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Department of the Treasury

### Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 Open to Public

The organization may have to use a copy of this return to satisfy state reporting requirements Inspection JUL 1, 2010 A For the 2010 calendar year, or tax year beginning and ending JUN 30, 2011 Check if C Name of organization D Employer identification number Address THE LEGACY FUND Name Ichange 46-0504300 Doing Business As Initial Number and street (or P 0 box if mail is not delivered to street address) Room/suite E Telephone number Termin ated 1010 NORTH MAIN STREET 714-560-0900 Amende return City or town, state or country, and ZIP + 4 G Gross receipts \$ 16,590,246 SANTA ANA CA 92701 H(a) Is this a group return pendina F Name and address of principal officer STEVE WAGNER for affiliates? JYes ☒ No 1010 NORTH MAIN STREET, SANTA ANA, CA 92701 H(b) Are all affiliates included? I Tax-exempt status X 501(c)(3) \_\_\_ 501(c) ( ) ◀ (insert no.) 4947(a)(1) or If "No," attach a list (see instructions) J Website: ► N/A H(c) Group exemption number ▶ Other K Form of organization: X Corporation Trust Association L Year of formation: 2004 | M State of legal domicile, CA Part I Summary Bnefly describe the organization's mission or most significant activities TO BENEFIT THE ORANGE COUNTY Governance HIGH SCHOOL OF THE ARTS (OCHSA) AND THE ORANGE COUNTY HIGH SCHOOL OF  $oldsymbol{ol{ol{ol}}}}}}}}}}}}}}}}}}}$ Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) ō 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5 6 3 6 Total number of volunteers (estimate if necessary) Ο. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 ٥. Prior Year **Current Year** 2,971,984. 527 800 Contributions and grants (Part VIII, line 1h) n 0. Program service revenue (Part VIII, line 2g) 224 827 882. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,008,242 532 346. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,536,266 4,332,212. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A) line 12 1/1/2 0. 0 Grants and similar amounts paid (Part IX, column (A), lines 1.3) 163 0. Benefits paid to or for members (Part IX, column (A), line 4) 0. Salaries, other compensation, employee benefits (Part IX, column A), limes 5-10, 4 201 0 0. 0 16a Professional fundraising fees (Part IX, column (A), line 11e) ٥. b Total fundraising expenses (Part IX, column (D), line 25) 1,320,278 750 704. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 1,320,278 750,704. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 215,988 3,581,508. Revenue less expenses Subtract line 18 from line 12 **Beginning of Current Year** End of Year 13,027,004 11,592,165. 20 Total assets (Part X, line 16) 13,543,745 8 527 398. 21 Total liabilities (Part X, line 26) -516 741 3 064 767 Net assets or fund balances Subtract line 21 from line 20 Part II | Signature Block 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. Decaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign 5-8-12 STEVE WAG CFO & VP OF OPERATIONS Here Type or print name and title Date PTIN Check Preparer's signature Print/Type preparer's name TIMOTHY D. EVANS, CPA self employed VICENTI, LLOYD & STUTZMAN Firm's EIN Preparer Firm's name Firm's address 2210 E. ROUTE 66, SUITE 100 Use Only Phone no (626)857-7300 GLENDORA, CA 91740

LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

May the IRS discuss this return with the preparer shown above? (see instructions)

Form 990 (2010)

