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# =orm**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

2009

Open to Public Inspection

Form 990 (2009)

A Fo	r the	2009 са	alendar yea	r, or tax year beginning 07-0	1-2009 and ending 06-30-20	10	<b>7</b> p. F!	1 1
		pplicable	Please	C Name of organization LEGACY FOUNDATION INC				dentification number
	dress ch		use IRS label or	Doing Business As			35-18728 E Telephone	
	me cha		print or type. See				(219) 736	-1880
	ial retu		Specific Instruc-	Number and street (or P O box 1000 E 80TH PLACE SOUTH TO	r if mail is not delivered to street addi	ress) Room/suite	2	rs \$ 35,196,430
	mınate		tions.	302			_	
	ended			City or town, state or country, MERRILLVILLE, IN 46410	and ZIP + 4			
<b>J</b> App	olication	pending				_	J	
				ne and address of principal of JVANDE VELDE III	fficer		his a group retu iates?	rn for □ Yes 🔽 No
			1000 E	80TH PLACE SOUTH TOV	VER No	aiiii	iates <sup>r</sup>	) 165 J* NO
			302 MERRI	LLVILLE,IN 46410		1 ' '	all affiliates inclu	·
	x-exem	npt status		) ( 3 ) ◀ (insert no )	)(1) or $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	_	No," attach a lis oup exemption r	t (see instructions)
				/FOUNDATIONLAKECO OF		H(c) Gro	oup exemption i	idiliber <b>F</b>
				ion Trust Association Oth		I Year of t	formation 1992	<b>M</b> State of legal domicile IN
		Sum		iony masty masociationy of	N. F	E rear or r	offination 1992	11 State of legal dofficile 11
	1			e organization's mission or r		TC EDOM DUE	NIC AND DDIV	ATE COURCES AND
a.					K AND ACCEPT ENDOWMEN <sup>-</sup> HANCING PROJECTS AND O			
Governance								
Ē								
<u>ş</u>	2	Chackt	this hoy	If the organization discont	nued its operations or dispose	d of more than	25% of its net	accato
	3		,		dy (Part VI, line 1a)			3 24
<b>ર્જ</b> જ	4		_		governing body (Part VI, line 1			424
Ě	-			nployees (Part V, line 2a)		,		5
Activities				lunteers (estimate if necess				6 100
4					art VIII, column (C), line 12		:	7a
	ь	Net unr	elated busi	ness taxable income from Fe	orm 990-T, line 34		;	<b>7b</b>
						Pri	ior Year	Current Year
_	8	Contri	butions and	d grants (Part VIII, line 1h)			2,857,108	4,189,359
ПIE	9	Progra	am service	revenue (Part VIII, line 2g)				0
Rayeni	10	Invest	tment incor	ne (Part VIII, column (A), lı	nes 3, 4, and 7d )		-947,653	-3,077,771
<u>a</u>	11			art VIII, column (A), lines 5				369,708
	12			• •	equal Part VIII, column (A), lı	ne	1,909,455	1,481,296
	13				umn (A), lines 1-3)		1,923,472	2,034,572
	14				mn (A), line 4)		, ,	0
	15			ompensation, employee bene	5-			
\$		10)				262,108	280,622	
Expenses	16a				n (A), line 11e)			0
五	b			enses (Part IX, column (D), line 2				
	17				1a-11d, 11f-24f)	•	487,754	764,428
	18 19				Il Part IX, column (A), line 25) n line 12		2,673,334	3,079,622
- or	19	Reven	ue less exp	Jenses Subtract fille 18 ffor	nime 12	Beginni	-763,879 ng of Current	-1,598,326
Not Assets or Fund Balances						_	Year	End of Year
15.55 B.34.	20			t X, line 16)			27,364,084	32,921,125
異異	21	Totall	liabilities (F	Part X, line 26)			1,444,722	9,095,481
	22			d balances Subtract line 21	from line 20		25,919,362	23,825,644
Pai	rt II		ature Blo					No hort of any love lade
					ned this return, including accompanyir of preparer (other than officer) is bas			
Sign	1	****	***			201	1-03-16	
Here		Sign	ature of office	er		Date		
		HAR	RY J VANDE V	ELDE III PRESIDENT				
			e or print nam					
		Preparer		I Weeken are CD:	Date 2011 03 16	Check If		tifying number
Paid		signature	e <b>F</b> Kandy	L Wischmeier CPA	2011-03-16	self- empolyed 🕨 🦵	(see instruction	15)
•	arer's		ame (or yours	Blue & Co LLC		·	EIN Þ	
Use (	Only		nployed), and ZIP + 4	106 Community Dr			· LIN F	
				Seymour, IN 47274			Phone no 🕨	(812) 522-8416
——— May t	the IR	S discus	s this retu		bove? (see instructions) .			✓ Yes

#### Part III Statement of Program Service Accomplishments

**1** Briefly describe the organization's mission

THE LEGACY FOUNDATION, INC. WILL SEEK AND ACCEPT ENDOWMENTS FROM PUBLIC AND PRIVATE SOURCES AND DISTRIBUTE GRANTS FOR COMMUNITY ENHANCING PROJECTS AND OTHER CHARITABLE PURPOSES

2		on undertake any significar O or 990-EZ?	nt program services during the year	which were not listed on	Yes ✓ No					
	If "Yes," describe these new services on Schedule O									
3	services?		ike significant changes in how it cor		Yes ✓ No					
	If "Yes," describe	these changes on Schedul	e O							
4	Section 501(c)(3)	and 501(c)(4) organizatio	for each of the organization's three l ns and section 4947(a)(1) trusts a d revenue, if any, for each program s	re required to report the amoun						
4a	(Code	) (Expenses \$	2,504,785 including grants of \$	2,034,572 ) (Revenue \$	1,481,296 )					
	OPERATIONS THIS I SCHOLARSHIPS WER	NCLUDED AMOUNTS FOR EQUIPM	010 EXCEEDING \$2,000,000 OPERATIONAL MENT, SUPPLIES, PROGRAMMING AND SERV LEGACY FOUNDATION AWARDED SCHOLARS	ICES TO SEVERAL CHARITABLE ORGAN	IZATIONS COLLEGE					
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)					
	(0.1	\		) (D	,					
4c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)					
	_									
	_									
4d	Other program se	ervices (Describe in Sched	dule O )							
	(Expenses \$	ınclud	ling grants of \$	) (Revenue \$	)					
4e	Total program se	rvice expenses►\$	2,504,785							

