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Form	990

Department of the Treasury Internal Revenue Service

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

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

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

<u> 2009</u> Open to Public Inspection

OMB No 1545-0047

A	For the 20	9 calendar year, or tax year beginning $07/01/09$ , and ending $06/3$	30/10		
В	Check if applic			D Emplo	yer identification number
	Address chang	e use IRS THE COMMUNITY FOUNDATION		]	
П	Name change	print or Doing Business As	- <u> </u>	33-	0620685
$\exists$	Initial return	type. Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Teleph	one number
H		See P.O. BOX 2710		760	-728-3304
$\sqcup$	Termination	Instruc- City or town, state or country, and ZIP + 4		<b>G</b> Gross rece	ipts 2,089, <u>718</u>
$\sqcup$	Amended retur	tions. FALLBROOK CA 92088-2710			
$\prod$	Application pe			H(a) Is this	a group return for
		PHIL DELANEY		affiliate H(b) Are all	
		P.O. BOX 1419		include	ed? Yes No
_		FALLBROOK CA 92088-1419	<del></del>	If "No,"	attach a list. (see instructions)
<u> </u>	Tax-exemp			4	
<u>J</u>	Website:		<u> </u>	A A A	exemption number
	Type of organ		L Year of formation	1994	M State of legal domicile CA
	art I	Summary			
	I	fly describe the organization's mission or most significant activities			
9	1	O ENHANCE AND PRESERVE A HIGHER QUALITY OF LIFE			
nan	F	ACILITATING PHILANTHROPY FOR FAMILIES, INDIVDUALS	S AND NONPROFI	TS.	
& Governance					
ŝ	I	ck this box  if the organization discontinued its operations or disposed of more	e than 25% of its net as		10
<b>مخ</b> در	1	iber of voting members of the governing body (Part VI, line 1a)		3	10
ij	1	her of independent voting members of the governing body (Part VI, line 1b)		5	2
Activities	1	il number of employees (Part V, line 2a) il number of volunteers (estimate if necessary)		6	12
ĕ	1	il gross unrelated business revenue from Part VIII, column (C), line 12		7a	
	1	unrelated business taxable income from Form 990-T, line 34		7b	0
	D IVEC	difficiated business taxable meeting from 500-1, fine 54	Prior Ye		Current Year
æ	8 Con	tributions and grants (Part VIII, line 1h)	1,09	6,176	105,149
Revenue	9 Pro	gram service revenue (Part VIII, line 2g)			
ě	10 Inve	stment income (Part VIII, column (A), lines 3, 4, and 7d)	-1,53	8,327	319,618
œ	11 Oth	er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,292	17,277
	12 Tota	Il revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<del></del>	6,859	442,044
	1	nts and similar amounts paid (Part IX, column (A), lines 1–3)	20	5,696	519,247
	14 Ben	efits paid to or for members (Part IX, column (A), line 4)			
es	1	ries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	5	3,489	51,783
penses	I	essional fundraising fees (Part IX, column (A), line 11e)			· · · · · · · · · · · · · · · · · · ·
Exp	1	Il fundraising expenses (Part IX, column (D), line 25) ▶		2 224	100 500
ш	1	er expenses (Part IX, column (A), lines 11a–11d, 11f–24f)		9,034	103,592
	1	expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		8,219	674,622
= 9		enue less expenses Subtract line 18 from line 12	Beginning of Cu	5,078	-232,578 End of Year
ets	20 Tot:	ıl assets (Part X, line 16)		4,868	8,280,903
Net Assets or	20 Tota	Il liabilities (Part X, line 26)		3,063	65,910
Š	22 Net	assets or fund balances Subtract line 21 from line 20		1,805	8,214,993
_	art II	Signature Block	16		
	T	Under penalties of perjury, I declare that I have examined this return, including accompanying	schedules and statements.	and to the be	st of my knowledge
		and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based			
Sig	n n	ohin >		2-	15-4
He		Signature of officer	_	Date	
		Phil Delaney President of the	Board		
		Type or print name and title			
		Preparer's Luck grown	Date Check	cıf	Preparer's identifying number (see instructions)
Pa			02/14/11 self- emplo	yed ▶ X	P00018099
	eparer's	LEVERING & HVASTA CPAS, LLP		EIN ▶	06 0000164
Us	e Only	Firm's name (or yours of self-employed),		Phone	
		address, and ZIP + 4 FALLBROOK, CA 92088-0400			760-728-8393
Ma	y the IRS o	iscuss this return with the preparer shown above? (see instructions)			Yes No
For DA/		ct and Paperwork Reduction Act Notice, see the separate instructions.			Form <b>990</b> (2009)
	`				

1 Bnefly describe the organization's mission TO ENHANCE AND PRESERVE A HIGHER QUALITY OF LIFE FOR COMMUNITIES BY FACILITATING PHILANTHROPY FOR FAMILIES, INDIVDUALS AND NONPROFITS. Did the organization undertake any significant program services during the year which were not listed on Yes X No the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O 3 Did the organization cease conducting, or make significant changes in how it conducts, any program Yes X No If "Yes," describe these changes on Schedule O. Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported 225,899 ) (Revenue \$ 4a (Code ) (Expenses \$ 225,899 including grants of \$ CABIN BY THE LAKE - CABINS ON CAMPGROUND WHICH PROVIDE FULL MOBILITY FOR DISABLED MILITARY PERSONNEL AND THEIR FAMILIES. LOCATED ON SAN ONOFRE BEACH, CAMP PENDELTON, CALIFORNIA. 122,120 ) (Revenue \$ 122,120 including grants of \$ ) (Expenses \$ 4b (Code BOYS & GIRLS CLUB OF NORTH COUNTY SAN DIEGO

100,000 including grants of \$ 100,000 ) (Revenue \$ 4c (Code ) (Expenses \$ ST. MADELINE SOPHIE'S CENTER - HELPING ADULTS WITH DEVELOPMENTAL DISABILITIES.

