is not delivered to street address)	Room/suite	E Telephone number
☐ Initial return		4920 Franklin Ave.		254-772-0412
☐ Terminated		City or town, state or country, and ZIP + 4		F Group Exemption Number ▶
☐ Amended return		Waco, TX 76710-6918		
☐ Application pending				

• ***Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).***

G Accounting Method: ☑ Cash ☐ Accrual Other (specify) ▶

H Check ▶ ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ www.legacyfamily.org

J Tax-exempt status (check only one) — ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 207.933

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received			1	176,021
	2	Program service revenue including government fees and contracts			2	31,650
	3	Membership dues and assessments			3	
	4	Investment income			4	262
	5a	Gross amount from sale of assets other than inventory	5a			
	b	Less: cost or other basis and sales expenses	5b			
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from **gaming**, check here ▶ ☐				
	a	Gross revenue (not including $ of contributions reported on line 1)	6a			
	b	Less: direct expenses other than fundraising expenses	6b			
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)			6c	
	7a	Gross sales of inventory, less returns and allowances	7a			
	b	Less: cost of goods sold	7b			
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	
	8	Other revenue (describe ▶)			8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶			9	207,933
Expenses	10	Grants and similar amounts paid (attach schedule)			10	5,119
	11	Benefits paid to or for members			11	
	12	Salaries, other compensation, and employee benefits			12	90,285
	13	Professional fees and other payments to independent contractors			13	275
	14	Occupancy, rent, utilities, and maintenance			14	10,840
	15	Printing, publications, postage, and shipping			15	2,423
	16	Other expenses (describe ▶ See Schedule 3)			16	70,960
	17	**Total expenses.** Add lines 10 through 16 ▶			17	179,902
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	28,031
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)			19	95,346
	20	Other changes in net assets or fund balances (attach explanation)			20	9,255
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶			21	132,632

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Part II **Balance Sheets.** If Total assets on line 25, column (B) are $1,250,000 or more, file Form 990 instead of Form 990-EZ.

	(See the instructions for Part II.)	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	94,103	22	130,559
23	Land and buildings		23	
24	Other assets (describe ▶ Equipment Less Depreciation (See Schedule 2))	3,666	24	4,310
25	**Total assets**	97,769	25	134,869
26	**Total liabilities** (describe ▶ Employment Taxes Payable)	2,423	26	2,237
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	95,346	27	132,632

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Part III **Statement of Program Service Accomplishments** (See the instructions for Part III.)

What is the organization's primary exempt purpose? **See Schedule 1**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28	Individual Ministry - See Schedule 1 (Grants $ 3,144) If this amount includes foreign grants, check here ▶ ☐	28a	26,633
29	Couples Ministry - See Schedule 1 (Grants $ 1,000) If this amount includes foreign grants, check here ▶ ☐	29a	92,967
30	Family Ministry - See Schedule 1 (Grants $ 975) If this amount includes foreign grants, check here ▶ ☐	30a	5,811
31	Other program services (attach schedule) (Grants $) If this amount includes foreign grants, check here ▶ ☐	31a	
32	**Total program service expenses** (add lines 28a through 31a) ▶	32	125,411

Part IV **List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Byron Weathersbee 209 Carriage House Rd., Salado, TX 76571	Director, Past President	27,063	9,182	18,746
Carla Weathersbee 209 Carriage House Rd., Salado, TX 76571	Director, Vice President	11,541	0	0
Darrell Janecka 8611 Oakdale Dr., Woodway, TX 76712	Director, President, Treas	0	0	0
Cindy Janecka 8611 Oakdale Dr., Woodway, TX 76712	Director	0	0	0
Jay Jeffrey 748 Mourning Dove Ln., Lorena, TX 76655	Director	0	0	0
Kevin Rhea 2421 Richards Dr., Waco, TX 76710	Director, Secretary	0	0	0
Leslie Rhea 2421 Richards Dr., Waco, TX 76710	Director	0	0	0
Kim Scott 4636 Baylor Camp Rd., Crawford, TX 76638	Director	0	0	0
Jeff Walter 11155 Chapel Rd., Lorena, TX 76655	Director	0	0	0

Part V **Other Information** (Note the statement requirements in the instructions for Part V.)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40b		✓
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e		✓

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

42a The organization's books are in care of ▶ Darrell Janecka Telephone no. ▶ 254-772-0412
Located at ▶ 4920 Franklin Ave., Waco, TX ZIP + 4 ▶ 76710-6918

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		✓
	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.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		✓
	If "Yes," enter the name of the foreign country: ▶			

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

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		✓
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		✓

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51.