No

X Yes

	1990 (2010) THE LEGACY FUND	46-050430	0 Page <b>2</b>
Par	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		
1	Briefly describe the organization's mission		
	TO BENEFIT THE ORANGE COUNTY HIGH SCHOOL OF THE ARTS (OCHSA) AND THE		
	QRANGE COUNTY HIGH SCHOOL OF THE ARTS FOUNDATION.		
2	Did the organization undertake any significant program services during the year which were not listed on		
	the pnor Form 990 or 990-EZ?		Yes X 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 service	es?	Yes X 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	•	
	allocations to others, the total expenses, and revenue, if any, for each program service reported	J	
4a		) (Revenue \$	)
	THE FUND WAS ORGANIZED FOR THE SPECIFIC PURPOSE TO BENEFIT THE ORANGE		
	COUNTY HIGH SCHOOL OF THE ARTS (OCHSA) AND THE ORANGE COUNTY HIGH		
	SCHOOL OF THE ARTS FOUNDATION.		
			***
		<del></del>	
			<del></del>
4b	(Code) (Expenses \$ including grants of \$	) (Revenue \$	)
			<del></del>
			-
			<del></del>
			····
			<del></del>
4c	(Code: ) (Expenses \$ including grants of \$	) (Revenue \$	)
			<del></del>
<del></del>	Other and a services (December to Schedule O.)		
4d		<b>\</b>	
	(Expenses \$ including grants of \$ ) (Revenue \$		<del>.</del>
<u>4e</u>	Total program service expenses ► 750,254.	<del></del>	F 000
			Form <b>990</b> (2010)

032002 12-21-10

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	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
J	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
7	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	N/A	
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		х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable			ļ
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			۱
	Part VI	11a		х
b	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	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	44-		x
_	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	11c		
d	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1.10		
f	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120	Schedule D, Parts XI, XII, and XIII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
Ī	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
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, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			1
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			١.,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		x
	1c and 8a? If "Yes," complete Schedule G, Part II	18	<del>                                     </del>	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		x
	complete Schedule G, Part III	19 20a	$\vdash$	x
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H  If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that	200	$\vdash$	<del> </del>
b	operate one or more hospitals must attach audited financial statements (see instructions)	20ь		
	Operate one or more mospitals most attach addited initiations statements (500 mistragues)		990	(2010

Form	990 (2010) THE LEGACY FUND 46-0504	1300	Р	age <b>4</b>
Pai	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
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), fine 27 If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	<b>[</b>		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes, " answer lines 24b through 24d and complete	1	1	l
	Schedule K If "No", go to line 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			1
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	$T^{-}$	
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a		T	
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disquali	fied		
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	1	х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		$T^-$	
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	_	х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an office	<sub>:r.</sub>		
_	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?		T_	
-	If "Vas " complete Schedule N. Part I.	31	1	l x

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1

35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?

a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O

Form **990** (2010)

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Х

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	11 330 (2010)	7304300	P	age J
Par	IT V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			
	Check if Schedule O contains a response to any question in this hart v			
4_	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	٥	Yes	No
	The state of the s	<del></del>	1	
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	<del>, —  </del>		
С	(qambling) winnings to prize winners?	1 <sub>c</sub>		
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	'-	t	
Za	filed for the calendar year ending with or within the year covered by this return  2a	o		
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)		1	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
	of "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	<u> </u>	
	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		x
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			1
5a	Owner, and a self-self-self-self-self-self-self-self-	5a	ļ	х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
		5c		<u></u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization si	olicit		
	any contributions that were not tax deductible?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	<u> </u>	
7	Organizations that may receive deductible contributions under section 170(c).		İ	
а	<del>-</del>	1	+	х
b	· · · · · · · · · · · · · · · · · · ·	7b	1	-
С	•	7-	}	x
	to file Form 8282?  If "Ves " indicate the number of Forms 8282 filed during the year	7c	1	<del></del>
d	The contract of the contract o	7e	1	x
e	- the state of the	71	†	x
f	at a second a section team of explicit intellectual property, did the organization file Form 9900 as required.		N/A	
g h	the transfer of the state of th		N/A	1
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
Ū	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the			1
9	Sponsoring organizations maintaining donor advised funds.			
а	D. 1.12	N/A 9a	<u> </u>	
b	and the second s	N/A 9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:			1
а				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			ł
11	Section 501(c)(12) organizations. Enter:	ł		ļ
а			1	
b	· · · · · · · · · · · · · · · · · · ·			1
	amounts due or received from them )		İ	
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	-	
b	b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b	<del></del>		
13		N/A 13a	+	+
а	a is the organization licensed to issue qualified fically plans in more than one state		<del>'+</del>	+-
	Note. See the instructions for additional information the organization must report on Schedule O  b. Enter the amount of reserves the organization is required to maintain by the states in which the			
b	organization is licensed to issue qualified health plans			1
_	c Enter the amount of reserves on hand	$\overline{}$		
	a Did the organization receive any payments for indoor tanning services during the tax year?	148		х
ı+a	a Did the diganization receive any payments for indeed tarning services during the tax year.	141	_	T