4d Other program services (Describe in Schedule O) 71,228 including grants of \$ 71,228 ) (Revenue \$

4e Total program service expenses ▶

519,247

Form 990 (2009)

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	_X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		<u> </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		<u> </u>
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			.,
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or		v	
	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,	44	x	
	VII, VIII, IX, or X as applicable	11		
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI			
	<ul> <li>Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more</li> <li>of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII</li> </ul>			
_	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 related 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 statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12	Х	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			l
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	<u> </u>	X
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> </u>	X
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	<del>                                     </del>	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			<b>.</b>
••	If "Yes," complete Schedule G, Part III	19	$\vdash$	X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	990 n	
		LOU	ıı əəu	12009

# Part IV . 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	X	
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 27 If "Yes," complete Schedule I, Parts I and III	22		_X_
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? If "Yes," complete Schedule J	23		<u>X</u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to line 25	24a		X
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		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b				
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or	l		٠,,
	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	١		<b>.</b>
	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 committee member, or to a person related to such an individual?			x
~~	If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	200		х
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	-	<u> </u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		х
	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a	200		<del></del>
С	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		х
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		$\vdash$	
••	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
-	Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35	<u></u>	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	_36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	1 (0000)
		_	444161	

Pa	at V Statements Regarding Other IRS Filings and Tax Compliance					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	- 1	_			
	U S. Information Returns Enter -0- if not applicable	1a	0	4		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable .	1b	_0	-		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and rep	ortable	e			
	gaming (gambling) winnings to prize winners?	1		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	l	_			
	Statements, filed for the calendar year ending with or within the year covered by this return	2a		-		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see					
	instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covere	d by				<b>.</b>
	this return?			3a	_	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b_	-	<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		ty	1		
	over, a financial account in a foreign country (such as a bank account, securities account, or other fin	ancial		1.		
	account)?			4a	<u> </u>	X
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			_	ŧ	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transactions and the state of the s			5b		<del></del>
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarded to the control of	arding		_		
	Prohibited Tax Shelter Transaction?			5c	<del> </del>	├─
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	е				<b>.</b>
	organization solicit any contributions that were not tax deductible?			<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or				
_	gifts were not tax deductible?			6b	ļ	
7	Organizations that may receive deductible contributions under section 170(c).				Ī	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for o	jooas			ŧ	х
	and services provided to the payor?			7a	<del> </del>	<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	<del> </del> -	$\vdash$
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	5		7c		x
	required to file Form 8282?	7a		1-16	<del> </del>	-
	If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p		<u> </u>	$\dashv$	l	
е		CISUNA	11	7e	Ī	x
	benefit contract?  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract.	act?		7f	1	X
f	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g	1	X
g h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0			,9	<del>                                     </del>	<del></del>
"	required?	. us		7h	1	x
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			<u> </u>		<del>                                     </del>
·	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring				1	
	organization, have excess business holdings at any time during the year?			8	Ī	х
9	Sponsoring organizations maintaining donor advised funds.					T
а	Did the organization make any taxable distributions under section 4966?			9a	Ī	Х
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		x
10	Section 501(c)(7) organizations. Enter				1	
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		7		
11	Section 501(c)(12) organizations. Enter		-	7		
	Gross income from members or shareholders	11a			1	
b	Gross income from other sources (Do not net amounts due or paid to other sources against		•	7	1	
-	amounts due or received from them )	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		)	12a	1	Ì
	If "Yes." enter the amount of tax-exempt interest received or accrued during the year	12b				

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.

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body 1a 10			
b	Enter the number of voting members that are independent  1b 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		<u> </u>
3	Did the organization delegate control over management duties customanly performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3	_	<u>X</u>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			v
	of the governing body?	7a		<u>x</u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following		X	
a	The governing body?	8a 8b	X	
ь	Each committee with authority to act on behalf of the governing body?	00	<u> </u>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	9		х
500	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal			
	venue Code.)			
1101	ende Code.)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
_	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11	X	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	<u>X</u>	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	X	<u> </u>
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	<u> </u>
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			.,
	with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
	List the states with which a copy of this Form 990 is required to be filed ▶ CA			
17	2.0 o o o o o o o			
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 for public inspection. Indicate how you make these available. Check all that apply			
10	Own website Another's website W Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
20	organization TINA RAINEY  235 E. MISSION ROAD			
F	ALLBROOK CA 92028	760-72	8-7	262

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization'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.

(A) Name and Title	(B) Average												
Name and Tide	hours per week	or director		Officer		Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations			
PHIL DELANEY PRESIDENT	8.00	x		х				0	0	0			
ROY ANSELL	8.00	^		^	-	-		U	U				
VICE-PRES	11.00	x		x	ŀ			l o	o	0			
KAREN ESTES		<u> </u> -			<b>├</b>								
·	2.00	X						0	0	0			
JON FRANDELL	- 00												
MARK HVASTA	5.00	X	$\vdash$	$\vdash$	$\vdash$			0	0	0			
TREASURER	6.00	x		x				О	0	o			
BILL LEWIS	3.55			-				<u> </u>	<u> </u>				
	4.00	X			_			0	0	0			
ALEX IRVING	2.00	x						, o	0	0			
DOMINICK ARENA	]							,		. =			
WILLIAM METCALF	2.00	X		$\vdash$				0	0	0			
	4.00	x						o	o	0			
PETER FELLIOS									0	0			
	3.00	X						0	0				
<del></del>				_									
								-					
			_		-		-						