			Yes	No
46	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	46		✓
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		✓
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		✓
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		✓
b	If "Yes," was the related organization a section 527 organization?	49b		✓

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				

f Total number of other employees paid over $100,000 . . . . ▶ 0

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over $100,000 . . ▶ 0

Sign Here

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

▶ Darrell Janecka 8/16/10

Signature of officer Date

▶ **Darrell Janecka President**

Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed ▶ ☐	Preparer's identifying number (See instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶		EIN ▶	
		Phone no ▶	

May the IRS discuss this return with the preparer shown above? See instructions . . . . ▶ ☐ Yes ☐ No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: Legacy Family Ministries

Employer identification number: 74 2736222

Part I **Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

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 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33⅓ % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33⅓ % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to 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** ☐ Type II **c** ☐ Type III–Functionally integrated **d** ☐ Type III–Other

e ☐ 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 received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . . . . ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)		
(ii) A family member of a person described in (i) above?	11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section **(see instructions)**)	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II **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) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	121,529	98,200	117,449	186,793	176,021	699,992
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	121,529	98,200	117,449	186,793	176,021	699,992
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)						93,675
6 **Public support.** Subtract line 5 from line 4.						606,317

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	121,529	98,200	117,449	186,793	176,021	699,992
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,063	1,432	1,658	860	262	5,275
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						705,267

12 Gross receipts from related activities, etc. (see instructions) . . . 12 | 156,262

13 **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 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . 14 | 86 %

15 Public support percentage from 2008 Schedule A, Part II, line 14 . . . 15 | 88 %

16a **33⅓ % support test—2009.** If the organization did not check the box on line 13, and line 14 is 33⅓ % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . ▶ ☑

b **33⅓ % support test—2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓ % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . ▶ ☐

17a **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 . . . ▶ ☐

b **10%-facts-and-circumstances test—2008.** 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 . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Legacy Family Ministries
74-2736222
2009 Form 990-EZ
Schedule 1

Page 1, Part I, Line 20 – Other Changes in Net Assets

Our mutual fund investments ended the year with an increased fair market value.

Page 2, Part III, Lines 28, 29 and 30 – Purpose and Program Service Accomplishments

Our purpose: Why we exist

Founded in 1995, Legacy Family Ministries' (LFM) mission is to pass on God's principles from one generation to the next:

- By *deepening the roots of individuals* with God's truth through mentoring, teaching, speaking, and writing.
- By *developing the foundation of pre-engaged and engaged couples* to grow in Christ and make family a priority through curriculum instruction on relationships, mate selection, and marriage preparation.
- By *encouraging busy families* to focus on what is most important -- God and each other -- through church/community education, retreats, and parent forums.

Our core values: What we believe

Throughout Scriptures the idea of passing on a Biblical legacy is consistent. A society is influenced by the truth of God being taught to the next generation. At LFM these core values guide our ministry model:

1. Passing on God's Principles
2. Building the Foundation - Preventive Education
3. Wholeness/Completeness
4. Deepening the Roots
5. Relationships
6. Mediated Learning - The role of the Holy Spirit
7. Family Interaction

To that end, the program services are broken into three fundamental areas: individuals, couples, and families.

Our services: What we accomplished in 2009

The ministry to individuals in 2009 focused primarily on college students. After Byron and Carla Weathersbee's book *Before Forever: How do you know that you know* was released in September of 2008, in the Spring of 2009 they continued a book tour to five college campuses. During the summer, they worked with 20 somethings in the Scottsdale, AZ area. In the Fall, they helped launch Vertical Ministries, a weekly evangelical and discipleship event targeting college students.

