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Form <b>990</b>  Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b>  <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b>	OMB No 1545-0047 <div> <div>2009</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

<b>A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010</b>				
<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>C Name of organization</b> AMERICAN LEGACY FOUNDATION		<b>D Employer identification number</b> 91-1956621
		Doing Business As		<b>E Telephone number</b> (202) 454-5555
		Number and street (or P O box if mail is not delivered to street address) 1724 Massachusetts Avenue NW	Room/suite	<b>G Gross receipts \$</b> 4,818,551,460
		City or town, state or country, and ZIP + 4 WASHINGTON, DC 20036		
		<b>F Name and address of principal officer</b> CHERYL G HEALTON DRPH 1724 Massachusetts Avenue Nw WASHINGTON,DC 20036		
<b>I Tax-exempt status</b> <input checked="" type="checkbox"/> 501(c) ( 3 ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)		
<b>J Website:</b> ▶ HTTP //WWW.LEGACYFORHEALTH.ORG		<b>H(c)</b> Group exemption number ▶		
<b>K Form of organization</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L Year of formation</b> 1999	<b>M State of legal domicile</b> DE

Part I		Summary	
Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities LEGACY'S MISSION IS TO BUILD A WORLD WHERE YOUNG PEOPLE REJECT TOBACCO AND ANYONE CAN QUIT THE FOUNDATION SUPPORTS (1) THE STUDY OF AND PROGRAMS TO REDUCE YOUTH TOBACCO PRODUCT USAGE AND YOUTH SUBSTANCE ABUSE IN THE STATES AND (2) THE STUDY OF AND EDUCATIONAL PROGRAMS TO PREVENT DISEASES ASSOCIATED WITH THE USE OF TOBACCO PRODUCTS IN THE STATES	
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets	
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b> _____
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b> _____
	<b>5</b>	Total number of employees (Part V, line 2a) . . . . .	<b>5</b> _____ 16
Revenue	<b>6</b>	Total number of volunteers (estimate if necessary) . . . . .	<b>6</b> _____
	<b>7a</b>	Total gross unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b> _____ 825,64
	<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34 . . . . .	<b>7b</b> _____ 741,21
Expenses	<b>8</b>	Contributions and grants (Part VIII, line 1h) . . . . .	<b>Prior Year</b> _____ <b>Current Year</b> _____
	<b>9</b>	Program service revenue (Part VIII, line 2g) . . . . .	4,710,307 3,766,128
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .	0
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .	-31,276,362 41,485,791
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	535,179 918,296
			-26,030,876 46,170,215
	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .	
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	14,136,159 6,949,566
Net Assets or Fund Balances	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) . . . . .	
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	0
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) <u>1,192,634</u>	13,336,059 14,435,548
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) . . . . .	88,500 195,750
	<b>18</b>	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) . . . . .	
	<b>19</b>	Revenue less expenses Subtract line 18 from line 12 . . . . .	62,625,646 57,014,017
			90,186,364 78,594,881
			-116,217,240 -32,424,666
Net Assets or Fund Balances			<b>Beginning of Current Year</b> _____ <b>End of Year</b> _____
	<b>20</b>	Total assets (Part X, line 16) . . . . .	933,262,534 976,728,948
	<b>21</b>	Total liabilities (Part X, line 26) . . . . .	67,116,642 63,414,239
	<b>22</b>	Net assets or fund balances Subtract line 21 from line 20 . . . . .	866,145,892 913,314,709

<b>Part II Signature Block</b>	
<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge
	<div> <div>*****</div> <div>Signature of officer</div> </div> <div> <div>2010-10-29</div> <div>Date</div> </div>
	<div>anthony o'toole EVP, CFIO</div> <div>Type or print name and title</div>
<b>Paid Preparer's Use Only</b>	<div> <div>Preparer's signature</div> <div>Date</div> <div>Check if self-employed <input type="checkbox"/></div> <div>Preparer's identifying number (see instructions)</div> </div>
	<div> <div>Firm's name (or yours if self-employed), address, and ZIP + 4</div> <div>RSM MCGLADREY INC</div> <div>9737 WASHINGTONIAN BLVD 400</div> <div>GAITHERSBURG, MD 208787340</div> </div>
	<div> <div>EIN</div> <div>Phone no (301) 296-3600</div> </div>

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . ☒ Yes ☐ No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization’s mission

THE PURPOSE FOR WHICH THE FOUNDATION IS FORMED ARE TO SUPPORT (1) THE STUDY OF AND PROGRAMS TO REDUCE YOUTH TOBACCO PRODUCT USAGE AND YOUTH SUBSTANCE ABUSE IN THE STATES AND (2) THE STUDY OF AND EDUCATIONAL PROGRAMS TO PREVENT DISEASES ASSOCIATED WITH THE USE OF TOBACCO PRODUCTS IN THE STATES LEGACY'S MISSION IS TO BUILD A WORLD WHERE YOUNG PEOPLE REJECT TOBACCO AND ANYONE CAN QUIT

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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 services? ☐ Yes ☒ No

If “Yes,” describe these changes on Schedule O

4 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

4a (Code ) (Expenses \$ 42,812,225 including grants of \$ 500 ) (Revenue \$ )

MARKETINGThe Marketing Department is charged with the strategic development of creative concepts for print, radio, TV, web and other emerging media vehicles Strategic media planning, placement and management in support of the foundation's counter-marketing mission also fall under the department's responsibilities Marketing manages all outside agencies in the support of these activities and develops grassroots, collateral, promotional and special event initiatives as complementary and integrated tactics The foundation has perhaps been most widely recognized for its extremely effective youth-focused public education and prevention campaign called truth Truth is the only national youth smoking prevention campaign in the country and has helped reduce youth smoking rates In addition to youth prevention, the Marketing department focuses on adult cessation The foundation recently launched EX, the only national cessation campaign not funded by the tobacco industry EX equips smokers with everything they need to know to beat their addiction to tobacco

4b (Code ) (Expenses \$ 6,288,415 including grants of \$ 5,414,977 ) (Revenue \$ )

GRANTS Historically, Legacy has awarded grants and contracts on two levels in response to national calls for proposals, and through a responsive directed grant making mode Each grant or contract aims to affect one or more of the foundation's goals In February, 2009, Legacy's Board of Directors made a decision to discontinue its national calls for proposals for the grant-making program, with the last cycle awarded in Summer, 2009 All current existing grants will be supported until the grant has ended, per contractual agreement The Foundation will continue to provide directed grant making on a very limited basis

4c (Code ) (Expenses \$ 3,259,233 including grants of \$ 522,580 ) (Revenue \$ )