Dart TV	Chack	list of	Deguired	Schedule
	CHECK	IISL UI	Keuuneu	<b>Scheuule:</b>

			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
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		N o
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
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	Yes	
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
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	Yes	
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D,  Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
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		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	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		Νο
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 U S? If "Yes," complete Schedule F, Part II	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
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		Νο
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		Νο
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

Par	t IV Checklist of Required Schedules (continued)			
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	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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		Νo
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
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		Νο
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Νo
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Νo
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? If "Yes," complete Schedule L, Part III	27		Νo
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		Νo
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If</i> " <i>Yes,"</i> complete Schedule L, Part IV	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
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		Νο
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		No
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		No
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		Νo
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νo
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		Νο
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	Yes	

orm	n 990 (2009)						Page \$
Pai	rt V Statements Regarding Other IRS Filings and Tax Comp	pliance					
						Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Trans	mittal					
	of U.S. Information Returns . Enter -0- if not applicable		1a				
		<u> </u>	Id		_		
D	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	ie	1b	0			
c	Did the organization comply with backup withholding rules for reportable paying gaming (gambling) winnings to prize winners?				<b>1</b> c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Statements filed for the calendar year ending with or within the year covered by return	by this	2a	6	5		
Ь	If at least one is reported on line 2a, did the organization file all required fede <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required instructions)				2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or mor return?	_		•	3a		No
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation				3b		
4a	At any time during the calendar year, did the organization have an interest in over, a financial account in a foreign country (such as a bank account, securi account)?	ities acco	ount,	or other financial	4a		No
Ь	If "Yes," enter the name of the foreign country <u>—</u> See the instructions for exceptions and filing requirements for Form TD F 90- Financial Accounts	-22 1, Re	port	of Foreign Bank and	_		
5a	Was the organization a party to a prohibited tax shelter transaction at any tim	me durıng	the	tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prob	hıbıted ta	ıx sh	elter transaction?	5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Prohibited Tax Shelter Transaction?				5с		
6a	Does the organization have annual gross receipts that are normally greater thorganization solicit any contributions that were not tax deductible?				6a		No
b	If "Yes," did the organization include with every solicitation an express states were not tax deductible?				6b		
7	Organizations that may receive deductible contributions under section 170(c	:).					
а	Did the organization receive a payment in excess of \$75 made partly as a coservices provided to the payor?				7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or serv	vices pro	vide	d?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal file Form 8282?			which it was required to	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	. L	7d		-		
e	Did the organization, during the year, receive any funds, directly or indirectly benefit contract?			•	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on	na persor	nal b	enefit contract?	7f		Νo
g	For all contributions of qualified intellectual property, did the organization file	Form 88	99 :	as required?	7g		Νo
h	For contributions of cars, boats, airplanes, and other vehicles, did the organiz	zatıon file	aF	orm 1098-C as	7h		l No
8	Sponsoring organizations maintaining donor advised funds and section 509(a) the supporting organization, or a donor advised fund maintained by a sponsor	rıng orgar	nızat	ion, have excess	7		110
9	business holdings at any time during the year?		•		8		No
	Did the organization make any taxable distributions under section 4966? .				9a		l No
					9b		No
10	Section 501(c)(7) organizations. Enter	p = . 5 5 11 ·	•	- · · ·			<del>                                     </del>
	Initiation fees and capital contributions included on Part VIII, line 12	.   1	L0a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of clu facilities	-	L0b				
11	Section 501(c)(12) organizations. Enter						
а	Gross income from members or shareholders	. [1	l1a				
Ь	Gross income from other sources (Do not net amounts due or paid to other so		l 1h				

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

 $\boldsymbol{b}$  . If "Yes," enter the amount of tax-exempt interest received or accrued during the

year

12a

12b

1000 E 80TH PLACE SOUTH TOWER No

MERRILLVILLE, IN 46410

(219) 736-1880

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

Sa	ction A. Governing Body and Management					
	ction A. Governing body and Hanagement				Yes	No
					1 63	140
1a	Enter the number of voting members of the governing body	1a	24			
ь	Enter the number of voting members that are independent	1b	24			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?	iness	relationship with any	2		Νο
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management control over management control over management.			3		No
4	Did the organization make any significant changes to its organizational documents s		•			
_	filed?			4		No
5	Did the organization become aware during the year of a material diversion of the organization become aware during the year of a material diversion of the organization.			5		No
6	Does the organization have members or stockholders?			6		Νo
7a	Does the organization have members, stockholders, or other persons who may elect governing body?			7a		Νο
b	Are any decisions of the governing body subject to approval by members, stockhold	ers, o	rother persons?	7b		Νo
8	Did the organization contemporaneously document the meetings held or written active year by the following	ons ur	ndertaken during the			
а	The governing body?			8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	_		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A,				100	
	organization's mailing address? If "Yes," provide the names and addresses in Sched	ule O		9		Νo
	ction B. Policies (This Section B requests information about policies not	requi	red by the Internal			
Re	venue Code.)				Yes	No
10-	December of the control of the contr			10-	165	
	Does the organization have local chapters, branches, or affiliates?			10a		No
Ь	If "Yes," does the organization have written policies and procedures governing the adaffiliates, 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	ng bod	y before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Fe	orm 9	90			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually to conflicts?	ıntere •	sts that could give rise	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance will describe in Schedule O how this is done	th the	policy? If "Yes,"	12c	Yes	
13	Does the organization have a written whistleblower policy?			13	Yes	
14	Does the organization have a written document retention and destruction policy? .			14	Yes	
15	Did the process for determining compensation of the following persons include a revi	iew an	d approval by		1 00	
	independent persons, comparability data, and contemporaneous substantiation of th		peration and decision?	4-	V -	
	The organization's CEO, Executive Director, or top management official			15a	Yes	
D	Other officers or key employees of the organization	•		15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions )					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture of taxable entity during the year?			16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the org	anızat	ion to evaluate its	100		110
	participation in joint venture arrangements under applicable federal tax law, and take organization's exempt status with respect to such arrangements?			16b		
Se	ction C. Disclosure					
17	List the States with which a copy of this Form 990 is required to be filed►IN					
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable	2), 990	), and 990-T (501(c)			
	(3)s only) available for public inspection. Indicate how you make these available. Chown website. A nother's website. Upon request.					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing interest policy, and financial statements available to the public. See Additional Data	-				
20	State the name, physical address, and telephone number of the person who possess			ie orda	ınızatıor	n <b>▶</b>
	HARRY J VANDE VELDE III			9 -		-