In August, Byron transitioned to a job as the Vice President for Student Life at the University of Mary Hardin-Baylor. Carla continued to coordinate the ministry and relational aspects of the organization. Darrell Janecka began serving as the Executive Director with oversight of administrative duties. Denise Ramos was promoted to Office Manager in charge of the daily operational duties.

The ministry to couples in 2009 was primarily comprised of premarital education classes. This *Countdown* class is based on the principle that it takes three for the two to become one. The class is designed to challenge engaged couples to develop their upcoming marital relationships on a foundation of biblical principles. Several local Waco area classes meet once a week for seven weeks at a local home, then end with a weekend retreat at Summers Mill in Salado, TX. The total 2009 class enrollment was 72 individuals (Spring enrollment of 22 couples; Fall enrollment of 14 couples). The classes were taught by the Weathersbees, Darrell and Cindy Janecka, Ted and Gloria Lewis, and Elizabeth and Brandon Oates.

Legacy Family Ministries
74-2736222
2009 Form 990-EZ
Schedule 1

The *Countdown* syllabus was compressed and provided as a *Weekender* for 58 individuals at Summers Mill (Spring enrollment of 12 couples; Summer enrollment of 7 couples; Fall enrollment of 10 couples). The Weekenders were led by the Weathersbees, Janeckas, Lewis, Oates, and Blair and Jordan Browning. The Weathersbees also covered the same material with 8 individuals in one-on-one sessions throughout the year.

An additional 68 individuals completed the *Countdown* course as led by LFM trained leaders in Bryan/College Station, TX; Kilgore, TX; Lewisville, TX; Tyler, TX; Alexandria, LA; Tulsa, OK; and two churches in Waco, TX. A total of 103 couples completed LFM's pre-marital education course in 2009.

The Weathersbees hosted a ReUnion of Countdown alumnus (130 individuals) retreat at Summers Mill in February and then again in December. Byron also officiated seven weddings.

Byron Weathersbee continued work on a *Pastor's Countdown Manual* to help pastors effectively provide pre-marital counseling. This project should be completed in 2011.

The ministry to families in 2009 included leading two seminars for parents. Byron also provided consultation to other groups conducting family camps.

Legacy Family Ministries
74-2736222
2009 Form 990-EZ
Schedule 2

Depreciation Report

Date Purchased	Description	Cost	Life	Method	A/D 08	Depr 09	A/D 09	Book Value @ 12/31/09 or Date Disposed
12/15/1995	File Cabinet	83 99	7	SL HY	83.99	-	83.99	-
12/29/1999	HP Printer, HP Scanner, Fax Mach.	609 97	5	SL HY	609.97	-	609.97	-
12/31/1999	JBL Sound System	1,710 00	7	SL HY	1,710.00	-	1,710.00	-
9/30/2002	Office Couch	857.44	7	SL HY	796 19	61.25	857.44	-
10/31/2002	Dell Dimension 4500 P4 2GHz PC	1,486.86	7	SL HY	1,380 66	106.20	1,486.86	-
11/1/2003	Reconditioned Visor	148.85	5	SL HY	148 85	-	148.85	-
1/31/2004	Plextor Internal DVD/CD Burner	235.20	5	SL HY	211.68	23.52	235.20	-
1/31/2004	Dell 15" Flat Panel monitor	322.59	5	SL HY	290.34	32.25	322.59	-
1/31/2005	Dell Inspiron 600m Laptop	1,515.60	5	SL HY	1,060.92	303.12	1,364.04	151.56
7/1/2007	Dell D600 Laptop, Monitor, Dock	2,000.00	5	SL HY	800.00	400.00	1,200.00	800.00
7/31/2007	Office Chair	99.99	7	SL HY	28.56	14.28	42.84	57.15
9/27/2007	Office Chairs	159.98	7	SL HY	45.70	22.85	68.55	91.43
10/31/2007	Leather Couch, Chair, End Table	831.35	7	SL HY	237.52	118 76	356.28	475.07
12/27/2007	HP Color LaserJet 1600	288 95	5	SL HY	115.58	57.79	173.37	115.58
		10,350.77			7,519.96	1,140.03	8,659.99	1,690.78
Purchased in 2009								
4/30/2009	Apple MacBook	3,274.51	5	SL HY	-	654.90	654 90	2,619.61
		3,274.51			-	654.90	654.90	2,619.61
Disposed of in 2009								
		-			-	-	-	-
Total Book Value of Assets 12/31/2009		**13,625.28**			**7,519.96**	**1,794.93**	**9,314.89**	**4,310.39**
Total Depreciation 2009						**1,794.93**		