RESEARCH & EVALUATION The Research and Evaluation department leads an ongoing effort to evaluate the effectiveness of all foundation programs and services The team conducts several national surveys to monitor tobacco-related knowledge, attitudes, beliefs, and behaviors among youth and adults in the United States To ensure the highest level of credibility, research staff substantiate all factual information for all departments within the Foundation By developing peer-reviewed publications as well as brief reports written for both specific audiences and the general public, the team contributes to advancing the scientific knowledge base related to tobacco control In addition, Legacy commissions studies and funds the research of others














4d Other program services (Describe in Schedule O ) See also Additional Data for Description

(Expenses \$ 10,943,468 including grants of \$ 1,011,509 ) (Revenue \$ )

4e Total program service expenses \$ 63,303,341

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	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	No				
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	No				
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> 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	No				
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	No				
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	No				
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	No				
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, line 10? If "Yes," complete Schedule D, Part VI.						
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.						
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.						
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.						
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.						
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.						
12	Did the organization obtain separate, independent audited financial 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? <table><tr><td>Yes</td><td>No</td></tr><tr><td>12A</td><td>Yes</td></tr></table>	Yes	No	12A	Yes		
Yes	No						
12A	Yes						
	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				
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	No				
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	No				
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	Yes				
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	Yes				
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	No				
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	No				

Part 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? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	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? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	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? <i>If "Yes," complete Schedule J</i> . . . . .	23	Yes	
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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i> . . . . .	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		No
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		No
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		No
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? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
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? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
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? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
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)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
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 "Yes," complete Schedule L, Part IV</i> . . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
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? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		No
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? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable . . . . .	1a	72	
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .			1c	Yes
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .	2a	167	
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .			3a	Yes
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .			3b	Yes
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .			4a	Yes
b If "Yes," enter the name of the foreign country <b>▶</b> BR , EG , GR , ID , IS , KS , MY , RP , CH , TH , TU , AE See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .			5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .			5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? . . . . .			6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .			6b	
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .			7a	Yes
b If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .			7b	Yes
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .			7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year . . . . .			7d	
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .			7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .			7f	No
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .			7g	
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .			7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .			8	
9 Sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966? . . . . .			9a	
b Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .			9b	
10 Section 501(c)(7) organizations. Enter				
a Initiation fees and capital contributions included on Part VIII, line 12 . . . . .			10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			10b	
11 Section 501(c)(12) organizations. Enter				
a Gross income from members or shareholders . . . . .			11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .			11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a	
b 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 lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . . . . .	1a	9	
b	Enter the number of voting members that are independent . . . . .	1b	9	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .	5		No
6	Does the organization have members or stockholders? . . . . .	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body? . . . . .	8a	Yes	
b	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, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	9		No

Section B. Policies

(This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates? . . . . .	10a		No
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	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . .			
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 interests that could give rise to conflicts? . . . . .	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	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 review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official . . . . .	15a	Yes	
b	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 or similar arrangement with a taxable entity during the year? . . . . .	16a		No
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		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	AL , AK , AZ , AR , CA , CO , CT , DC , FL , GA , IL , KS , KY , MN , MD , MS , MA , MI , MN , MO , NH , NJ , NM , NY , NC , ND , OH , OK , OR , PA , RI , SC , TN , UT , VA , WA , WV , WI
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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. See Additional Data Table.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	ANTHONY T O'TOOLE 1724 Massachusetts Avenue Nw WASHINGTON,DC 20036 (202) 454-5555

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

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

Form **990** (2009)



<b>1b</b>	<b>Total</b> . . . . .	3,311,025	0	782,020
-----------	------------------------	-----------	---	---------

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▶18

		<b>Yes</b>	<b>No</b>
<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		No
<b>4</b>	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? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	Yes	
<b>5</b>	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		No

Section 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	(C) Compensation
PHD USA 220 East 42nd St 7th FL NEW YORK, NY 10017	Marketing	37,847,964
Arnold Worldwide LLC 101 HUNTINGTON AVE BOSTON, MA 02199	Marketing	6,119,390
GSD&M Idea City LLC PO Box 685095 AUSTIN, TX 78703	Marketing	4,516,151
GTM Inc 239 Walker St ATLANTA, GA 30313	Marketing	805,372
StateStreet Corp 1200 CROWN COLONY DR QUINCY, MA 02169	INVESTMENT MANAGEMENT	480,822

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 ▶31

Part VIII

Statement 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
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a		3,766,128		
	b	Membership dues . . . . .	1b				
	c	Fundraising events . . . . .	1c	34,406			
	d	Related organizations . . . .	1d				
	e	Government grants (contributions)	1e	3,284,797			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	446,925			
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total. Add lines 1a-1f . . . . .					
Program Service Revenue	2a		Business Code				
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f . . . . .					
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .		16,285,295		
4		Income from investment of tax-exempt bond proceeds . .					
5		Royalties . . . . .					
6a		Gross Rents	(i) Real	(ii) Personal	726,329	635,456	90,873
b		Less rental expenses	4,190,704				
c		Rental income or (loss)	3,464,375				
d		Net rental income or (loss) . . . . .	726,329				
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other	25,200,496		25,200,496
b		Less cost or other basis and sales expenses	4,794,071,000				
c		Gain or (loss)	4,768,870,504				
d		Net gain or (loss) . . . . .	25,200,496				
8a		Gross income from fundraising events (not including \$ 34,406 of contributions reported on line 1c) See Part IV, line 18 . . . . .		a	-46,366		-46,366
b		Less direct expenses . . . .	b	0			
c		Net income or (loss) from fundraising events . .		46,366			
9a		Gross income from gaming activities See Part IV, line 19 . . . . .		a			
b		Less direct expenses . . . .	b				
c		Net income or (loss) from gaming activities . .					
10a		Gross sales of inventory, less returns and allowances . . . . .		a			
b		Less cost of goods sold . . .	b				
c		Net income or (loss) from sales of inventory . .					
	Miscellaneous Revenue		Business Code				
11a	GARAGE PARKING		812,930	190,190		190,190	
b	OTHER INCOME		900,099	48,143			48,143
c							
d	All other revenue . . . . .						
e	Total. Add lines 11a-11d . . . . .			238,333			
12	Total revenue. See Instructions . . . . .			46,170,215	0	825,646	41,578,441