## 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, and current key employees 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 employee"
- 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, or 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  A verage hours per week  A	Check this box if the organization did		sate any	/ curi	rent	or fo	rmer c	ffice	r, director, trustee	or key employee	
week or director o		A verage hours		tion (	ched		I		Reportable compensation	Reportable compensation	Estimated amount of other
See add'l data			Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W-	organizations (W- 2/1099-	from the organization and related
	See add'l data										
											-
	,										

For	n 990 (2009)			Page <b>8</b>
1b	Total	0		6,051
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization •0	·		
			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> "Yes," complete Schedule J for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No
S	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization			
	(A) Name and business address  (B) Description of services		( <b>C</b> Comper	
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization •0			
		F	orm <b>99</b> 0	<b>0</b> (2009)

Form 99			6 D					Page <b>9</b>
Part V	<b>/1111</b>	Statement of	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
# # # # # # # # # # # # # # # # # # #	1a	Federated cam	paigns 1a					
蓝声	ь	Membership du	es <b>1b</b>					
S, G	С	Fundraising eve	ents <b>1</b> c					
養養	d	Related organiz	ations 1d					
હું 🗷	e	Government grants	s (contributions) <b>1e</b>					
Contributions, gifts, grants and other similar amounts	f	All other contribution	ons, gifts, grants, and 1f	4,189,359				j j
ਹਿੰ ਜ਼ਿੰ	g		butions included in					
Ęğ		lines 1a-1f \$ _						
ပိုင်း	h	Total. Add lines	s 1a-1f	· · · •	4,189,359			
•				Business Code				
Program Service Revenue	2a							
Æ	ь							
e G	С							
<u>3</u> . ≥	d							
ج د	e		_					
⊆ E	f	All other progra	am service revenue					
Š	g	Total Add lines	s 2a-2f	<b>b</b>				
	3		ome (including dividen					
			aramounts)		1,027,621			1,027,621
	4	Income from inves	stment of tax-exempt bond	proceeds 🕨				
	5	Royalties		▶ [				
			(ı) Real	(II) Personal				
	6a	Gross Rents						
	b	Less rental expenses						
	c	Rental income or (loss)						
	d		me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of	29,609,742					
		assets other than inventory						
	b	Less cost or other basis and	33,715,134					
		sales expenses	4 105 202					
	c d	Gain or (loss)	-4,105,392	<b>b</b> -	-4,105,392			-4,105,392
	8a		rom fundraising		1,103,332			1,103,332
<del>o</del>		events (not inc	_					
Other Revenue		\$	s reported on line 1c)					
چ			ne 18					
<u>.</u>			а					
Ě	b		penses b					
U	c 9a		(loss) from fundraising	events F				
	Ja	See Part IV, lin	rom gaming activities ie 19					
	١.		a					
	b		penses <b>b</b> (loss) from gamıng actı	uutua 🕨				
	10a	Gross sales of returns and allo	ınventory, less	vities				
		rotanio ana an	a					
	b	_	oods sold <b>b</b>					
	С		(loss) from sales of inve					
	11-	Miscellaneous		Business Code 561,000	350,573	350,573		
	11a	ADMINISTRAT		900,099	19,135	19,135		
	b	MISCELLANEC	DUSINCOME	300,039	19,155	17,133		<b> </b>
	C	All ather record						
	d e	All other reven						
					369,708			
	12	Total revenue.	See Instructions .	· · • • [	1,481,296	369,708	0	-3,077,771

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Δ	Section 501(c)(3) and 501(c)(4) organizations m Il other organizations must complete column (A) but are not required to			(D)	
Do no	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				<u> </u>
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	1,184,881	1,184,881		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	849,691	849,691		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	100,943	40,377	25,236	35,330
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	148,834	59,533	37,209	52,092
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,066	1,226	767	1,073
9	Other employee benefits	5,068	2,028	1,267	1,773
10	Payroll taxes	22,711	9,084	5,678	7,949
11	Fees for services (non-employees)				
а	Management	350,056	140,023	87,514	122,519
b	Legal	539		270	269
c	Accounting	8,170	2,696	2,778	2,696
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	96,994		96,994	
g	Other	23,662	7,809	7,983	7,870
12	Advertising and promotion	1,238			1,238
13	Office expenses	24,223	7,994	8,236	7,993
14	Information technology	7,652	2,525	2,602	2,525
15	Royalties				
16	Occupancy	39,576	5,936	19,788	13,852
17	Travel	8,369	2,762	2,845	2,762
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,254	502	251	501
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,229	807	1,615	807
23	Insurance				
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		183,993	183,993		
b	DUES AND SUBSCRIPTIONS	5,566	1,837	1,892	1,837
c	DONOR DEVELOPMENT EXPEN	3,630			3,630
d	INSURANCE - BUSINESS PA	3,277	1,081	1,114	1,082
e	SPECIAL EVENTS	3,000			3,000
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	3,079,622	2,504,785	304,039	270,798
26	<b>Joint costs.</b> Check here ▶ ☐ If following SOP 98-2				
	Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	campaign and landraising solicitation	1	l	1	

Part X Balance Sheet (A) (B) End of vear Beginning of year 393.259 1 1 Cash—non-interest-bearing . . . . . . . . . . . . 214,320 2 2.218.789 2 3 3 4 4 1.895 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 Notes and loans receivable, net . . . . . 8 Inventories for sale or use . . . . . . 9 Prepaid expenses and deferred charges . . . . . . . . . . . . 76.695 Land, buildings, and equipment cost or other basis Complete 10a 10a Part VI of Schedule D 5,198 **10c** 10b 74.726 1.969 b Less accumulated depreciation . . . . 27,144,566 11 11 12 30,305,213 12 Investments—other securities See Part IV, line 11 . . . . . . . . . 13 13 Investments—program-related See Part IV, line 11 . . 14 14 15 15 16 27.364.084 16 32,921,125 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 17 34.136 17 Accounts payable and accrued expenses . 46,600 18 18 19 19 20 20 Liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . 21 8,283,360 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 Unsecured notes and loans payable to unrelated third parties . . . . 24 1.444.722 25 Other liabilities Complete Part X of Schedule D . . . . . 25 731,385 26 **Total liabilities.** Add lines 17 through 25 . . . . . 1,444,722 26 9,095,481 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 1.996.715 -189.811 27 Unrestricted net assets . . . . 27 28 4.380.854 28 14.381.844 Temporarily restricted net assets . . . . . Fund 19.541.793 29 9.633.611 29 Permanently restricted net assets . . . . . Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . Assets 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ Total net assets or fund balances . . . . 33 25,919,362 33 23,825,644 34 Total liabilities and net assets/fund balances . . . . . 27.364.084 34 32,921,125

#### Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both		Yes	
	Separate basis Consolidated basis Both consolidated and separated basis			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
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	3b		

Form **990** (2009)

#### 3493081003101

OMB No 1545-0047

2009

2009

Inspection

#### **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization LEGACY FOUNDATION INC Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

**Public Charity Status and Public Support** 

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

Employer identification number

25 1072002

									35-18/280			
	rt I			blic Charity Stat						tructions		
he	organiz	zation is i	not a private	e foundation because	ıtıs (Forlu	nes 1 throu	gh 11, check	conly one bo	x )			
1	Г	A churc	h, conventio	on of churches, or as:	sociation of o	churches <b>s</b>	ection 170(b	)(1)(A)(i).				
2	Γ	A schoo	A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E )									
3	Γ	A hospit	tal or a coop	perative hospital serv	vice organiza	ition descri	bed in <b>sectio</b>	n 170(b)(1)	(A)(iii).			
4	Γ			organization operate y, and state	ed in conjunc	tion with a	hospital des	cribed in <b>sec</b>	tion 170(b)(1	)( <b>A)(iii).</b> Ent	er the	
5	Γ	_	· ·	erated for the benefit	=	or universit	y owned or o	perated by a	a governmenta	l unıt descrıb	_ ed in	
_	_			<b>A)(iv).</b> (Complete Pa								
6	ļ			local government or o	=							
7	<b> ~</b>	describe	ed in	t normally receives a <b>A)(vi)</b> (Complete Pa		part of its	support from	a governme	ntal unit or fro	m the genera	l public	:
8	Г			described in <b>section</b>		)(vi) (Con	nplete Part II	I )				
9				t normally receives					outions, memb	ership fees, a	nd gro	ss
				ties related to its ex								
		ıts supp	ort from gro	ss investment incom	ne and unrela	ited busine	ss taxable ın	come (less :	section 511 ta	x) from busir	nesses	
		acquired	by the org	anızatıon after June 3	30,1975 Se	e <b>sect ion</b> 5	<b>i09(a)(2).</b> (C	omplete Par	t III )	•		
LO	Г	An orga	nızatıon org	anized and operated	exclusively:	to test for p	oublic safety	Seesection	509(a)(4).			
11 e f	Г	one or m the box a S By chec other the section	nore publicly that describ Type I king this bo an foundatio 509(a)(2)	anized and operated y supported organiza pes the type of suppo b Type II ex, I certify that the o on managers and other	tions describ orting organiz c / organization i er than one c	zation and c Type III s not contr or more pub	on 509(a)(1 complete line - Functional olled directly licly support	) or section ! s 11e through lly integrated or indirectled ed organizat	509(a)(2) See gh 11h d d y by one or mo ions described	Type II  Type II  ore disqualified in section 5	( <b>a)(3).</b> I - Oth d pers 09(a)(	Check ner ons 1) or
g		check th Since A	nis box	006, has the organiz								
		(i) a per	son who dir	ectly or indirectly co	ntrols, eithe	r alone or t	ogether with	persons des	crıbed ın (ıı)		Yes	No
		and (III)	below, the o	governing body of the	the support	ed organiza	ition?			11g(i)		<u> </u>
			•	r of a person describ	٠,,					11g(ii)		
		(iii) a 3!	5% controll	ed entity of a person	described in	ı (ı) or (ıı) a	bove?			11g(iii	)	
h		Provide	the followin	g information about t	he supported	d organizat	ion(s)					
	(i) Name suppoi rganiz	e of rted	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	e ion in ted in rning	Old you n organiza col (i) o	otify the ation in of your	(vi) Is th organiza col (i) org in the U	ie tion in janized	A m	<b>vii)</b> ount of oport?
				(see instructions))	Yes	No	Yes	No	Yes	No	1	
							1					
ota	ı I											

## Support Schedule for Organizations Described in IRC 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.)

	(Complete only if yo	ou checked the	box on line 5, 7	, or 8 of Part I	.)			
	ection A. Public Support	1	<del> </del>	Г	Г			
Cale	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	<b>(c)</b> 2007	( <b>d)</b> 2008	(e) 20	009	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual	1,586,510	1,582,714	1,828,766	1,857,108	4	,189,359	11,044,457
	grants ") 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	<b>Total.</b> Add lines 1 through 3	1,586,510	1,582,714	1,828,766	1,857,108	4	,189,359	11,044,457
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							2,474,408
6	(f) Public Support. Subtract line 5				+			
•	from line 4							8,570,049
S	ection B. Total Support							
Cale	<b>endar year</b> (or fiscal year	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	<b>(e)</b> 20	009	(f) Total
_	beginning in)	1,586,510	611,568	1,828,766	1,857,108		,189,359	11,044,457
7	A mounts from line 4	1,380,310	011,308	1,828,700	1,637,106	4	,109,339	11,044,437
8	Gross income from interest, dividends, payments received on							
	securities loans, rents, royalties and income from similar sources	382,436	611,568	907,830	908,212	1	,027,621	3,837,667
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets							
11	Total support (Add lines 7 through 10)							14,882,124
12	Gross receipts from related activiti	es, etc (See inst	tructions )			12		369,708
13	First Five Years If the Form 990 is check this box and stop here			thırd, fourth, or f	fth tax year as a !	501(c)(3	3) organız	ation, ▶☐
	ection C. Computation of Pul Public Support Percentage for 200°			1.1 column (f))		1 1		
14		•	. ,	11 COIGIIII (I))		14		57 590 %
15	Public Support Percentage for 200	•	,			15		55 800 %
	<b>33 1/3% support test—2009.</b> If the and <b>stop here.</b> The organization qua	alıfıes as a publıc	ly supported orga	nızatıon			•	<b>►</b>  ✓
	33 1/3% support test—2008. If the box and stop here. The organization 10%-facts-and-circumstances test is 10% or more, and if the organization meanization meanization meanization	n qualifies as a p — <b>2009.</b> If the org tion meets the "f	ublicly supported of anization did not c acts and circumst	organization heck a box on lin ances" test, chec	e 13, 16a, or 16b ck this box and <b>st</b> o	and line	e 14 Explain	▶┌
b	10%-facts-and-circumstances test 15 is 10% or more, and if the organ	-						·
18	Explain in Part IV how the organiza supported organization  Private Foundation If the organization	tion meets the "f	acts and circumst	ances" test The	organization qual	ıfıes as a	a publicly	<b>▶</b> □
	instructions							<b>▶</b> □