Part VII Section A. Officer  (A)  Name and Title	s, Directors, Trus (B) Average			((	<del></del>	yees		(D) Reportable	Employees (continued) (E) Reportable	E	(F) stimated	
•	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	com f org an	mount of other other opensation rom the ganization of related anizations	
	1											
	1				<u> </u>							
					<u> </u>							
_												
1b Total							<b></b>					
Total number of individuals (i reportable compensation from				thos	e lıs	ted a	ibov	e) who received more than	\$100,000 in			T
<ul> <li>Did the organization list any temployee on line 1a? If "Yes</li> <li>For any individual listed on lithe organization and related</li> </ul>	," complete Sche ne 1a, is the sum	dule of re	J for porta	suc able	h ind	lividu ipens	ial satio	on and other compensation	from	F	Yes	х
individual  Did any person listed on line services rendered to the organization.									or		5	X X
Section B. Independent Contract  Complete this table for your to compensation from the organ	ive highest comp	ensa	ted i	nde	penc	lent o	conti	ractors that received more	than \$100,000 of			
	(A) id business address							Descrip	(B) obon of services		(C) Compen	sation
								<u>.</u>		-		<del></del>
Total number of independent more than \$100,000 in comp	•	_				ed to	tho	se listed above) who receiv	ved		0	
DAA									· · · · · · · · · · · · · · · · · · ·	<del></del>	Form 99	0 (2009)

Pa	rt V	III. Statement of Reve	nue			<del> </del>	·	<u> </u>	
	4					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
တ္ထ	4 -	Fodomical company					revenue		512, 513, 0/ 514
Program Service Revenue Contributions, gifts, grants		Federated campaigns	1a 1b						
ρğ		Membership dues	-	-					
ifts		Fundraising events	1c						
gin Big		Related organizations	1d						
Sir		Government grants (contributions)	1e						
돌	T	All other contributions, gifts, grants, and similar amounts not included above			105 140				
			1f		105,149				
S E	_	Noncash contributions included in lines 1a-	1f	\$		105 140			
<u></u>	<u>h</u>	Total. Add lines 1a–1f			<b>P</b>	105,149			
ğ	_				Busn. Code				
ě	2a					+		-	
9	b					-			
يخ	C					-			
Š	d					+			
Jrau	e	<b>A.</b> 11							
Š,		All other program service reve	nue						· · · · · · · · · · · · · · · · · · ·
-		Total. Add lines 2a–2f	J J		<b>•</b> • • • •				
	3	Investment income (including	aiviaer	ias, intere	st, and	198,954			198,954
		other similar amounts)	_,		190,934			190,934	
	4	Income from investment of tax	-exem	pt bona pi	roceeds				
	5	Royalties		(u) D	omonal				
	_	(i) Real		(11) P	ersonal				
	6a	Gross Rents							
	b	Less rental exps							
		Rental inc or (loss)  Net rental income or (loss)							
	đ 7a	a Gross amount from (i) Securities (ii			Other				<u></u>
		sales of assets		<del> ''</del>	OLI ICI				
	<b>L</b>	other than inventory 1, 768,	330	<del>                                     </del>					
	þ	basis & sales exps 1,647	674						
	_		664						
		`		1	•	120,664	•		120,664
		Gross income from fundraising eve	nts						
J.	•	(not including \$							
Ver		of contributions reported on line 1c	١ .						
&		See Part IV, line 18	a						
Other Reven	h	Less direct expenses	b						
ŏ		Net income or (loss) from fund	-	events	<b>■</b>		•		
		Gross income from gaming activities		, 0.0					
		See Part IV, line 19	а						
	b	Less direct expenses	b						
		Net income or (loss) from garr	nna ac	tivities	<b>•</b>	-			
		Gross sales of inventory, less	5	*****					
		returns and allowances	а						
	b	Less: cost of goods sold	b						
		Net income or (loss) from sale	s of in	ventory	<b>•</b>				
		Miscellaneous Revenue			Busn. Code				
	11a	TRUSTEE FEE INCOME				15,624	15,624		
	b	MISCELLANEOUS				1,653	1,653		
	c	— <del></del>							
	d	All other revenue						.,	
	e	Total. Add lines 11a-11d			<b>▶</b>	17,277			
	12	Total Revenue. See instruction	ns		▶ [	442,044	17,277	0	319,618

## Part IX Statement of Functional Expenses

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

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

	All other organizations must co		e not required to comple	te columns (B), (C), and (I	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		CAPOLICO	general expenses	окролосо
•	organizations in the U.S. See Part IV, line 21	519,247	519,247		
2	Grants and other assistance to individuals in	313/21/	323,227		· · · · · · · · · · · · · · · · · · ·
2	the U.S. See Part IV, line 22	ì			
3	Grants and other assistance to governments,			~	
3	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16				
	Benefits paid to or for members	<del>-</del>	<del></del>		
4	·		·	···	······································
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	47 06		47 067	
7	Other salanes and wages	47,867	<del></del>	47,867	
8	Pension plan contributions (include section 401(k)				
_	and section 403(b) employer contributions)				
9	Other employee benefits			2 22 6	
10	Payroll taxes	3,916		3,916	
11	Fees for services (non-employees).				
а	Management				
b	Legal				
C	Accounting	35,475		35,475	
đ	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	35,101		35,101	
g	Other				
12	Advertising and promotion				
13	Office expenses	3,914		3,914	
14	Information technology				
15	Royalties				
16	Occupancy	10,188		10,188	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
1	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,253		6,253	
23	Insurance	3,531		3,531	
	Ī				
24	Other expenses Itemize expenses not				
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)				
а	LICENCES & FEES	3,101	İ	3,101	
b	MEMBERSHIPS	1,369		1,369	
c	PAYROLL PROCESSING	1,302		1,302	
d	TELEPHONE	981		981	<u> </u>
e	COMPUTER SERVICES	753		753	
f	All other expenses	1,624		1,624	····
		674,622	519,247	155,375	
25 26	Joint costs. Check here ► If following	0/4/022	317,41	133,373	<del></del>
10	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
)AA	fundraising solicitation				Form 990 /200