Part IX

Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 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 organizations in the U S See Part IV, line 21	6,927,566	6,927,566		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	22,000	22,000		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees . . . . .	2,539,922	1,647,927	801,552	90,443
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	8,538,527	5,531,658	2,697,912	308,957
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	1,260,618	822,404	396,014	42,200
9	Other employee benefits . . . . .	1,453,477	948,222	456,599	48,656
10	Payroll taxes . . . . .	643,004	419,484	201,995	21,525
11	Fees for services (non-employees)				
a	Management . . . . .				
b	Legal . . . . .	441,285	46	441,239	
c	Accounting . . . . .	214,110		214,110	
d	Lobbying . . . . .				
e	Professional fundraising See Part IV, line 17 . . . . .	195,750			195,750
f	Investment management fees . . . . .	4,560,191		4,560,191	
g	Other . . . . .	44,963,171	44,538,916	390,658	33,597
12	Advertising and promotion . . . . .	14,492	9,505	3,880	1,107
13	Office expenses . . . . .	1,565,555	377,417	1,098,972	89,166
14	Information technology . . . . .	244,085	77,113	157,215	9,757
15	Royalties . . . . .				
16	Occupancy . . . . .	536,354		349,132	187,222
17	Travel . . . . .	772,662	578,438	138,865	55,359
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19	Conferences, conventions, and meetings . . . . .	555,737	436,752	95,126	23,859
20	Interest . . . . .	1,185,563		1,185,563	
21	Payments to affiliates . . . . .				
22	Depreciation, depletion, and amortization . . . . .	1,184,962	15,211	1,169,751	
23	Insurance . . . . .	354,735	85,068	269,651	16
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 )				
a	income tax expense	186,067		186,067	
b	other expenses	171,172	74,669	58,269	38,234
c	BOND ISSUANCE AMORTIZAT	34,946		34,946	
d	bad debts	25,000		25,000	
e	honorarium	3,930	3,930		
f	All other expenses		787,015	-833,801	46,786
25	Total functional expenses. Add lines 1 through 24f	78,594,881	63,303,341	14,098,906	1,192,634
26	Joint costs. Check here <input type="checkbox"/> 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				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .			500	1	500
	2	Savings and temporary cash investments . . . . .			104,390,427	2	122,650,213
	3	Pledges and grants receivable, net . . . . .			6,783,505	3	473,337
	4	Accounts receivable, net . . . . .			646,150	4	193,790
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .				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 Schedule L . . . . .				6	
	7	Notes and loans receivable, net . . . . .				7	
	8	Inventories for sale or use . . . . .			26,551	8	48,983
	9	Prepaid expenses and deferred charges . . . . .			931,587	9	355,216
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	66,360,603	56,121,168	10c	54,417,811
	b	Less accumulated depreciation . . . . .	10b	11,942,792			
	11	Investments—publicly traded securities . . . . .			763,293,320	11	797,594,720
	12	Investments—other securities See Part IV, line 11 . . . . .				12	
	13	Investments—program-related See Part IV, line 11 . . . . .				13	
	14	Intangible assets . . . . .				14	
	15	Other assets See Part IV, line 11 . . . . .			1,069,326	15	994,378
	16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			933,262,534	16	976,728,948
Liabilities	17	Accounts payable and accrued expenses . . . . .			11,699,016	17	7,947,325
	18	Grants payable . . . . .			321,789	18	111,500
	19	Deferred revenue . . . . .			637,116	19	744,772
	20	Tax-exempt bond liabilities . . . . .			28,000,000	20	28,000,000
	21	Escrow or custodial account liability Complete Part IV of Schedule D . . . . .				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .				22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .				23	
	24	Unsecured notes and loans payable to unrelated third parties . . . . .			23,296,090	24	21,955,308
	25	Other liabilities Complete Part X of Schedule D . . . . .			3,162,631	25	4,655,334
	26	Total liabilities. Add lines 17 through 25 . . . . .			67,116,642	26	63,414,239
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets . . . . .			866,145,892	27	913,314,709
	28	Temporarily restricted net assets . . . . .				28	
	29	Permanently restricted net assets . . . . .				29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds . . . . .				30	
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .				31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .				32	
	33	Total net assets or fund balances . . . . .			866,145,892	33	913,314,709
	34	Total liabilities and net assets/fund balances . . . . .			933,262,534	34	976,728,948

**Part XI**    **Financial Statements and Reporting**

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . .		No
<b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . .	Yes	
<b>c</b> 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 . . . .	Yes	
<b>d</b> 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separated basis		
<b>3a</b> 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? . . . . .	Yes	
<b>b</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 . . .	Yes	

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public  
Inspection

Name of the organization AMERICAN LEGACY FOUNDATION	Employer identification number 91-1956621
--	--

Part I

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

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

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h  

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other
- e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g

☐

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

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?
- h

☐

Provide the following information about the supported organization(s)

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

Part II

Support Schedule for Organizations Described in 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	41,283,563	44,437,165	49,606,249	4,710,307	3,766,128	143,803,412
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	41,283,563	44,437,165	49,606,249	4,710,307	3,766,128	143,803,412
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						143,803,412

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	41,283,563	30,672,725	49,606,249	4,710,307	3,766,128	143,803,412
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	24,386,710	30,672,725	32,641,963	20,736,219	20,475,999	128,913,616
9 Net income from unrelated business activities, whether or not the business is regularly carried on	352,489	204,114		435,502		992,105
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)						273,709,133

12 Gross receipts from related activities, etc (See instructions )

122,745,820

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))

1452 540 %

15 Public Support Percentage for 2008 Schedule A, Part II, line 14

1558 660 %

16a 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 and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support test—2008. If the organization did not check the 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

b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts 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						
cAdd lines 7a and 7b						
8Public Support (Subtract line 7c from line 6 )						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
b33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
20Private 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

Additional Data

Software ID:  
Software Version:  
EIN: 91-1956621  
Name: AMERICAN LEGACY FOUNDATION