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support			<u> </u>	1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) 2009	<b>(f)</b> 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						
3	purpose Gross receipts from activities that				+		
3	are not an unrelated trade or						
	business under section 513						
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				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	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						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6 )						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	<b>(c)</b> 2007	( <b>d)</b> 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
	business activities not included						
	ın lıne 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,						
14	11 and 12 ) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and <b>stop here</b>	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	<b>▶</b> ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	<b>009</b> (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	<b>2008</b> Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind <b>stop here.</b> T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes been	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(	us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

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

Schedule A (Form 990 or 990-EZ) 2009

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DLN: 93493081005161

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury

**Supplemental Financial Statements** 

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

Na	me of the organization  GACY FOUNDATION INC	omi 990. F See Separate instructions.	Employer identification number	
LLC	ACT TOUNDATION INC		35-1872803	
Pa	organizations Maintaining Donor A organization answered "Yes" to Form 99		L	
		(a) Donor advised funds	(b) Funds and other accounts	
1	Total number at end of year	27		
2	Aggregate contributions to (during year)			
3	Aggregate contributions to (during year) 472,692 Aggregate grants from (during year) 212,082			
4	Aggregate value at end of year	3,839,095		
5	Did the organization inform all donors and donor adv funds are the organization's property, subject to the		radvised	
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the being conferring impermissible private benefit	nefit of the donor or donor advisor, or for any	other purpose	
Pa	rt III Conservation Easements. Complete	ıf the organization answered "Yes" to	Form 990, Part IV, line 7.	
2	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreat Protection of natural habitat  Preservation of open space  Complete lines 2a-2d if the organization held a quaeasement on the last day of the tax year	rion or pleasure)	nistorically importantly land area ertified historic structure of a conservation	
			Held at the End of the Year	
а	Total number of conservation easements		2a	
b	b Total acreage restricted by conservation easements 2b			
c	Number of conservation easements on a certified his	storic structure included in (a)	2c	
d	d Number of conservation easements included in (c) acquired after 8/17/06  2d			
3	Number of conservation easements modified, transf	erred, released, extinguished, or terminated	by the organization during	
	the taxable year <b>&gt;</b>			
4	Number of states where property subject to conserv	ation easement is located ►		
5	Does the organization have a written policy regardin enforcement of the conservation easements it holds		ing of violations, and	
6	Staff and volunteer hours devoted to monitoring, ins	pecting and enforcing conservation easeme	nts during the year 🗠	
7	A mount of expenses incurred in monitoring, inspect	ing, and enforcing conservation easements	during the year 🟲 \$	
8	Does each conservation easement reported on line $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$ ?	2(d) above satisfy the requirements of sect	on <b>∀es                                   </b>	
9	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	the footnote to the organization's financial s		
Par	<b>Tt IIII</b> Organizations Maintaining Collection Complete if the organization answered		r Other Similar Assets.	
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fi	l for public exhibition, education or research	n in furtherance of public service,	
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these item	public exhibition, education, or research in		
	(i) Revenues included in Form 990, Part VIII, line 3	L	<b>►</b> \$	
	(ii) Assets included in Form 990, Part X		<b>▶</b> \$	
2	(") 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

**b** Assets included in Form 990, Part X

Par	<b>TIL</b> Organizations Maintaining Co	ollections of Art	, Hist	torical Tre	easur	es, or Ot	her	Similar A	sse	<b>tS</b> (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	ofth	e following th	at are	a sıgnıfıcar	nt us	e of its colled	tıon		
а	Public exhibition d Loan or exchange programs										
b	Scholarly research		e	┌ Other							
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ın how	they further	the org	janization's	exe	mpt purpose	ın		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			•				lar	Γ·	ſes	┌ No
Pai	t IV Escrow and Custodial Arrang					answered	"Ye	s" to Form	990	,	
_	Part IV, line 9, or reported an ar			•		. 1					
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?				ons or	other asse	ts no	ot	Γ,	'es	✓ No
Ь	If "Yes," explain the arrangement in Part XI	V and complete the	followi	ng table							
_	Dagunung halan -					<u> </u>		A	moui	14	
c C	Beginning balance						LC				
d	Additions during the year					<b>—</b>	Ld				
e	Distributions during the year					_	le				
f	Ending balance					_ 3	Lf		_		_
2a	Did the organization include an amount on Fo		21?						<b>₹</b>	'es	No
	If "Yes," explain the arrangement in Part XI\			warad IIVaal	" to To		D =	TV line 10			
Рα	rt V Endowment Funds. Complete	(a)Current Year		<u>wered "Yes"</u> )Prior Year				TV, IINE TU Three Years Bac		Four Ye	ears Back
la	Beginning of year balance	23,738,213		27,780,154			<u> </u>		<del>  `                                   </del>		
b	Contributions	2,192,474		2,751,115							
c	Investment earnings or losses	-659,571		-4,564,523							
d	Grants or scholarships	1,724,034		1,915,472							
e	Other expenditures for facilities			313,061							
	and programs	350,056									
f	Administrative expenses	23,197,026		23,738,213							
g	End of year balance	, ,		23,730,213							
2	Provide the estimated percentage of the year		is								
а	Board designated or quasi-endowment	%									
b	Permanent endowment 42 000 % %										
c	Term endowment ► 58 000 % %										
3a	Are there endowment funds not in the posse organization by	ssion of the organiza	ation t	hat are held a	and adı	ministered	for t	ne	Γ	Yes	No
	(i) unrelated organizations							3a	(i)		No
	(ii) related organizations							3a	(ii)		Νo
b	If "Yes" to 3a(II), are the related organization							3	ь		
4	Describe in Part XIV the intended uses of th										
Par	t VI Investments—Land, Building	s, and Equipme	nt. Se		,						
	Description of investment			(a) Cost or basis (invest		(b)Cost or o basis (other		(c) Accumula depreciatio		( <b>d</b> ) Bo	ook value
1a	Land		•								
b	Buildings									<u> </u>	
С	Leasehold improvements		•							<u> </u>	
d	Equipment		•			76	,695	74	,726	<u> </u>	1,969
е	Other		•	1						l	