032005 12-21-10 Form **990** (2010)

46-0504300 Page **6** 

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions х Gheck if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year 1a b Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other х officer, director, trustee, or key employee? 2 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 x Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? Х 5 Does the organization have members or stockholders? 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8a b Each committee with authority to act on behalf of the governing body? 8ь 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Νo 10a Does the organization have local chapters, branches, or affiliates? 10a Х b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with those of the organization? 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12b Х Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х in Schedule O how this is done 12c Does the organization have a written whistleblower policy? 13 13 14 Does the organization have a written document retention and destruction policy? 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 15b b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a Х taxable entity during the year? 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 16h exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Another's website Upon request Own website 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 State the name, physical address, and telephone number of the person who possesses the books and records of the organization STEVE WAGNER - 714-560-0900 92701 1010 N MAIN STREET, SANTA ANA, CA

032006 12-21-10

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

Check this box if neither the organization	(C)					nsat			(5)		
(A) Name and Title	(B) Average				-			( <b>D</b> ) Reportable	(E)	(F)	
Name and Title	hours per	Position (check all that apply)					lv)	compensation	Reportable compensation	Estimated amount of	
	week	-	100.			T	1	from	from related	other	
	(describe	recto	ļ					the	organizations	compensation	
	hours for	9 9	fe			sated		organization	(W-2/1099-MISC)	from the	
	related	ruste	l tro		a a	ub Gu		(W-2/1099-MISC)		organization	
	organizations	dualt	trona	_	e e	st co	<u>-</u>			and related	
	in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations	
JERRY MANDEL								'			
PRESIDENT	1.00	х			L.	<u> </u>	L_	0.	0.	0	
DAVID SIDONI					l	ļ					
SECRETARY	1.00	Х	<u> </u>					0.	0,	0	
SCOTT RICHTER						1					
TREASURER	1.00	Х		igwdap	_	-	_	0.	0.	0	
				Г		Г	_				
	+			H		-					
	1	$\vdash$	<del> </del>	$\vdash$	<u> </u>	-	<del> </del>			, , .	
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032007 12-21-10

	990 (2010) THE LEGACY FU									46-0504	300		Pa	age 8
Par	t VII Section A. Officers, Directors, Tru		mple	yee	s, a	nd I	High	est	Compensated Employ	ees (continued)	,			
	(A) Name and title	(B) Average hours per	(cl		Pos		n app	ly)	( <b>D</b> ) Reportable compensation	<b>(E)</b> Reportable compensatio	n		(F) timate nount	
	•	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organization: (W-2/1099-MIS	compensation		e ion ed	
							ļ							
							ļ <u> </u>							
			_				_							
						ļ <u>.</u>								
							-							
	Sub-total								0.		0.			0.
С	Total from continuation sheets to Part VI Total (add lines 1b and 1c)						<b>&gt;</b>	_	0.		0. 0.			0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	nose	liste	ed a	bov	e) wl	no r	eceived more than \$100	),000 in reportabl	e		V	0
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			e, ke	y en	nplo	yee,	or h	nighest compensated ei	mployee on		3	Yes	No x
4	For any individual listed on line 1a, is the stand related organizations greater than \$15	um of reportab	le c							the organization		4		х
5	Did any person listed on line 1a receive or rendered to the organization? If "Yes," con	accrue compe	nsat	ion	from	any	y uni			idual for services		5		х
Sec 1	Complete this table for your five highest countries the organization.	mpensated in	dep	ende	ent c	ont	racto	ors 1	that received more than	\$100,000 of con	npens	ation	from	
	(A) Name and business	address							(B) Description of s	services	С	(C ompe	C) nsatio	'n
		<del>-</del>	_			_								
											·			
2	Total number of independent contractors ( \$100,000 in compensation from the organ		not I	ımıte	ed to	the	ose li	ste	d above) who received r	more than				
	o conjugation of the conjugation		-									Form	990 (	(2010)