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services				
(Code )	(Expenses \$ 2,694,706	including grants of \$ 37,484	(Revenue \$ )	
PROGRAM DEVELOPMENTProgram Development includes development and execution of programmatic components to support cessation and prevention activities. In addition, this unit is responsible for strategic development and coordination of comprehensive program plans that include youth leadership development, technical assistance and training support for foundation grantees, plus relations with the external tobacco control and prevention community. In addition, we disseminate the outcomes of our grant projects with publications and resources targeted to the public health community. DISSEMINATIONSince the foundation started issuing grants in 2000, we've supported a number of broad initiatives including Priority Populations, Community Voices, Innovative Grants and Youth Empowerment. Starting in 2007, the foundation disseminated an average of three reports annually highlighting the achievements of grantees that were a part of these initiatives. These products are designed for community-based practitioners and others involved with tobacco-control at the local and state-level. The Foundation also develops manuals and guides for selected reports.				
(Code )	(Expenses \$ 525,264	including grants of \$ 356,766	(Revenue \$ )	
PRIORITY POPULATIONSLegacy has a steadfast commitment to help address the tobacco-related health disparities among underserved and disadvantaged populations who disproportionately bear the toll of tobacco. Legacy provides support for culturally tailored approaches to prevent and control tobacco use among the following priority populations, (African Americans, Asian/Pacific Islanders, Hispanics, Native Americans, gay/lesbian/transgender, low-income populations, and persons with combined health problems, especially mental illness, alcoholism or substance abuse. In addition to programmatic initiatives, Priority Populations is responsible for fostering partnerships and outreach to non-profits and leadership organizations serving disadvantaged populations.				
(Code )	(Expenses \$ 781,231	including grants of \$ 381,858	(Revenue \$ )	
YOUTH ACTIVISM In addition to our ground breaking and proven effective truth counter marketing campaign, Legacy is also committed to working with states and localities to increase youth activism at the community and national levels. The foundation's Youth Activism Programs serve to promote and invest in the leadership of youth activists committed to tobacco control and prevention, as well as to gather insight and perspective on youth culture. TECHNICAL ASSISTANCE & TRAINING Legacy has a commitment to learn from the best minds in the field of tobacco control and prevention and share best practices with those in public and private organizations at both state and local levels. We provide high quality technical assistance and training to increase capacity and build skills among foundation-sponsored projects and grantees and within the larger tobacco control and prevention community. This includes, on the state and local level, assistance such as Sharing information from model and demonstration projects (e.g., Head Start Tobacco Cessation Initiative)Providing technical consultation to programs on promising and best practices, andSponsorship of appropriate skill building training opportunities. Legacy is a sponsor of the National Tobacco Technical Assistance Consortium housed at Emory University in Atlanta, GA, which handles requests from the tobacco control community for technical assistance.				
(Code )	(Expenses \$ 1,679,221	including grants of \$ 161,896	(Revenue \$ )	
COMMUNICATIONSThe Communications Department is charged with the management and execution of internal and external communications of the foundation, including media relations, public relations, and stakeholder communications as well as general communications-related support to foundation programs, the CEO and President, and executive staff. The American Legacy Foundation seeks to increase awareness and education to the general public of the facts about the death, disease and social consequences that are the direct results of tobacco use and the addictiveness of nicotine. To accomplish this, the organization undertakes a number of activities to ensure that the issue of tobacco use remains on the national agenda. Activities include maintaining a relationship with the members of the media, developing and issuing press releases and other outreach materials, publicizing foundation programs and efforts, managing agencies and other external vendors, collaborating with partners in tobacco control and public health, developing and disseminating materials that support programs and provide information to interested parties (fact sheets, progress reports), advising on crisis communications situations, and building relationships with organizations and individuals through outreach, speaking opportunities, speechwriting, news briefings, and conferences.				
(Code )	(Expenses \$ 895,543	including grants of \$ 38,505	(Revenue \$ )	
GOVERNMENT AFFAIRSThe Government Affairs department educates policymakers at the federal, state and local level about Legacy's life saving programs as well as a wide range of information about the impact of the tobacco epidemic. We achieve this goal through participation in a variety of meetings, briefings, publications, etc. Our educational efforts are supported by dissemination of the foundation's research studies and reports, as well as strategic participation in and sponsorship of conferences and events that allow us to build awareness of our foundation and its important work as well as key information about the tobacco epidemic before key audiences. The foundation does not engage in lobbying activities, in compliance with the Master Settlement Agreement's prohibition.				

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services			
(Code )	(Expenses \$ 2,073,101	including grants of \$ 33,000	(Revenue \$ )
COLLABORATION AND OUTREACHThe Collaboration and Outreach department is charged to work collaboratively with all foundation departments to support implementation of the foundation's programs and initiatives and assist with promotion to external audiences. Department activities include development and implementation of a proactive annual stakeholder outreach plan designed to increase the frequency and flow of information to key Legacy audiences and provide forums for feedback on the foundation's activities. Department staff provides leadership on external partner relationship management, including state and national organizational support for the National Alliance for Tobacco Cessation, by coordinating senior level relationship development, sponsorships, foundation awards, and stakeholder meetings, conferences, and events. The department also maintains the foundation's contacts database.			
(Code )	(Expenses \$ 2,294,402	including grants of \$ 2,000	(Revenue \$ )
SCHROEDER RESEARCH INSTITUTEResearch investigators in the Schroeder Institute (SI) conduct basic, applied, and policy research that can be harnessed to make a timely and efficient public health impact on reducing population tobacco use prevalence. The SI also plays a leadership role in strengthening the national agenda for next-generation tobacco control research by convening an ongoing series of consensus conferences to identify critical knowledge gaps and pressing research priorities.			

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BENJAMIN K CHU MD M CHAIR	5 00	X		X				0	0	0
SUSAN CURRY PHD vice-CHAIR	5 00	X		X				0	0	0
HON LAWRENCE G WASDEN treasurer	5 00	X		X				0	0	0
DONALD K BOSWELL MEMBER	5 00	X						0	0	0
Hon Gary R Herbert MEMBER	5 00	X						0	0	0
hon TOM MILLER MEMBER	5 00	X						0	0	0
hon CHARLES K SCOTT MEMBER	5 00	X						0	0	0
honLETICIA VAN DE PUTTE MEMBER	5 00	X						0	0	0
M CASS WHEELER MEMBER	5 00	X						0	0	0
Lee Storrow MEMBER	5 00	X						0	0	0
Bethlehem Beru MEMBER	5 00	X						0	0	0
CHERYL HEALTON SCH J PRESIDENT & CEO	37 50			X				518,724	0	144,047
ANTHONY O'TOOLE SCH J EXEC VP & CFio	37 50			X				369,314	0	124,156
ELLEN VARGYAS GENERAL COUNSEL/corp sec	37 50			X				271,573	0	65,525
M DAVID DOBBINS COO	37 50				X			270,735	0	57,524
Amber Bullock EXEC VP program develop	37 50				X			215,365	0	57,492
ERIC ASCHE SENIOR VP, MARKETING	37 50				X			229,007	0	41,095
DAVID ABRAMS SCH J EXEC DIR SHROEDER INSTI	37 50				X			341,173	0	57,524
JULIA CARTWRIGHT SR VP COMMUNICATION	37 50					X		217,292	0	53,010
DONNA VALLONE SR VP RESEARCH	37 50					X		204,782	0	46,958
BILL FURMANSKI SCH J SR VP PRGRM OPER	37 50					X		217,958	0	38,380
STEPHANIE FOSTER SENIOR VP, GOVERNMENT AF	37 50					X		229,315	0	41,634
Robin Kornhaber SVP, Development & Chief	37 50					X		225,787	0	54,675

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

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
income tax expense	186,067		186,067	
other expenses	171,172	74,669	58,269	38,234
BOND ISSUANCE AMORTIZAT	34,946		34,946	
bad debts	25,000		25,000	
honorarium	3,930	3,930		