1,969

Part VIII Investments—Other Securities. See	Form 990, Part X, line 12	
<ul><li>(a) Description of security or category (including name of security)</li></ul>	( <b>b)</b> Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other GOVERNMENT SECURITIES	47,308	F
CORPORATE BONDS	40,583	F
CORPORATE BONDS	40,565	
DOMESTIC EQUITY SECURITIES	7,580	F
DOMESTIC EQUITY MUTUAL FUNDS	14,811,522	F
DOMESTIC FIXED INC MUTUAL FUNDS	6,252,423	F
FOREIGN EQUITY MUTUAL FUNDS	4,896,960	F.
FOREIGN FIXED INC MUTUAL FUNDS	845,026	F
REAL ESTATE INV TRUST FUND	471,176	F
HEDGE FUNDS	2,932,635	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. See	Form 990, Part X, line	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
		·
_		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)  Part IX Other Assets. See Form 990, Part X, lin	l e 15.	
(a) Descrip		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)	
Part X Other Liabilities. See Form 990, Part X		
1 (a) Description of Liability	(b) A mount	
Federal Income Taxes ANNUITIES PAYABLE	731,385	
	,,,,,,,	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	731,385	

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,481,296
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,079,622
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-1,598,326
4	Net unrealized gains (losses) on investments	4	7,274,534
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	-5,423,829
8	Other (Describe in Part XIV)	8	-2,346,097
9	Total adjustments (net) Add lines 4 - 8	9	-495,392
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-2,093,718
Par	t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	turn
1	Total revenue, gains, and other support per audited financial statements	1	5,817,108
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	7,274,534
3	Subtract line <b>2e</b> from line <b>1</b>	3	-1,457,426
4	A mounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 96,994		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	2,938,722
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	1,481,296
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	2,486,997
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	2,486,997
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 96,994		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	592,625
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	3,079,622

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete 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 and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
Part IV, Line 2b		CUSTODIAL FUNDS REPRESENT FUNDS PLACED ON DEPOSIT WITH LEGACY FOUNDATION BY OTHER 501(C)(3) ORGANIZATIONS BASED ON THEIR INDIVIDUAL BOARD RESOLUTIONS
Part V, Line 4	Description of Intended Use of Endowment Funds	PERMANENT ENDOWMENT FUNDS ARE INVESTED AND THE EARNINGS ARE USED FOR GRANTS AND COMMUNITY ENHANCING PROJECTS AND OTHER CHARITABLE PURPOSES TERM ENDOWMENTS ARE ALSO INVESTED AND THE PRINCIPAL AND EARNINGS ARE USED FOR GRANTS, COMMUNITY ENHANCING PROJECTS AND OTHER CHARITABLE PURPOSES
Part XI, Line 8 - Other Adjustments		SFAS 136 -2346097
Part XII, Line 4b - Other Adjustments		SFAS 136 ADJUSTMENT 2841728
Part XIII, Line 4b - Other Adjustments		SFAS 136 ADJUSTMENT 495631

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DLN: 93493081005161

OMB No 1545-0047

Employer identification number

35-1872803

Schedule I (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

LEGACY FOUNDATION INC

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

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ► Attach to Form 990

**Inspection** 

Part I General Information	on on Grants and	Assistance					
Does the organization maintain the selection criteria used to a							√ Yes
2 Describe in Part IV the organiz							, , , , ,
	ne 21 for any recipi	ent that received r	rganizations in the nore than \$5,000. Ch needed	eck this box if no one	recipient receive	ed more than \$5,000	. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran
See Additional Data Table							
2 Enter total number of section 5 3 Enter total number of other organizations		_				<u>*</u>	43
For Privacy Act and Paperwork Reductio				Cat No 50055P			le I (Form 990) 2009

Part III	Grants and Other Assistance to Individuals in the United Stat	es. Complete if the organization answered "Yo	es" to Form 990, Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.		

( <b>b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
295	849,691			
	recipients	recipients cash grant	recipients cash grant non-cash assistance	recipients cash grant non-cash assistance (book, 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.

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S		Schedule I, Part I, Line 2 PROGRAM STAFF IS RESPONSIBLE FOR MONITORING PERIODIC GRANTEE REPORTS, REPORTING TO THE GRANTS COMMITTEE ON GRANTEES COMPLIANCE, AND PURSUING TARDY, INCOMPLETE OR MISSING REPORTS

Software ID: Software Version:

**EIN:** 35-1872803

Name: LEGACY FOUNDATION INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANCILLA SYSTEMS1419 S LAKE PARK AVE HOBART,IN 46342	27-0296707	501(C)3	100,055				FUND DISTRIBUTIONS
ARC BRIDGES2650 WEST 35TH AVE GARY,IN 46408	35-1055076	501(C)3	20,000				VANS MOVE PEOPLE
BOYS & GIRLS CLUB OF NW INDIANA839 BROADWAY STE N303 GARY,IN 464022419	35-0941137	501(C)3	23,590				CREATION OF COFFY LOGIC MODEL, FUND DISTRIBUTIONS
CALUMET COLLEGE OF ST JOSEPH2400 NEW YORK AVENUE WHITING,IN 46394	35-1087173	501(C)3	12,775				GENERAL SUPPORT
CATHOLIC CHARITIES OF THE DIOCESE OF GARY176 SOUTH WEST ST CROWN POINT,IN 46307	35-1122204	501(C)3	6,407				FUND DISTRIBUTION
CENTER FOR POSSIBILITIES22 TYLER AVE HOBART,IN 46342	35-1169900	501(C)3	13,500				CAPITAL IMPROVEMENTS, FUND DISTRIBUTION
CHALLENGER LEARNING CENTER OF NORTHWEST IN2300-173RD AVE HAMMOND,IN 46323	35-1995603	501(C)3	45,135				SUMMER CAMP, VOYAGE TO MARS & HALF-DAY SKY VOYAGES, FUND DISTRIBUTIONS
COMMUNITIES IN SCHOOLS OF EAST CHICAGO 100 W CHICAGO AVE EAST CHICAGO,IN 46132	30-0110893	501(C)3	14,351				READY2GO - CHARTING FOR SUCCESS
DOCTORS WITHOUT BORDERS USA 333 SEVENTH AVE 2ND FLOOR NEW YORK, NY 10001	13-3433452	501(C)3	5,000				FUND DISTRIBUTION
EDUCATING TO EXCEL INC 5400 W 29TH AVE GARY,IN 46406	90-0183580	501(C)3	11,851				SOLID LIFE YOUTH PROGRAM