Pa	rt V	111	Statement of Revenue			<del></del>		
	•				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts			Federated campaigns 1a					
gra			Membership dues 1b					
a,		С	Fundraising events 1c					
<u>a</u> ja			Related organizations 1d					
Si'E			Government grants (contributions) 1e					
e tio		f	All other contributions, gifts, grants, and					
들됨			similar amounts not included above 1f	2,971,984.				
ğ		9	Noncash contributions included in lines 1a-1f \$					ļ
O e		h	Total. Add lines 1a-1f	, <u> </u>	2,971,984.			
				Business Code				
<u>ဗ</u>	2	а						
e S		b						
en S		С						<del> </del>
Re a		d						
Program Service Revenue		е						
-			All other program service revenue					
		g	Total. Add lines 2a-2f	<u> </u>				<del> </del>
l	3		Investment income (including dividends, inter	est, and	01 622			
			other similar amounts)		81,632.			81,632.
	4		Income from investment of tax-exempt bond	proceeds				<del></del>
	5		Royalties	() D			<del></del>	<del>                                     </del>
1	_		(i) Real 475, 445	(II) Personal				
				1				
			Less: rental expenses  Rental income or (loss) 475,445					
				·1	475,445.	1		475,445.
			Net rental income or (loss)  Gross amount from sales of (i) Securities	<del> </del>	175,115,			1,3,223.
	′	а	<del>- ''</del>	(II) Other 13,000,000.				
		_	Less. cost or other basis	1 , , ,				ļ
i			and sales expenses	12,253,750.				
		_	Gain or (loss)	746,250.				1
1			Net gain or (loss)	<b>.</b>	746,250,			746,250.
enne			Gross income from fundraising events (not			<u> </u>		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Ę			including \$ of					
Other Rev			contributions reported on line 1c) See	61,160.				
je			Part IV, line 18	4 224				<u> </u>
ō			Less direct expenses	1,201.	56,876.			56,876.
			Net income or (loss) from fundraising events Gross income from gaming activities. See			<del> </del>		1 20,070
İ	9	a		.				
		_	Part IV, line 19 Less. direct expenses					
ļ			Net income or (loss) from gaming activities	` <b></b>				
			Gross sales of inventory, less returns					<del></del>
1	10	a		<u>,                                    </u>				
		h		3				
ì			Net income or (loss) from sales of inventory	` <b></b>				1
ł		<u> </u>	Miscellaneous Revenue	Business Code				<u> </u>
	11	_		900099	25.			25
	• •	b		<del></del>				
		c						
		d	All other revenue					1
			Total. Add lines 11a-11d	<b></b>	25.			
	12		Total revenue. See instructions.	<b>.</b>	4,332,212.	0.	(	1,360,228
0320		-				• • • • • • • • • • • • • • • • • • • •		Form <b>990</b> (2010)

46-0504300

### 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)

(A) (B) Do not include amounts reported on lines 6b, Management and general expenses Total expenses Program service Fundráising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the US See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits 10 Payroll taxes Fees for services (non-employees) Management **b** Legal 6,000 6,000 C Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees 25,890 25,890 q 12 Advertising and promotion 13 Office expenses Information technology 15 Royalties 49,839 49.839 16 Occupancy 145 145 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 421,609 421,609 20 Interest Payments to affiliates 21 225,000 225,000 Depreciation, depletion, and amortization 9,169 9,169 23 Other expenses, Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0) 12,747 12,747 PROPERTY TAX 305 305 All other expenses 750,704 750,254 450 0. Total functional expenses. Add lines 1 through 24f Joint costs. Check here 
if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