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

2009

Open to Public Inspection

**Name of the organization**  
AMERICAN LEGACY FOUNDATION

**Employer identification number**  
  
91-1956621

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	

Part II

Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1	Purpose(s) of conservation easements held by the organization (check all that apply) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure)<input type="checkbox"/> Preservation of an historically importantly land area<input type="checkbox"/> Protection of natural habitat<input type="checkbox"/> Preservation of a certified historic structure<input type="checkbox"/> Preservation of open space</div>											
2	Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year											
		<table><tr><td></td><td>Held at the End of the Year</td></tr><tr><td>a</td><td>Total number of conservation easements</td></tr><tr><td>b</td><td>Total acreage restricted by conservation easements</td></tr><tr><td>c</td><td>Number of conservation easements on a certified historic structure included in (a)</td></tr><tr><td>d</td><td>Number of conservation easements included in (c) acquired after 8/17/06</td></tr></table>		Held at the End of the Year	a	Total number of conservation easements	b	Total acreage restricted by conservation easements	c	Number of conservation easements on a certified historic structure included in (a)	d	Number of conservation easements included in (c) acquired after 8/17/06
	Held at the End of the Year											
a	Total number of conservation easements											
b	Total acreage restricted by conservation easements											
c	Number of conservation easements on a certified historic structure included in (a)											
d	Number of conservation easements included in (c) acquired after 8/17/06											
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____											
4	Number of states where property subject to conservation easement is located ▶ _____											
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>											
6	Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____											
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____											
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>											
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements											

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items	
	(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
	(ii) Assets included in Form 990, Part X	▶ \$ _____
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items	
a	Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b	Assets included in Form 990, Part X	▶ \$ _____

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance . . . . .					
b Contributions . . . . .					
c Investment earnings or losses . . . . .					
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .					
g End of year balance . . . . .					

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ %

b

Permanent endowment ▶ %

c

Term endowment ▶ %

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations . . . . .

3a(i)

Yes

No

(ii) related organizations . . . . .

3a(ii)

Yes

No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

3b

Yes

No

4

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

Part VI

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

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .		60,199,466	6,833,012	53,366,454
c Leasehold improvements . . . . .				
d Equipment . . . . .		2,944,382	2,603,193	341,189
e Other . . . . .		3,216,755	2,506,587	710,168
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶				54,417,811

Schedule D (Form 990) 2009





Part XI

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	46,170,215
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	78,594,881
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-32,424,666
4	Net unrealized gains (losses) on investments	4	81,225,543
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-1,632,060
9	Total adjustments (net) Add lines 4 - 8	9	79,593,483
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	47,168,817

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	126,346,308
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	81,225,543
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	81,225,543
3	Subtract line 2e from line 1 . . . . .	3	45,120,765
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	4,560,191
b	Other (Describe in Part XIV) . . . . .	4b	-3,510,741
c	Add lines 4a and 4b . . . . .	4c	1,049,450
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5	46,170,215

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements . . . . .	1	79,177,491
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities . . . . .	2a	
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	5,142,801
e	Add lines 2a through 2d . . . . .	2e	5,142,801
3	Subtract line 2e from line 1 . . . . .	3	74,034,690
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 . . . . .	4a	4,560,191
b	Other (Describe in Part XIV) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	4,560,191
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	5	78,594,881

Part XIV

Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, 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.

Identifier	Return Reference	Explanation
Part XI, Line 8 - Other Adjustments		unrealized loss on swaps -1632060
Part XII, Line 4b - Other Adjustments		SPECIAL EVENTS EXPENSE reported on line 8b -46366 rental expenses reported on line 6b -3464375
Part XIII, Line 2d - Other Adjustments		SPECIAL EVENTS EXPENSE reported on line 8b 46366 rental expenses reported on line 6b 3464375 unrealized loss on interest rate swap agreement 1632060

SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,  
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization  
AMERICAN LEGACY FOUNDATION

Employer identification number  
91-1956621

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☒

Mail solicitations

b

☒

Internet and e-mail solicitations

c

☐

Phone solicitations

d

☐

In-person solicitations

e

☒

Solicitation of non-government grants

f

☒

Solicitation of government grants

g

☒

Special fundraising events

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?

☒ Yes ☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Brandon Wilmoth	consultant-ING New York Marathon		No	34,406	10,000	24,406
MK Direct Mktg Comm	develop &mgmt of on-line & direct appeals		No	16,404	107,750	-91,346
CCS LLC	development of donors		No	0	50,000	-50,000
Judith Jones	development of donors		No	0	28,000	-28,000
Total . . . . . ▶				50,810	195,750	-144,940

3

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

AK,AL,AR,AZ,CA,CT,FL,GA,IL,KS,KY,MA,MD,ME,MI,MS,MN,NY,OH,NC,ND,OK,NJ,NH,NM,OR,PA,RI,SC,TN,UT,VA,WA,WI

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50083H Schedule G (Form 990 or 990-EZ) 2009

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
			MARATHON			(Add col (a) through col (c))
			(event type)	(event type)	(total number)	
	1	Gross receipts . . . .	34,406			34,406
Direct Expenses	2	Less Charitable contributions . . . .	34,406			34,406
	3	Gross income (line 1 minus line 2) . . . .				
	4	Cash prizes . . . .				
	5	Non-cash prizes . . . .				
	6	Rent/facility costs . . . .				
	7	Food and beverages . . . .				
	8	Entertainment . . . .				
	9	Other direct expenses . . . .	46,366			46,366
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . .				46,366
	11	Net income summary Combine lines 3, column d, and line 10. . . . .				-46,366

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
						(Add col (a) through col (c))
Direct Expenses	1	Gross revenue . . . . .				
	2	Cash prizes . . . . .				
	3	Non-cash prizes . . . . .				
	4	Rent/facility costs . . . . .				
	5	Other direct expenses . . . . .				
	6	Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary Add lines 2 through 5 in column (d) . . . . .				
	8	Net gaming income summary Combine lines 1, column d, and line 7 . . . . .				

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____		
a	Is the organization licensed to operate gaming activities in each of these states? . . . . .	9a	
b	If "No," Explain _____ _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b	If "Yes," Explain _____ _____		
11	Does the organization operate gaming activities with nonmembers? . . . . .	11	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . .	12	

		<b>Yes</b>	<b>No</b>
<b>13</b>	Indicate the percentage of gaming activity operated in		
<b>a</b>	The organization's facility . . . . . <b>13a</b>		
<b>b</b>	An outside facility . . . . . <b>13b</b>		
<b>14</b>	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
Name ► _____			
Address ► _____			
<b>15a</b>	Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .	<b>15a</b>	
<b>b</b>	If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
<b>c</b>	If "Yes," enter name and address		
Name ► _____			
Address ► _____			
<b>16</b>	Gaming manager information		
Name ► _____			
Gaming manager compensation ► \$ _____			
Description of services provided ► _____			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
<b>17</b>	Mandatory distributions		
<b>a</b>	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .	<b>17a</b>	
<b>b</b>	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____		

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
AMERICAN LEGACY FOUNDATION

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

OMB No 1545-0047

2009

Open to Public  
Inspection

Employer identification number  
91-1956621

Part 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? . . . . .