Form 990,Schedule I, Par	t II, Grants an	d Other Assistance	e to Governments	and Organization	s in the United Sta	ites	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GARY LIFE EDUCATION INITIATIVE INCORPORATED320 ROOSEVELT STREET GARY,IN 46404	45-0581689	501(C)3	11,851				COLLEGE READINESS IN THE CLASSROOM
GARY NEIGHBORHOOD SERVICES INC300 WEST 21ST AVE GARY,IN 46407	35-1188882	501(C)3	7,700				2010 PARTICIPATION IN COFFY COLLABORATIVE, COMMUNITY ORGANIZATIONS FOR FAMILIES AND YOUTH
GEMINUS CORPORATION 8400 LOUISIANA ST MERRILLVILLE,IN 46410	35-1859562	501(C)3	15,000				CENTER FOR MENTORS MENTORING CO-OP, PROGRAM MANAGEMENT
GREATER HAMMOND COMMUNITY SERVICES INC824 HOFFMAN ST HAMMOND,IN 46327	35-1398205	501(C)3	5,600				WALK-IN FREEZER
HAMMOND BOYS AND GIRLS CLUB5840 CALUMET AVE HAMMOND,IN 46320	35-0941137	501(C)3	12,500				ENHANCED MINORITY GOALS FOR GRADUATION COLLABORATION
HAMMOND COMMUNITY CORPORATION649 CONKEY ST HAMMOND,IN 46324		501(C)3	120,000				FUND DISTRIBUTION
HEALTH CARE ADVOCACY GROUP1356 S LAKE PARK AVE HOBART,IN 46342	35-1996856	501(C)3	10,000				HAGI (HEALTHCARE ADVOCACY GROUP, INC)
HIGHLY FLAVORED MINISTRYPO BOX 4418 GARY,IN 46404	14-4845248	501(C)3	5,000				THE GARY FREEDOM SCHOOL
HOBART FAMILY YMCA601 W 40TH PLACE HOBART,IN 46342	35-1382817	501(C)3	20,600				HOBART SENIOR COMMUNITY PICNIC, HOBART SENIOR TRANSPORTATION PROGRAM
HOBART FOOD PANTRYPO BOX 394 HOBART,IN 46342	35-1757175	501(C)3	7,000				FUND DISTRIBUTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of **(b)** EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization if applicable grant cash valuation non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) PROJECT COLLEGE HOLISTIC COMMUNITY 42-1705875 501(C)3 COALITION NFP3601 BOUND, TRI-CITY 25,000 PENNSYLVANIA AVE ALTERNATIVE **ACTIONS PROGRAM** EAST CHICAGO, IN 46312 35-0895837 501(C)3 FUND DISTRIBUTION **HUMANE SOCIETY** CALUMET AREA INC421 7,081 **45TH STREET** MUNSTER, IN 46321 IMMANUAL PRESBYTERIAN 501(C)3 35-1106824 **DONOR ADVISED** CHURCH140 W US HWY 30 GRANT 7,500 SCHERERVILLE, IN 46375 35-1106824 IMMANUEL PRESBYTERIAN 501(C)3 **DONOR ADVISED** CHURCH140 W US HWY 30 GRANT 7,145 SCHERERVILLE, IN 46375 INTERNATIONAL 35-0868117 501(C)3 HAMMOND INSTITUTE OF LACASA IMMIGRATION 6,000 4506 TODD AVE RESOURCE OFFICE EAST CHICAGO, IN 46312 501(C)3 IVY TECH COLLEGE1440 23-7073977 YOUTH OUTREACH, EAST 35TH AVENUE GENERAL SUPPORT 8,171 GARY, IN 46409 35-0941137 501(C)3 JOHN WILL ANDERSON ENHANCED **BOYS AND GIRLS CLUB225** MINORITY GOALS 12,500 W 5TH AVE FOR GRADUATION GARY, IN 46402 COLLABORATIVE 23-7170019 501(C)3 LAKE AREA UNITED WAY FUND DISTRIBUTION 221 W RIDGE ROAD 5,700 GRIFFITH, IN 46319 LAKE CENTRAL DOLLARS 41-1696683 501(C)3 SCHOLARSHIPS FOR SCHOLARSPO BOX 6,500 902 SCHERERVILLE, IN 46375 501(C)3 35-0941137 LAKE STATION BOYS & PREPARING GIRLS CLUB4700 CENTRAL MINORITIES FOR 5,000 AVE **DEGREES IN STEM** LAKE STATION, IN 46405

Form 990,Schedule I, Part	t II, Grants and	d Other Assistance	to Governments	and Organization	s in the United Sta	ites	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
METROPOLITAN PLANNING COUNCIL140 S DEARBORN ST STE 1400 STE 1600 1600 CHICAGO,IL 60603	36-2382849	501(C)3	7,500				EMPLOYER- ASSISTED HOUSING
NEIGHBORHOOD WRITING ALLIANCE1313 E 60TH STREET CHICAGO,IL 60637	36-4067815	501(C)3	20,000				FUND DISTRIBUTION
OUR FAMILY CENTERPO BOX 4253 HAMMOND, IN 463240253	33-1111064	501(C)3	10,000				SAY YES (SAVE AMERICA'S YOUTH, YES!) AFTER- SCHOOL TUTORING AND MENTORING PROGRAM
PARENTS AS TEACHERS OF LAKE COUNTY INC6530 NEW HAMPSHIRE HAMMOND, IN 46323	35-2109773	501(C)3	69,266				STORY BANK, EXPLORING THE POSSIBILITIES, PROACTIVE GRANT, 2009 MATCHING CAMPAIGN
PLANNED PARENTHOOD OF INDIANA INC200 SOUTH MERIDIAN ST STE 400 INDIANAPOLIS,IN 46225	35-0874276	501(C)3	25,219				FUND DISTRIBUTION, DONOR ADVISED PROACTIVE GRANT
PURDUE UNIVERSITY CALUMET2200 169TH ST HAMMOND,IN 46323	35-6002041	501(C)3	14,368				DISCOVER NURSING CAMPS, GENERAL SUPPORT, COLLEGE READINESS PROGRAMS
SALVATION ARMY GARYMERRILLVILLE CORPS & CO4800 HARRISON ST GARY,IN 46408	13-5562351	501(C)3	10,000				STRIVING FOR EXCELLENCE AN ACADEMICS S E A PROGRAM
SOUTH SHORE ARTS1040 RIDGE RD MUNSTER,IN 46321	23-7049722	501(C)3	60,000				SUSTAINABLE TRANSPORTATION ALTERNATIVES FOR THE FUTURE
ST ANTHONY MEDICAL CENTER INC1201 S MAIN ST CROWN POINT,IN 46307	35-1330472	501(C)3	206,268				FUND DISTRIBUTION
TEACH FOR AMERICA820 N ORLEANS ST STE 3 CHICAGO,IL 60610	13-3541913	501(C)3	5,000				TEACH FOR AMERICA'S LAKE COUNTY INITIATIVE