Legacy Family Ministries
74-2736222
2009 Form 990-EZ
Schedule 3

Page 1, Part I, Line 16-Other Expenses

	Total	Program	Mangement and General
Auto Expense	4,855	2,792	2,063
Bank Charges	1,836	1,056	780
Child Care	230	230	
Depreciation	1,795	1,032	763
Development	459	264	195
Dues & Subscriptions	880	506	374
Event Expense	16,444	16,444	
Facilities Rental	25,070	25,070	
Fundraising	610		610
Meals & Catering	11,979	11,979	
Office	1,792	1,030	762
Postage	1,201	1,039	162
Travel	3,809	3,809	-
	70,960	65,251	5,709

Form **8868** (Rev April 2009) Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . ▶ ☑
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I **Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only . . . . . ▶ ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (*e-file*). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits*

Type or print	Name of Exempt Organization: Legacy Family Ministries	Employer identification number: 74 2736222
File by the due date for filing your return See instructions	Number, street, and room or suite no. If a P O box, see instructions: 4920 Franklin Ave.	
	City, town or post office, state, and ZIP code For a foreign address, see instructions: Waco, TX 76710-6918	

Check type of return to be filed (file a separate application for each return).

☑ Form 990	☐ Form 990-T (corporation)	☐ Form 4720
☐ Form 990-BL	☐ Form 990-T (sec. 401(a) or 408(a) trust)	☐ Form 5227
☐ Form 990-EZ	☐ Form 990-T (trust other than above)	☐ Form 6069
☐ Form 990-PF	☐ Form 1041-A	☐ Form 8870

- The books are in the care of ▶ Darrelll M. Janecka

Telephone No. ▶ (254) 776-6011 FAX No. ▶ (254) 776-6068

- If the organization does not have an office or place of business in the United States, check this box . . . . ▶ ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)______. If this is for the whole group, check this box . . . . ▶ ☐. If it is for part of the group, check this box . . . . ▶ ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until August 15, 20 10, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ ☑ calendar year 20 09 or

▶ ☐ tax year beginning ______, 20___, and ending ______, 20___.

2 If this tax year is for less than 12 months, check reason. ☐ Initial return ☐ Final return ☐ Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	$
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	$
c	**Balance Due.** Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box . ▶ ☐

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print	Name of Exempt Organization	**Employer identification number**
File by the extended due date for filing the return See instructions	Number, street, and room or suite no. If a P O box, see instructions	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	

Check type of return to be filed (File a separate application for each return):

☐ Form 990 ☐ Form 990-PF ☐ Form 1041-A ☐ Form 6069

☐ Form 990-BL ☐ Form 990-T (sec. 401(a) or 408(a) trust) ☐ Form 4720 ☐ Form 8870

☐ Form 990-EZ ☐ Form 990-T (trust other than above) ☐ Form 5227

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• The books are in the care of ▶

Telephone No. ▶ ( ) FAX No. ▶ ( )

• If the organization does not have an office or place of business in the United States, check this box . . . ▶ ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . . . . . . ▶ ☐ . If it is for part of the group, check this box. . . . . ▶ ☐ and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until , 20

5 For calendar year , or other tax year beginning , 20 , and ending , 20 .

6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	$
c	**Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ▶ Daniel M. Janecko Title ▶ President Date ▶ 5/15/2010

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