Yes

No

2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "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 . . . . . ▶

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
See Additional Data Table							

2

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

85

3

Enter total number of other organizations . . . . .

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

Cat No 50055P

Schedule I (Form 990) 2009



**Software ID:**  
**Software Version:**  
**EIN:** 91-1956621  
**Name:** AMERICAN LEGACY FOUNDATION

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Advocate Illinois Masonic Medical Center938 west nelson st Chicago, IL 60657	36-3297360	501(c)(3)	7,615				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
Alaska Native Tribal Health4000 ambassador dr anchorage, AK 99508	92-0162721	501(c)(3)	25,000				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
AMA - Alliance515 N State Street Chicago, IL 60610	36-2002758	501(c)(3)	68,232				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
American Academy of Pediatrics141 Northwest Point Blvd Elk Grove Village, IL 60007	36-2275597	501(c)(3)	120,657				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
American Lung Association of Colorado5600 greenwood plaza greenwood village, CO 80111	86-0111676	501(c)(3)	26,837				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
American Non-Smokers Rights Foundation2530 San Pablo Avenue Ste J Berkeley, CA 94702	94-2922136	501(c)(3)	254,630				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
Asian Pacific Partners For Empowerment Advocay And Leadership300 Frank H O gawa Plaza Oakland, CA 94612	20-2028771	501(c)(3)	32,596				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
Black Hills Center for American Indian Health701 St Joseph Street Suite 204 Rapid City, SD 57701	46-0451715	501(c)(3)	52,733				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
Bridgehaven Inc950 south first street Louisville, KY 40203	61-0548949	501(c)(3)	58,663				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
California Rural Indian Health Board4400 auburn blvd Sacramento, CA 95841	23-7052541	501(c)(3)	71,280				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES

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) EIN	(c) IRC Code section if applicable	(d) A mount 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
Campaign for Tobacco Free Kids1400 I Street NW Suite 1200 Washington, DC 20005	52-1969967	501(c)(3)	126,594				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
Campaign for Tobacco Free Kids1400 I Street NW Suite 1200 Washington, DC 20005	52-1969967	501(c)(3)	500,000				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
Campesinos Sin Fronteras 725 E Main Street Suite 11 Somerton, AZ 85350	86-0944114	501(c)(3)	28,948				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
C-Change3524 Knoll Haven Drive Atlanta, GA 30319	16-1641769	501(c)(3)	269,204				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
Center for Media and Democracy520 University Avenue Ste227 Madison, WI 53703	39-1777402	501(c)(3)	18,832				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
Center for Pan Asian Community Services3760 park ave Doraville, GA 30340	58-1437980	501(c)(3)	76,188				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
Clinical Outcomes Group Inc 307 North 2nd Street Pottsville,PA 17901	73-1706131	501(c)(3)	7,498				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
Clinical Outcomes Group Inc 307 North 2nd Street Pottsville,PA 17901	73-1706131	501(c)(3)	97,145				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
CNMIPOBox 500409 CK Saipah, MP 96950	19-8619463	501(c)(3)	9,482				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
Colorado Foundation for Public Health9457 south university blvd highlands ranch,CO 80126	84-1267213	501(c)(3)	57,999				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Columbia University630 west 168th st new York, NY 10032	13-5598093	501(c)(3)	35,215				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
County of Ingham5303 s cedar Lansing, MI 48909	38-6005629	Local Public Entity	44,295				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
Emory University1784 n decatur rd Atlanta, GA 30322	58-0566256	501(c)(3)	6,725				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
Emory University1784 N Decatur Road Suite 530 Atlanta, GA 30322	58-0566256	501(c)(3)	333,108				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
FirstHealth of the Carolinas 155 Memorial Drive Pinehurst, NC 28374	56-1936354	501(c)(3)	48,303				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
GuamPO Box 2816 hagatna, GU 96928	98-0018947	local public entity	15,764				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
Hope Street Youth Development1157 N Piatt Wichita, KS 67214	48-1208044	501(c)(3)	129,681				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
Humility of Mary Health Partners1044 Belmont Ave Youngstown, OH 44501	34-1826978	501(c)(3)	18,749				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
Idaho State University921 S 8th Street STOP 8046 Pocatello, ID 83209	82-6000924	501(c)(3)	70,539				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
Indiana Tobacco Prevention and Cessation Agency150 west market st Indianapolis, IN 46204	35-6000158	State Public Entity	6,787				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Institute for Cultural Partnerships3211 north front st Harrisburg, PA 17110	25-1776294	501(c)(3)	39,959				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
Institute of Medicine500 Fifth Street NW Room 837 Washington, DC 20001	53-0196932	501(c)(3)	25,076				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
Institute on Medicine as a Profession630 West 168th Street new York, NY 10032	33-1033330	501(c)(3)	33,011				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
Islamic Medical Association of NA101 west 22 st Lombard, IL 60148	36-4166125	501(c)(3)	49,461				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
Johns Hopkins University Bloomberg School of Public Health624 N Broadway Baltimore, MD 21205	52-0595110	501(c)(3)	9,991				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
JSI Research and Training Institute Inc44 farnsworth st Boston, MA 02210	04-2578580	501(c)(3)	89,042				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
Kentucky Youth Advocates11001 bluegrass parkway Jeffersontown, KY 40299	61-0929390	501(c)(3)	26,602				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
Kokua Kalihi Valley Comprehensive Family2239 n school st Honolulu, HI 96819	99-0149797	501(c)(3)	38,540				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
La Crosse County Health Department300 4th Street North La Crosse, WI 54601	39-6005709	local public entity	31,295				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
Lane County Public Health Services135 east 6th ave Eugene, OR 97401	93-6002303	Local Public Entity	5,950				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Lung Cancer Alliance888 16th Street nw Suite 800 Washington, DC 20006	91-1821040	501(c)(3)	100,000				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
Metro Public Health Department311 23rd ave Nashville, TN 37203	62-0694743	Local Public Entity	46,012				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
Michigan Public Health Institute2390 Woodlake Drive Suite 360 Okemos, MI 48864	38-2963835	501(c)(3)	205,474				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
Montana-Wyoming Tribal Leaders CouncilRocky Mountain Tribal Epidemiology C222 North 32nd St Suite 401 billings, MT 59101	81-0509779	501(c)(3)	107,720				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
Montefiore Medical Center AIDS Center111 e 210th st Bronx, NY 10467	13-1740114	501(c)(3)	10,177				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
National Association of Community Health Centers7200 Wisconsin Avenue Bethesda, MD 20814	52-0939952	501(c)(3)	26,750				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
National Board of Public Health Examiners1101 15th Street NW Ste910 Washington, DC 20005	20-4927945	501(c)(3)	200,000				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
National Coalition on Health Care1120 G Street NW Ste810 Washington, DC 20005	52-1687849	501(c)(3)	62,500				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
National Nursing Centers Consortium260 South Broad Street 18th Floor Philadelphia, PA 19102	01-0560081	501(c)(3)	43,857				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
National Youth Advocacy Coalition1638 r st nw Washington, DC 20009	52-2054071	501(c)(3)	67,753				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES

**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) EIN	(c) IRC Code 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
Northwest Portland Area Indian Health Board527 SW Hall 300 Portland, OR 97201	93-0718154	501(c)(3)	15,647				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
Oklahoma State Department of Health1000 NE 10th Street Oklahoma, OK 73117	22-3305743	501(c)(3)	117,496				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
Oregon Health & Science University3181 sw sam jackson park rd Portland, OR 97239	93-1176109	State Public Entity	6,211				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
Partnership for Prevention 1015 18th Street NW Ste300 Washington, DC 20036	52-1735637	501(c)(3)	761,663				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
Philander Smith College812 West 13th Street little rock, AR 72202	52-1696396	501(c)(3)	19,710				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
Public Health Advocacy Institute Inc102 the fenway Boston, MA 02115	04-2668916	501(c)(3)	24,722				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
Public Health Foundation 13200 Crossroads Pkwy N Ste135 city of industry, CA 91715	95-2557063	501(c)(3)	18,064				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
Public Health Foundation Enterprises13200 corssroads pkwy north city of industry, CA 91746	95-2557063	501(c)(3)	59,938				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
Roswell Park Alliance FoundationElm and Carlton Streets buffalo, NY 14263	16-1391608	501(c)(3)	67,311				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
Selby General Hospital1106 Colegate Drive Marietta, GA 45750	31-4413259	501(c)(3)	9,229				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES

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

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Seton Health Systems1300 massachusetts ave troy,NY 12180	14-1776186	501(c)(3)	54,875				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
Sisters OfColor United For Education2895 W 8th Avenue Denver,CO 80204	31-1554794	501(c)(3)	104,528				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
Southern Coalfields Regional Tobacco Prevention Network Office307 federal st Bluefield,WV 24701	55-0740913	501(c)(3)	25,000				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
Southern Hills Education Consortium147 n 5th st Custer,SD 57763	46-6001309	State Public Entity	8,000				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
Southern Nevada Health District625 Shadow Lane Las Vegas,NV 89106	88-0151573	local public entity	17,712				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
Southside Medical Center 1046 ridge ave sw Atlanta,GA 30315	58-1131002	501(c)(3)	51,820				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
State of Maine DHHS Maine Center for Disease Control and Prevention Part286 Water Street Augusta,ME 04330	01-6000001	501(c)(3)	7,050				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
The Board of Trustees of the University of IllinoisPO Box 20708-0787 Springfield,IL 62708	37-6000511	501(c)(3)	32,339				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
The National Center on Addiction and Substance Abuse at Columbia University 633 Third Avenue new York,NY 10017	52-1736502	501(c)(3)	46,192				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
The National Center on Addiction and Substance Abuse at Columbia University 633 Third Avenue new York,NY 10017	52-1736502	501(c)(3)	171,187				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
The Research Foundation of New York (SUNY)po box 9 Albany, NY 12201	93-0937286	501(c)(3)	73,144				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
The Trustees of Columbia University1700 Broadway 10th Floor new York, NY 10019	13-5598093	501(c)(3)	276,327				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
The University of Illinois at ChicagoPO Box 20708-0787 Springfield, IL 62708	37-6000511	501(c)(3)	49,840				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
The Wellness Coalition1311 North Grant silver city, NM 88061	85-0402285	501(c)(3)	93,720				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
Tobacco Free Kansas Coalition Inc5375 SW 7th Street Topeka, KS 66606	48-1145082	501(c)(3)	53,838				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
Trustees of Dartmouth College11 Rope Ferry Road Hanover, NH 03755	02-0222111	501(c)(3)	8,692				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
UCSF919 Irving St San Francisco, CA 94143	94-6036493	501(c)(3)	119,800				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
Umitilla-Morrow Head Start 110 ne 4th st Hermiston, OR 97838	14-1368361	501(c)(3)	87,597				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
United General Hospital2000 hospital dr Wolley, WA 98254	57-1212537	501(c)(3)	79,062				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
University of Kentucky Research Foundationc/o National City Bank PO Box 931113 Cleveland, OH 44193	91-6001537	501(c)(3)	14,267				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES



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) EIN	(c) IRC Code 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
							GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
							GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
							GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
							GENERAL SUPPORT FOR TOBACCO RELATED ISSUES



Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization  
AMERICAN LEGACY FOUNDATION

Employer identification number  
91-1956621

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	Yes
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:		
a	Receive a severance payment or change-of-control payment?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4c	No
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a	The organization?	5a	No
b	Any related organization? If "Yes," to line 5a or 5b, describe in Part III	5b	No
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a	The organization?	6a	No
b	Any related organization? If "Yes," to line 6a or 6b, describe in Part III	6b	No
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

**Part II** **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
CHERYL HEALTON (SCH J)	(i) (ii)	485,682 0	0 0	33,042 0	92,750 0	59,136 0	670,610 0	0 0
ANTHONY O'TOOLE (SCH J)	(i) (ii)	348,992 0	0 0	20,322 0	76,750 0	53,380 0	499,444 0	0 0
ELLEN VARGYAS	(i) (ii)	269,153 0	0 0	2,420 0	36,750 0	32,989 0	341,312 0	0 0
M DAVID DOBBINS	(i) (ii)	267,400 0	0 0	3,335 0	36,750 0	27,610 0	335,095 0	0 0
Amber Bullock	(i) (ii)	214,123 0	0 0	1,242 0	32,375 0	29,939 0	277,679 0	0 0
ERIC ASCHE	(i) (ii)	227,511 0	0 0	1,496 0	34,197 0	19,323 0	282,527 0	0 0
DAVID ABRAMS (SCH J)	(i) (ii)	322,000 0	0 0	19,173 0	36,750 0	31,708 0	409,631 0	0 0
JULIA CARTWRIGHT	(i) (ii)	205,574 0	8,000 0	3,718 0	32,236 0	36,717 0	286,245 0	0 0
DONNA VALLONE	(i) (ii)	203,000 0	0 0	1,782 0	31,200 0	27,584 0	263,566 0	0 0
BILL FURMANSKI (SCH J)	(i) (ii)	207,500 0	0 0	10,458 0	31,482 0	14,521 0	263,961 0	0 0
STEPHANIE FOSTER	(i) (ii)	228,073 0	0 0	1,242 0	34,736 0	20,842 0	284,893 0	0 0
Robin Kornhaber	(i) (ii)	223,000 0	0 0	2,787 0	33,901 0	34,746 0	294,434 0	0 0