<u>Form 990,Schedule I, Pai</u>	rt II, Grants an	<u>d Other Assistance</u>	<u>e to Governments</u>	and Organization	<u>s in the United Sta</u>	ites	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE NATIONAL CENTER FOR COLLEGE COSTS15 WEST FRANKLIN ST GREENCASTLE,IN 46135	35-2068979	501(C)3	9,500				2009-10 MURRAY & ASSOC PROGRAMMING IN LAKE COUNTY
TRINITY EV LUTHERAN CHURCH AND SCHOOL900 LUTHER DRIVE HOBART,IN 46342	35-6000591	501(C)3	10,000				FUND DISTRIBUTION
YMCA OF GARY150 W 15TH AVENUE GARY,IN 46407	35-0868221	501(C)3	13,250				MARIAN BERRY'S WATER BABIES, YES WE CAN! TEEN PROGRAM FOR GIRLS

#### **SCHEDULE 0**

(Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009

Open to Public Inspection

Name of the organization LEGACY FOUNDATION INC

Employer identification number

35-1872803

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		PRESIDENT, OFFICERS AND DIRECTORS REVIEW FORM 990 AND RELATED SCHEDULES PRIOR TO SIGNING AND FILING
Form 990, Part VI, Section B, line 12c		CONFLICT OF INTEREST STATEMENTS ARE MONITORED ANNUALLY AT THE BEGINNING OF THE FISCAL YEAR EACH BOARD MEMBER SHALL DISCLOSE IN WRITING ANY INTEREST HELD BY SELF OR IMMEDIATE FAMILY INCLUDING WITH A CHARITABLE OR COMMUNITY ORGANIZATION, BUSINESS ENTERPRISE OR CONSULTING WORK OR AFFILIATION WITH ORGANIZATIONS THAT MAY CREATE AN INTEREST OR BIAS WITH RESPECT TO THE FOUNDATION'S ACTION
Form 990, Part VI, Section B, line 15		COMPENSATION REVIEW AND APPROVAL IS PERFORMED ANNUALLY BY THE EXECUTIVE COMMITTEE THE COMMITTEE UTILIZES THE COUNCIL ON FOUNDATIONS, INDIANA GRANTMAKERS ALLIANCE AND LOCAL SALARY SURVEY INFORMATION IN REVIEW OF COMPENSATION
Form 990, Part VI, Section C, line 19		THE FOUNDATION'S ANNUAL REPORT IS MAILED TO ALL FUND HOLDERS, DONORS AND OTHER STAKEHOLDERS GUIDESTAR IS UPDATED WITH THE FOUNDATION'S CURRENT GOVERNING DOCUMENTS CURRENT AND PAST ANNUAL REPORTS, FORM 990, ARTICLES OF INCORPORATION AND BY-LAWS ARE AVAILABLE UPON REQUEST OR BY VISITING THE FOUNDATION WEBSITE OTHER GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST
FORM 990, PART XI, LINE 2C	CHANGE IN PROCEDURES OF AUDIT COMMITTEE	THE PROCEDURES THAT THE AUDIT COMMITTEE TAKES ANNUALLY DID NOT CHANGE IN 2009

Software ID: Software Version:

**EIN:** 35-1872803

Name: LEGACY FOUNDATION INC

## Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours	Posi t	tion ( hat a	che	′)			( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other compensation
	per week ar director		Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
BOBANADELL DIRECTOR	1 00	Х						0	0	0
JUDGE LORENZO ARREDONDO DIRECTOR	1 00	Х						0	0	0
DAVID BOCHNOWSKI DIRECTOR	1 00	Х						0	0	0
CORNELIA A BROWN DIRECTOR	1 00	Х						0	0	0
MARGOT CLARK CHAIR	1 00	Х		х				0	0	0
NANCY L CLIFFORD DIRECTOR	1 00	Х						0	0	0
HOWARD COHEN DIRECTOR	1 00	Х						0	0	0
FREDRICKA DAVIDSON DIRECTOR	1 00	Х						0	0	0
FRANKIE FESKO DIRECTOR	1 00	Х						0	0	0
DANETTE GARZA DIRECTOR	1 00	Х						0	0	0
MATTHEW H GLAROS DIRECTOR	1 00	Х						0	0	0
JAMES GREINER DIRECTOR	1 00	Х						0	0	0
AMY HAN SECRETARY	1 00	Х		х				0	0	0
CAROL HIGHSMITH DIRECTOR	1 00	Х						0	0	0
RICHARD KOMYATTE DIRECTOR	1 00	Х						0	0	0
KENNETH KRUPINSKI CPA TREASURER	1 00	Х		х				0	0	0
JANET MORAN DIRECTOR	1 00	Х						0	0	0
WILLIAM NANGLE DIRECTOR	1 00	Х						0	0	0
ROBERT NICKOVICH VICE-CHAIR	1 00	Х		х				0	0	0
STEVE PANGERE DIRECTOR	1 00	Х						0	0	0
STEPHEN PLACE DIRECTOR	1 00	Х						0	0	0
TORY PRASCO DIRECTOR	1 00	Х						0	0	0
DAVE RYAN DIRECTOR	1 00	Х						0	0	0
MICHAEL SUGGS DIRECTOR	1 00	Х						0	0	0
NANCY K JOHNSON PRESIDENT	40 00			Х				95,000	0	6,051

#### Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
PRO GRAM EXPENSES	183,993	183,993		
DUES AND SUBSCRIPTIONS	5,566	1,837	1,892	1,837
DONOR DEVELOPMENT EXPEN	3,630			3,630
INSURANCE - BUSINESS PA	3,277	1,081	1,114	1,082
SPECIAL EVENTS	3,000			3,000

#### **Additional Data**

Software ID: Software Version:

ETNI.

**EIN:** 35-1872803

Name: LEGACY FOUNDATION INC

Form 990, Schedule D, Part VII - Investments— Other Securities

<ul><li>(a) Description of security or cateory (including name of security)</li></ul>	( <b>b)</b> Book value	(c) Method of valuation Cost or end-of-year market value
GOVERNMENT SECURITIES	47,308	F
CORPORATE BONDS	40,583	F
DOMESTIC EQUITY SECURITIES	7,580	F
DOMESTIC EQUITY MUTUAL FUNDS	14,811,522	F
DOMESTIC FIXED INC MUTUAL FUNDS	6,252,423	F
FOREIGN EQUITY MUTUAL FUNDS	4,896,960	F
FOREIGN FIXED INC MUTUAL FUNDS	845,026	F
REAL ESTATE INV TRUST FUND	471,176	F
HEDGE FUNDS	2,932,635	F