Pa	rt X	. Balance Sheet		т			
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing			76,139	1	118,850
- 1	2	Savings and temporary cash investments		1	354,313	2	<u>473,469</u>
	3	Pledges and grants receivable, net		. [		3	
	4	Accounts receivable, net	•			4	
	5	Receivables from current and former officers, directors	, trustees, key				
		employees, and highest compensated employees. Cor	nplete Part II of				
		Schedule L				5	
	6	Receivables from other disqualified persons (as define	d under section				
		4958(f)(1)) and persons described in section 4958(c)(3	)(B) Complete				
		Part II of Schedule L				6	
뛺	7	Notes and loans receivable, net	·	[		7	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			- :	9	
	10a	Land, buildings, and equipment cost or	1 1				
ı		other basis Complete Part VI of Schedule D	10a	31,269			
	b	Less accumulated depreciation	10b	18,761	18,761	10c	12,508
1	11	Investments—publicly traded securities			7,382,319	11	7,676,076
	12	Investments—other securities See Part IV, line 11				12	· · · · · · · · · · · · · · · · · · ·
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	0
	15	Other assets See Part IV, line 11			3,336		
	16	Total assets. Add lines 1 through 15 (must equal line	34)		7,834,868		8,280,903
	17	Accounts payable and accrued expenses				17	
	18	Grants payable				18	
	19	Deferred revenue				19	<u></u>
	20	Tax-exempt bond liabilities				20	
S.	21	Escrow or custodial account liability. Complete Part IV	of Schedule D			21	
.≝ ।	22	Payables to current and former officers, directors, trust					
園		employees, highest compensated employees, and disc	=				
면 [		persons Complete Part II of Schedule L	•			22	
_	23	Secured mortgages and notes payable to unrelated the	rd parties			23	
	24	Unsecured notes and loans payable to unrelated third	-			24	
	25	Other liabilities Complete Part X of Schedule D	,		23,063	25	65,910
	26	Total liabilities. Add lines 17 through 25		Ì	23,063	26	65,910
S.		Organizations that follow SFAS 117, check here ▶	X and				
ၓၟႍ		complete lines 27 through 29, and lines 33 and 34.					
<u>ā</u>	27	Unrestricted net assets			100,192	27	-174,658
Ba	28	Temporarily restricted net assets		ľ	1,033,521	28	1,069,303
ᅵᅙ		Permanently restricted net assets			6,678,092	29	7,320,348
ן בּֿ.	_	Organizations that do not follow SFAS 117, check h	ere ▶ 🗀		, . , <u></u>		
֡֡֡֡֞֞֡֡֡֡֡֡֞֜֡֡֡		and complete lines 30 through 34.					
ွှ	30	Capital stock or trust principal, or current funds				30	
<u>i</u>	31	Paid-in or capital surplus, or land, building, or equipme	nt fund			31	
<b> </b>	32	Retained earnings, endowment, accumulated income,		Ì	:	32	
~ □	33	Total net assets or fund balances	rando		7,811,805		8,214,993
<u>ا</u> چ	34	Total liabilities and net assets/fund balances		ŀ	7,834,868		8,280,903

Form **990** (2009)