Part III

Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
	Part I, Line 1a	Tax indemnification and gross-up payments for taxable tuition expense, CHERYL G HEALTON health club dues paid for CHERYL G HEALTON, ANTHONY T O'TOOLE, Ellen Vargyas, Eric Asche, Robin Kornhaber, Julia Cartwright, Bill Furmanskı, and Donna Vallone. The health club dues benefit was treated as taxable income to the Recipient.
	Part I, Line 4a	457(F) PLAN. Part II, column C: Retirement and Other Deferred Compensation for Cheryl Heaton includes 401 k contributions of \$36,750. In addition, during the fiscal year ended June 30, 2008, the Foundation established a 457 (f) plan which vests on January 1, 2014, with forfeiture if employment ends either voluntarily or involuntarily, before earned. The 2009 calendar year deferred compensation reported includes contributions to the 457 (f) of \$56,000. Part II, column C: Retirement and Other Deferred Compensation for Anthony O'Toole includes 401 k contributions of \$36,750. In addition, during the fiscal year ended June 30, 2008, the Foundation established a 457 (f) plan which vests on January 1, 2014, with forfeiture if employment ends either voluntarily or involuntarily, before earned. The 2009 calendar year deferred compensation reported includes contributions to the 457 (f) of \$40,000.
Supplemental Information	Part III	PART II, COLUMN B III, OTHER COMPENSATION, 457(B) PLAN. Part II, column B III: Other Reportable Compensation for Anthony O'Toole consists partly of 457 (b) contributions of \$15,500. Part II, column B III: Other Reportable Compensation for David Abrams consists partly of 457 (b) contributions of \$15,500. Part II, column B III: Other Reportable Compensation for Bill Furmanskı consists partly of 457 (b) contributions of \$7,500.

Schedule K (Form 990)	<div>Supplemental Information on Tax Exempt Bonds</div> <div>▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ▶ Attach to Form 990. ▶ See separate instructions.</div>	OMB No 1545-0047
		2009
		Open to Public Inspection

Department of the Treasury Internal Revenue Service	Name of the organization AMERICAN LEGACY FOUNDATION	Employer identification number 91-1956621
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Part I Bond Issues

(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
						Yes	No	Yes	No
A DISTRICT OF COLUMBIA	53-6001131	2548392L6	03-01-2008	28,000,000	PURCHASE OF NEW BUILDING		X		X

Part II Proceeds

		A		B		C		D		E	
1	Total proceeds of issue	28,000,000									
2	Gross proceeds in reserve funds										
3	Proceeds in refunding or defeasance escrows										
4	Other unspent proceeds										
5	Issuance costs from proceeds										
6	Working capital expenditures from proceeds										
7	Capital expenditures from proceeds	28,000,000									
8	Year of substantial completion	2008									
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?	X									
10	Were the bonds issued as part of an advance refunding issue?	X									
11	Has the final allocation of proceeds been made?	X									
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X									

Part III Private Business Use

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?	X									
2	Are there any lease arrangements with respect to the financed property which may result in private business use?	X									

Part III

Private Business Use (Continued)

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		X								
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X								
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X									
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0 %								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		0 %								
6	Total of lines 4 and 5		0 %								
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X									

Part IV

Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X								
2	Is the bond issue a variable rate issue?	X									
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?	X									
b	Name of provider	bank of america									
c	Term of hedge	30 0000000000000									
4a	Were gross proceeds invested in a GIC?		X			X					
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?		X								
6	Did the bond issue qualify for an exception to rebate?		X								

**SCHEDULE O**  
**(Form 990)**

**Supplemental Information to Form 990**

**2009**

**Open to Public  
Inspection**

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.**

**Name of the organization**  
AMERICAN LEGACY FOUNDATION

**Employer identification number**

91-1956621

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		Pursuant to Board Resolution, the Board observes the following procedures in the following order: first, the Audit committee reviews and approves the draft Form 990; second, the approved Form 990 is electronically routed to all Board members; third, the Form is filed with the IRS and posted to the Foundations website.
Form 990, Part VI, Section B, line 12c		Legacy regularly and consistently monitors and enforces compliance with its conflict of interest policy by requiring annual review of policy and written disclosures by all Directors, senior staff, and research investigators which are collected and reviewed by the General Counsel; requiring updated filings as necessary by Directors and covered staff; requiring contemporaneous disclosures of all conflicts and potential conflicts not disclosed in the annual filings, by all Directors and staff; requiring all research investigators who participate in NIH-funded research to comply with NIH's Financial Conflict of Interest (FCOI) regulation and to annually complete the NIH tutorial on conflicts of interest; and placing administrative responsibility for training and compliance with the General Counsel.
Form 990, Part VI, Section B, line 15		The process for determining the compensation of the CEO and top management includes review and approval by independent persons, comparative data, and contemporaneous substantiation. The Board regularly retains an independent consulting firm to evaluate the compensation of the CEO and top management against the competitive market, including comparable positions among similarly situated organizations as well as broader, relevant market surveys. Based on that analysis and performance assessments, the full board sets the CEO's compensation and approves or amends the CEO's recommendation for the CFO/CIO's compensation. The Board's compensation committee reviews and amends the compensation of the COO, GC, and EVP for Program Development. The CEO makes compensation decisions for other key employees, upon recommendation of the COO.
Form 990, Part VI, Section C, line 19		Legacy's financial statements are available on its corporate website, www.legacyforhealth.org. Its governing documents and conflict of interest policy are available to the public upon request.

SCHEDULE R (Form 990)  <small>Department of the Treasury Internal Revenue Service</small>	Related Organizations and Unrelated Partnerships  ▶ <b>Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.</b> ▶ <b>Attach to Form 990.</b> ▶ <b>See separate instructions.</b>	OMB No 1545-0047
		2009
	Name of the organization AMERICAN LEGACY FOUNDATION	

Part I

Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
M Street Holdings LLC 2030 M Street NW washington, DC 20036 91-1956621	Property Rental/Mgmt	DE	4,380,894	21,624,334	N/A

Part II

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
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Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2009

**Part VI**   **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No