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

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

**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

Department of the Treasury Internal Revenue Service Name of the organization

LEGACY ENDOWMENT

THE COMMUNITY FOUNDATION

Employer identification number 33 – 0620685

P	art I	Reaso	on for Public Charity	Status (All organizations	must c	omplet	e this p	oart.) S	<u>see in</u>	<u>structi</u>	<u>ions.</u>				
Γhe	orga	nızation ıs not	a private foundation because	e it is (For lines 1 through 11, c	heck only	one box.	.)								
1		A church, cor	vention of churches, or asso	ociation of churches described in	n section	170(b)(1	)(A)(i).								
2	П	A school desc	cnbed in section 170(b)(1)(A	A)(ii). (Attach Schedule E)											
3	П			e organization described in sec	tion 170(	b)(1)(A)(i	ii).								
4	П	A medical res	earch organization operated	I in conjunction with a hospital d	lescribed	ın <b>sectio</b>	n 170(b)	(1)(A)(ii	i). Ente	r the ho	spital's name	э,			
		city, and state	- · · · · · · · · · · · · · · · · · · ·	•											
5	$\Box$	-		f a college or university owned	or operate	ed by a go	overnme	ntal unit	describ	oed in					
			b)(1)(A)(iv). (Complete Part		•	, ,									
6	П			overnmental unit described in se	ection 17	0(b)(1)(A	)(v).								
7	X		•	substantial part of its support fro				rom the	genera	oldua I					
•		_	section 170(b)(1)(A)(vi). (Co		<b>J</b>				•	•					
8	$\Box$	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II )													
9	H	An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross													
Ů	ш	receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its													
		support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses													
	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	П		•	exclusively to test for public safe	•		-								
11	H	•	•	exclusively for the benefit of, to p	-			to carry	out the	)					
•	ш	_	- · · · · · · · · · · · · · · · · · · ·	ed organizations described in se											
				ne type of supporting organization											
		a Type		c Type III–Functions			ď	_	e III–Oti	her					
е	$\Box$	By checking t	his box, I certify that the org	anization is not controlled direct	ly or indir	ectly by c	ne or m	— ore dısq	ualified						
			-	and other than one or more pub						section	1				
			section 509(a)(2)												
f		If the organization	ation received a written dete	rmination from the IRS that it is	a Type I,	Type II,	or Type	II suppo	orting						
			check this box												
g		Since August	17, 2006, has the organizat	ion accepted any gift or contribi	ution from	any of th	ie								
•		following per	sons?												
		(i) A persor	who directly or indirectly co	ntrols, either alone or together	with perso	ns descr	ıbed ın (	н)				Yes	No_		
		and (III) b	pelow, the governing body of	f the supported organization?							11g(i				
		(ii) A family	member of a person describ	ed in (ı) above?							11g(ii	<u>)                                    </u>	<u> </u>		
		(iii) A 35% c	ontrolled entity of a person of	lescribed in (i) or (ii) above?							11g(i	i)	<u> </u>		
h		Provide the f	ollowing information about the	ne supported organization(s)											
(i)	Nam	e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization		ou notify		s the	(vii) Ar	nount o	of		
	org	anization		(described on lines 1–9	1	sted in your	the organ		organızatı (i) organı		sur	port			
				above or IRC section (see instructions))	governing	document?		ort?	'' U						
				·	Yes	No	Yes	No	Yes	No					
					1										
											_				
				<del>-</del>											
							<u> </u>		ļ						
<b>.</b>															
Tota	11				ł	ŧ	ŧ	ŧ	1	<u></u>					

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

Schedule A (Form 990 or 990-EZ) 2009 LEGACY ENDOWMENT 33-0620685 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (f) Total (e) 2009 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") 201,424 145,691 164,311 946,000 105,149 1,562,575 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 Total. Add lines 1 through 3 201,424 145,691 164,311 946,000 105,149 1,562,575 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 1,562,575 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 105,149 1,562,575 7 Amounts from line 4 201,424 145,691 164,311 946,000 Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar 173,844 217,993 282,106 295,806 319,618 1,289,367 sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets 32,801 87,572 89,741 14.100 17,277 241.491 (Explain in Part IV) 11 Total support. Add lines 7 through 10 3,093,433 12 17,277 12 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage 50.51% Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 14 15 15 Public support percentage from 2008 Schedule A, Part II, line 14 65.73% 33 1/3 % support test-2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box 16a and stop here. The organization qualifies as a publicly supported organization 33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—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 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

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

Schedule A (Form 990 or 990-EZ) 2009

Page 3

Part III. Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support						
	lendar 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")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513			<u>.</u>			
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	<u></u>	<u> </u>			ļ	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year		<u> </u>				<del>-</del>
C	Add lines 7a and 7b		<u> </u>	<i>"</i>	<u> </u>		
8	Public support (Subtract line 7c from line 6)						
	tion B. Total Support	(.) 2005	1 42 2000	(.) 0007	1 ( )) 0000	T (1) 0000	(D. T. I. I.
9	lendar year (or fiscal year beginning in)  Amounts from line 6	(a) 2005	( <b>b</b> ) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a	Gross income from interest, dividends,						<del></del>
IVa	payments received on secunties loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b		ļ				
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)			1			·
14	First five years. If the Form 990 is for the organization, check this box and stop her	e		urth, or fifth tax ye	ar as a section 50	1(c)(3)	<b>&gt;</b>
Sec	tion C. Computation of Public Su	upport Percen	ntage				
15	Public support percentage for 2009 (line 8	, column (f) divide	ed by line 13, colum	nn (f))		15	%
16	Public support percentage from 2008 Sch					16	%
	tion D. Computation of Investme					1 1	
17	Investment income percentage for 2009 (I			3, column (f))		17	<u>%</u>
18 10-	Investment income percentage from 2008	•		6 4 4 am d li 4 5	a mara than 22 4 "	18	<u>%</u>
19a	.,						▶ □
b	17 is not more than 33 1/3 %, check this b 33 1/3 % support tests—2008. If the orga		=				<b>-</b> L.
J	line 18 is not more than 33 1/3 %, check t						▶ [
20	Private foundation. If the organization did		_				•
	<del></del>						

Schedule A (Form 990 or 990-EZ) 2009 LEGACY ENDO	WMENT	33-0620685	Page 4
Part IV . Supplemental Information. Complete	this part to provide the	explanations required by Part II, line 10	
Part II, line 17a or 17b; and Part III, lin	<u>ne 12. Provide any other</u>	additional information. See instructions	<u>s.</u>
PART II, LINE 10 - OTHER INCOM	E DETAIL		
TRUSTEE FEE INCOME	\$ 23	6,838	
SEMINAR INCOME	\$	3,000	
OTHER MISCELLANEOUS	\$	1,653	

**SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

Inspection Name of the organization **Employer identification number** LEGACY ENDOWMENT THE COMMUNITY FOUNDATION 33-0620685 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 7 Total number at end of year 1 14,258 90,891 Aggregate contributions to (during year) 2 162,228 357,019 Aggregate grants from (during year) 7,353,613 861,380 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised X Yes No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990. Part IV. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section Yes No 170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Describe in Part XIV the intended uses of the organization's endowment funds

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

Description of investment

c Leasehold improvements

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

(b) Cost or other

basis (other)

(c) Accumulated

depreciation

(a) Cost or other basis

(investment)

12,508 Schedule D (Form 990) 2009

12,508

(d) Book value

Part VI

1a Land **b** Buildings

d Equipment

e Other

Schedule D (Form 990) 2009 LEGACY ENDOWMENT		33-0620685	Page 3
Part VII Investments—Other Securities. See Form 990	, Part X, line 12.		
(a) Description of security or category	(b) Book value	(c) Method of valuation	on
. (including name of secunty)		Cost or end-of-year marke	t value
Financial derivatives	-	<del></del>	
Closely-held equity interests			<u> </u>
Other			
			•
			<del></del>
Total. (Column (b) must equal Form 990, Part X, coi (B) line 12 )			
Part VIII Investments—Program Related. See Form 990	Part X line 13		
(a) Description of investment type	(b) Book value	(c) Method of valuate	
(a) Description of investment type	(b) book value	Cost or end-of-year marke	
			-
<del></del>			
			<u> </u>
	<u> </u>		
			· · · · · · · · · · · · · · · · · · ·
			······································
		<u> </u>	
			· · · · · · · · · · · · · · · · · · ·
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13 )			
Part IX Other Assets. See Form 990, Part X, line 15.			<u></u>
(a) Description			(b) Book value
<del></del>			
<u> </u>			
			· · · · · · · · · · · · · · · · · · ·
			··
			<del></del>
			<del></del>
	<del> </del>		<del></del>
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities. See Form 990, Part X, line 25		<u> </u>	
1 (a) Description of liability	(b) Amount		
<u></u>	(N) Amount		
Federal income taxes CHARITABLE CONTRIBUTIONS PENDING	65,910		
*	05,910		
PAYROLL TAXES PAYABLE			
	_		
		,	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25 )	65,910		<del> </del>
2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organ	nization's financial statemer	nts that reports the	
organization's liability for uncertain tax positions under FIN 48			

Sche	Edule D (Form 990) 2009 LEGACY ENDOWMENT 33-0620685		Page <b>4</b>
Pe	Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statement	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	442,044
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	674,622
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-232,578
4	Net unrealized gains (losses) on investments	4	635,766
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	<u></u>
8	Other (Describe in Part XIV.)	8	226,091
9	Total adjustments (net) Add lines 4 through 8	9	861,857
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	629,279
	Reconciliation of Revenue per Audited Financial Statements With Revenue per Ret		<u> </u>
1	Total revenue, gains, and other support per audited financial statements	1	1,133,500
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a			
b	Donated services and use of facilities 2b		
C	Recovenes of pnor year grants  2c  2c  262  262  263		
q	Other (Describe in Part XIV.)  262,060		007 006
е	Add lines 2a through 2d	2e	897,826
3	Subtract line 2e from line 1	3	235,674
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	-	
а	Investment expenses not included on Form 990, Part VIII, line 7b	- 1	
b	Other (Describe in Part XIV ) 4b 206,370	- 1	
С	Add lines 4a and 4b	4c	206,370
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	442,044
P2	art XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per R	etur	<u>n</u>
1	Total expenses and losses per audited financial statements	1	504,221
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
С	Other losses 2c		
d	Other (Describe in Part XIV ) 2d 205,896		
е	Add lines 2a through 2d	2e	205,896
3	Subtract line 2e from line 1	3	298,325
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV )  4b 376,297		
	Add lines 4a and 4b	4c	376,297
		5	674,622
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	<u> </u>	0/1/022
	art XIV Supplemental Information		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b		
	2b; Part V, 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		
	part to provide any additional information.		
_P	<u>ART XI, LINE 8 - RECONCILIATION OF CHANGES - OTHER </u>		
C	RT INCOME REPORTED ON CRT TAX RETURNS \$		173,000
_ `-	KI INCOME THE OKIED ON CKI IMA KETOMID		
_T	RUSTEE FEE INCOME RECLASS		<u> </u>
ח	ONOD ADVICED FIRE INCOME DEDODTED ON TAY DETIEN É		-206 370
_ם_	ONOR_ADVISED_FUND_INCOME_REPORTED_ON_TAX_RETURN\$		<u>-206,370</u> _
_ C	RT EXPENSES REPORTED ON CRT TAX RETURNS \$		-116,836
_'T	RUSTEE FEE EXPENSE RECLASS		89,060_
D	ONOR ADVISED FUNDS EXPENSES REPORTED ON TAX RETURN \$		376,297
	recha brendre di ere ere e <del>ere ere die dre ere ere e</del>		

Schedule D (Form 990) 2009 LEGACY ENDOWMENT	33-0620685	Page \$
Part XIV Supplemental Information (continued)		
PART XII, LINE 2D - REVENUE AMOUNTS INCLUDED	IN FINANCIALS - OT	HER
		_
_CRT_INCOME _ REPORTED ON CRT_TAX_RETURNS	\$	
TRUSTEE FEE INCOME RECLASS	\$	_ 89,060
PART XII, LINE 4B - REVENUE AMOUNTS INCLUDED	ON RETURN - OTHER	
DONOR ADVISED FUND INCOME REPORTED ON TAX RET		
_PONOK_MDVISED_FOND_INCOME_KEFOKIED_ON_IME_KEI	DKN	200,310
PART XIII, LINE 2D - EXPENSE AMOUNTS INCLUDED	<u>IN_FINANCIALS - O</u>	THER
_CRT_EXPENSES _ REPORTED ON CRT_TAX_RETURNS	\$	_116,836
TRUSTEE FEE EXPENSE RECLASS	\$	89,060
PART XIII, LINE 4B - EXPENSE AMOUNTS INCLUDED	ON_RETURN - OTHER	
_DONOR_ADVISED_FUNDS_ EXPENSES REPORTED_ON TAX	RETURN \$	_3 <u>76,297</u>
		. <b>_</b>
		. – – – – –
		<del>-</del>
	_ <b></b>	<del>_</del>
		<b>_</b>
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SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service

LEGACY

Name of the organization

Grants and Other Assistance to Organizations,

OMB No. 1545-0047

Open to Public Inspection 2009

² ]

Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22. Governments, and Individuals in the United States

▶ Attach to Form 990.

e orga	Employer identification number 33-0620685
Fart i General Information on Grants and 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?	X Yes

the selection criteria used to award the grants or assistance?  2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	رع oring the use of a	rant funds	in the United States				X Yes No	
art II	rnments and	l Organ	Organizations in the United States. Complete if the organization answered "Yes" to	ited States. Comp	olete if the org	anization ans	wered "Yes" to	
Form 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 Part IV and Schedule I-1 (Form 990) if additional space is needed	pient that rec additional sp	eived m	nore than \$5,000. ( needed	Check this box if r	no one recipier	nt received m	ore than \$5,000. Use	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
ST. MADELINE SOPHIE'S CENTER								
2119 EAST MADISON AVENUE							CHARITABLE	
EL CAJON CA 92019		3	100,000					
CABIN BY THE LAKE								
235 W. 5TH AVE. STE A							CHARITABLE	
ESCONDIDO CA 92025-4848		3	225,899					
STROMSOE BOYS' & GIRLS' FUND								
566 E. ALVARADO STREET							CHARITABLE	
FALLBROOK CA 92028		ю	10,792					
BURNHAM / SANFORD INSTITUTE								
10901 NORTH TORREY PINE ROAD				•			CHARITABLE	
LA JOLLA CA 92037		3	8,428					
ELIZABETH HOSPICE								
150 WEST CREST STREET					-		CHARITABLE	
ESCONDIDO CA 92025		3	13,186			:		
BOYS & GIRLS CLUB OF NORTH COUNTY								
P.O. BOX 314							CHARITABLE	
FALLBROOK CA 92088-0314		3	122,120					
FALLBROOK FOOD PANTRY			i					
1042 SOUTH MISSION							CHARITABLE	
FALLBROOK CA 92028		3	5,400					
							4	

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

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

Schedule I (Form 990) 2009

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•	V, line 22.
33-0620685	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
ENDOWMENT	istance to Indivi
Schedule   (Form 990) 2009 LEGACY ENDOWMENT	Grants and Other Assistance to Individuals
Schedule   (F	Part III

	Use Part IV and Schedule I-1 (Form 990) if additional space is needed	(Form 990) if addition	nal space is needed.			
<u>ٽ</u>	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book, (f) Description of non-cash assistance
		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
					:	
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	omplete this part to p	provide the information	on required in Part I,	line 2, and any other addition	onal information.

Schedule I (Form 990) 2009

**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

Internal Revenue Service

Name of the organization

LEGACY ENDOWMENT
THE COMMUNITY FOUNDATION

Employer identification number 33 - 0620685

FORM 990, PART I, LINE 6

ALL BOARD MEMBERS AND OFFICERS ARE VOLUNTEERS.

FORM 990, PART III, LINE 4D - ALL OTHER ACHIEVEMENTS
OTHER NORTH COUNTY SAN DIEGO CHARITIES BENEFITING THE
SENIOR CAUSES AND OTHER MISCELLANEOUS CHARITIES.

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990

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

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

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

ORGANIZATION AND FILED.

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

THE CONDUCT OF PERSONAL BUSINESS BETWEEN ANY DIRECTOR AND LEGACY ENDOWMENT
IS PROHIBITED. BUSINESS TRANSACTIONS OF LEGACY ENDOWMENT IN WHICH A
DIRECTOR HAS AN INTEREST SHALL NOT BE PROHIBITED, BUT THEY SHALL BE SUBJECT

LEGACY ENDOWMENT

Employer identification number 33 - 0620685

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

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

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

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

LEGACY ENDOWMENT

Employer identification number 33-0620685

BASIS, EACH DIRECTOR IS REQUIRED TO COMPLETE A DIRECTOR DISCLOSURE STATEMENT.

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

THE PRESIDENT CARRIES OUT AN ANNUAL PERFORMANCE REVIEW FOR THE EXECUTIVE

DIRECTOR AND RECOMMENDS THE LEVEL OF COMPENSATION TO THE BOARD OF

DIRECTORS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

FORM 990 IS AVAILABLE UPON REQUEST AND ON LEGACY ENDOWMENT'S WEBSITE. ALL

OTHER GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST TO THE GENERAL PUBLIC.

FORM 990, PART XI, LINE 2C - CHANGE IN FINANCIAL REVIEW PROCESS

DURING THE CURRENT FISCAL YEAR, THE AUDIT COMMITTEE REQUESTED PROPOSALS

FROM MULTIPLE AUDITING FIRMS, CONDUCTED INTERVIEWS AND SELECTED A NEW

INDEPENDENT CPA FIRM TO PERFORM THE AUDIT. ALSO, DURING THE CURRENT YEAR,

A CPA WAS ADDED TO THE BOARD OF DIRECTORS AS TREASURER WHO ASSUMED

ADDITIONAL REPONSIBILITIES IN INTERFACING WITH THE EXTERNAL AUDIT FIRM.

ALL MEMBERS OF THE BOARD OF DIRECTORS ARE INDEPENDENT OF AND UNAFFILIATED

WITH THE EXTERNAL AUDITING FIRM.

Form 4562

Department of the Treasury Internal Revenue Service

**Depreciation and Amortization** 

(Including Information on Listed Property)

OMB No 1545-0172 2009

► See separate instructions.

► Attach to your tax return.

23

2009 Attachment Sequence No 67

lame	1.7	ENDOWMENT MUNITY FOU	INDATION					ldentifyi		umber 0685
Busin	ess or activity to which this form relates									
	NDIRECT DEPRECIATI	ON								
	et I Election To Expen		erty Under Se	ction	179					
	Note: If you have a	•	•			comple	te Part	l.		
1	Maximum amount See the instruc	tions for a higher lim	it for certain busin	esses					1	250,000
2	Total cost of section 179 property	=							2	
3	Threshold cost of section 179 prop	erty before reduction	n in limitation (see	ınstructi	ons)				3	800,000
4	Reduction in limitation Subtract lin								4	
5	Dollar limitation for tax year Subtract lin	e 4 from line 1 If zero o	r less, enter -0- If ma	arned filin	g separately, s	ee instructio	ns		5	
6	(a) Descпption	of property		(b) Cost	(business use	only)	(c) Electe	ed cost		
			_							
7	Listed property. Enter the amount	from line 29			Į	7				
8	Total elected cost of section 179 p	roperty. Add amount	ts in column (c), lir	nes 6 an	d 7			L	8	
9	Tentative deduction Enter the sm	aller of line 5 or line	8					L	9	<u></u>
10	Carryover of disallowed deduction	from line 13 of your	2008 Form 4562					L	10	
11	Business income limitation Enter	the smaller of busine	ess income (not le	ss than a	zero) or line 5	5 (see insti	ructions)	L	11	
12	Section 179 expense deduction A	dd lines 9 and 10, bi	ut do not enter mo	re than I	ine 11			<i>.</i>	12	
13_	Carryover of disallowed deduction				<u> </u>	13				
	: Do not use Part II or Part III below									
Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.)  14 Special depreciation allowance for qualified property (other than listed property) placed in service										
Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)										
	during the tax year (see instruction	ıs)							14	
15	Property subject to section 168(f)(	1) election						<u> </u>	15	
16	Other depreciation (including ACR								16	
Pa	Part III MACRS Depreciation (Do not include listed property.) (See instructions.)  Section A									
			Sect	ion A						
17	MACRS deductions for assets place								17	0
18	If you are electing to group any assets p							44	<u></u>	
	Section B—A	Assets Placed in Se	1		1	General	Depreciat	ion Sys	stem	
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depri (business/investmonly–see instruc	ent use	(d) Recovery period	(e) Conve	ention (	(f) Metho	od	(g) Depreciation deduction
19a	3-year property							_		
b	5-year property									
С	7-year property									
d	10-year property						_			
е	15-year property									
f	20-year property	ļ								
g	25-year property				25 yrs			S/L		
h	Residential rental				27 5 yrs	MM		S/L		
	property				27.5 yrs	MM		S/L		
i					39 yrs	MM		S/L		
	property		l			MM		S/L		
	Section C—As	sets Placed in Serv	rice During 2009	Tax Yea	r Using the A	Alternative	Deprecia	ation Sy	yster	<u> </u>
20a	Class life	Į.						S/L		.=
b	12-year			_	12 yrs			S/L		
_	40-year	<u> </u>			40 yrs.	MM		S/L		
P	art IV Summary (See ins							-		
21	Listed property. Enter amount from								21	
22	Total. Add amounts from line 12, I	-					nere			
	and on the appropriate lines of you	·	· ·		e instructions				22	
23	For assets shown above and place	ed in service durina f	he current vear, e	nter the		i I				I

_		
Form	4562	120001

LEGACY	ENDOWMENT	33-062	0
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OIII 4002 (2000)	
Part V	Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and
•	property used for entertainment, recreation, or amusement.)
	Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a,

	•	24b, columns (a	) through (c) of S	section A, all of Section	n B, and Section C if a	ipplicable.						
	_	Section A	—Depreciation	and Other Information	n (Caution: See the in	structions	for limits fo	or pass	senger automobi	les.)		
24a	Do you ha	ave evidence to supp	ort the business/inv	estment use claimed?	Yes No	24b If	"Yes," is th	e evic	dence written?		Yes	No
	(a) of property t vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery penod	(g) Method Convent		(h) Depreciation deduction		(i) Elected s 179 c	
25	Special	depreciation allow	ance for qualified	listed property placed	d in service during the							
	tax year	and used more th	an 50% <u>in a qua</u>	lified business use (se	e instructions) .			25				
26	Property	y used more than 5	50% in a qualified	d business use.								
			%									
			%									
27	Property	y used 50% or less	in a qualified bu	isiness use:								
			%				S/L-					
			%				S/L-		,			
28	Add am	ounts in column (h	ı), lınes 25 throug	gh 27 Enter here and	on line 21, page 1		l	28				
29	Add am	ounts in column (i)	), line 26. Enter h	ere and on line 7, pag	je 1				. 1	29		

## Section B—Information on Use of Vehicles

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

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

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

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

37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by	Yes	No
	your employees?		
38	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your		
	employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39	Do you treat all use of vehicles by employees as personal use?		
40	Do you provide more than five vehicles to your employees, obtain information from your employees about the		
	use of the vehicles, and retain the information received?		
41	Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		
	Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.	<u> </u>	

P	art VI Amortization					
	(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42	Amortization of costs that begins during ye	our 2009 tax year (see in	structions)			
43	Amortization of costs that began before yo	ur 2009 tax year			43	6,253
44	Total. Add amounts in column (f) See the	•	report		44	6,253