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Page 11

THE LEGACY FUND

Part X Balance Sheet (B) Beginning of year End of year 413 095. 209,374. 1 Cash - non-interest-bearing 1 . 2 Savings and temporary cash investments 2 1,870,675. 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 9,500,000. Notes and loans receivable, net Inventories for sale or use 8 2,947 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other 10a basis Complete Part VI of Schedule D 10b 12,478,750. b Less accumulated depreciation 10c 11 11 Investments - publicly traded securities 12 Investments - other securities See Part IV, line 11 12 Investments · program-related. See Part IV, line 11 13 13 14 14 Intangible assets 132,212. 12 116. Other assets. See Part IV, line 11 15 15 13,027,004. 11,592,165. Total assets. Add lines 1 through 15 (must equal line 34) 16 21,666. 2,000. 17 17 Accounts payable and accrued expenses 18 Grants payable 18 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Liabilities Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 650,000. 8,450,000. 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 12,872,079. 75,398. Other liabilities. Complete Part X of Schedule D 25 13,543,745. 8,527,398. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here > X and complete lines 27 through 29, and lines 33 and 34. **Net Assets or Fund Balances** -516,741. 3,064,767. 27 Unrestricted net assets 27 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds 32 -516,741, 3,064,767. 33 33 Total net assets or fund balances 13,027,004. 11,592,165. Total liabilities and net assets/fund balances

Form 990 (2010)

Forn	1990 (2010) THE LEGACY FUND	46-0504300	)	Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	<u> </u>	4	,332	,212.
2	Total expenses (must equal Part IX, column (A), line 25)	2		750	,704.
3	Revenue less expenses Subtract line 2 from line 1	3	3	,581	,508.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		-516	,741.
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	3	,064	,767.
Pa	rt XIII Financial Statements and Reporting		_		
	Check if Schedule O contains a response to any question in this Part XII		_		
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch		1		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audit			
	Act and OMB Circular A-133?		3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990 (	(2010)

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

Name of the organization

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.

2010

Open to Public Inspection

Employer identification number

		THE LEGACY							46	-0504300
Part I	Reason	for Public Chari	ty Status (All organiz	ations mu	st complet	e this part	t) See inst	tructions		
The organ  1	A church, co A school des	nvention of churches cribed in section 17	pecause it is: (For lines 1 s, or association of churco O(b)(1)(A)(ii). (Attach Sc tal service organization o	ches desc hedule E)	ribed in se	ction 170	(b)(1)(A)(i)			
4 🗆		<del>-</del>	pperated in conjunction	with a hos	pıtal descr	ribed in se	ction 170	(b)(1)(A)(ıi	ı). Enter t	he hospital's name,
5	city, and state:  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)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  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)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)  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.)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  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									
g h	Since August (i) A perso the gove (ii) A family (iii) A 35% of	n who directly or indi erning body of the su member of a person controlled entity of a	rganization accepted ar irectly controls, either al ipported organization? in described in (i) above? person described in (i) of about the supported organization.	lone or tog , or (ii) above	ether with	-				Yes No 11g(i) 11g(ii) 11g(iii)
	of supported anization	(iı) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section		organization sted in your document?	organizat	notify the ion in col	(vi) ls organizatio (i) organiz U.S	on in col. I	(vii) Amount of support
			(see instructions))	Yes	No	Yes	No	Yes	No	<del></del>
Total	Panerwork Pa	eduction Act Notice	see the instructions f	for				Schedul	e A (For	m 990 or 990-EZ) 2010

Form 990 or 990-EZ.

### Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received (Do not									
	include any "unusual grants ")				<u> </u>					
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities		1							
	furnished by a governmental unit to			1						
	the organization without charge			<u> </u>						
4	Total. Add lines 1 through 3					<b>_</b>				
5	The portion of total contributions									
	by each person (other than a		1	ļ						
	governmental unit or publicly			1						
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)	<u></u>								
6	Public support. Subtract line 5 from line 4		<u> </u>			<u></u>	<u> </u>			
	tion B. Total Support				<del></del>	<del>1</del>	<del>,</del>			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total			
7	Amounts from line 4		<del></del>			ļ				
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties				}					
	and income from similar sources		<b> </b>	<u> </u>		ļ				
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on			+	_					
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part IV)	ļ <del></del>								
	Total support. Add lines 7 through 10		I	J		<del> </del>	<u> </u>			
	Gross receipts from related activities					12				
13	First five years. If the Form 990 is fo		's first, second, th	ird, fourth, or fifth	tax year as a section	on 501(c)(3)				
50/	organization, check this box and storection C. Computation of Publ	ic Support Pe	ercentage							
	Public support percentage for 2010 (			column (f)		14				
	Public support percentage for 2010 ( Public support percentage from 2009)			OSIGITAL (1))		15	<u>%</u>			
	33 1/3% support test - 2010.If the c			on line 13, and line	14 is 33 1/3% or r					
108	stop here. The organization qualifies					.,	▶□			
	33 1/3% support test - 2009.If the c				d line 15 is 33 1/3%	6 or more, check th	his box			
•	and stop here. The organization qua						▶□			
17:					e 13, 16a, or 16b,	and line 14 is 10%	or more,			
.,,	17a 10% -facts-and-circumstances test - 2010. 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"					3-	▶□			
ı	10% -facts-and-circumstances tes					17a, and line 15 is	10% or			
	more, and if the organization meets t									
	organization meets the "facts-and-cir						ightharpoons			
18	Private foundation. If the organization						ns 🕨 🗔			
	, iliato loulidadon il dio organizati	2 2.2			Sch	edule A (Form 99	0 or 990-EZ) 2010			
						-	-			

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A: Public Support	iow, piodoo comp.	0.0 ( 0.01)				
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and			, ,			
	membership fees received (Do not						
	include any "unusual grants ")				527,800.	2,971,984.	3,499,784.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	68,410.	323,235.	910,553.	1,008,466.	746,250.	3,056,914.
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-	1					
Ī	ization's benefit and either paid to or expended on its behalf						
_	' F						
J	The value of services or facilities furnished by a governmental unit to	1					
	the organization without charge	}					
•	Total. Add lines 1 through 5	68,410.	323,235.	910,553.	1,536,266.	3 718 234	6,556,698.
	Amounts included on lines 1, 2, and		,	, , , , , ,			
10	3 received from disqualified persons	1					0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						<u> </u>
	amount on line 13 for the year						0.
C	: Add lines 7a and 7b						0.
8 Sec	Public support (Subtract line 7c from line 6)						6,556,698.
	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 6	68,410.	323,235.	910,553.	1,536,266.	3,718,234.	6,556,698.
-	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support (Add lines 9, 10c, 11, and 12)	68,410.	323,235.	910,553.	1,536,266.	3,718,234.	6,556,698.
14	First five years. If the Form 990 is for	the organization's	first, second, third	, fourth, or fifth tax	year as a sectio	n 501(c)(3) organiza	tion,
	check this box and stop here				· · · · · · · · · · · · · · · · · · ·		
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2010 (li	ne 8, column (f) div	vided by line 13, co	olumn (f))		15	100.00 %
16	Public support percentage from 2009	Schedule A, Part I	II, line 15			16	100.00 %
Se	ction D. Computation of Inves				<u> </u>	T T	
17				e 13, column (f))		17	.00 %
18	Investment income percentage from 2					18	%
19:	a 33 1/3% support tests - 2010. If the						
	more than 33 1/3%, check this box ar						► X
ŀ	o 33 1/3% support tests - 2009. If the						na 🔽 🦳
	line 18 is not more than 33 1/3%, che						<b>7</b> H

032023 12-21-10

Schedule A (Form 990 or 990-EZ) 2010

### **SCHEDULE D**

(Form 990)

**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 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	THE LEGACY FUND				46-0504300
Par	t I Organizations Maintaining Donor Advise	ed Funds o	or Other Similar Fund	s or Acc	counts. Complete if the
	organization answered "Yes" to Form 990, Part IV, Iin	e 6			
		(a) D	onor advised funds	(b) f	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 th	ne assets held in donor adv	ised funds	
J	are the organization's property, subject to the organization's	-			Yes No
e	Did the organization inform all grantees, donors, and donor a	-		e used onk	
6	for charitable purposes and not for the benefit of the donor				
		or donor advis	sor, or for any other purpos	e comenno	Yes No
Par	impermissible private benefit?  t II Conservation Easements. Complete if the or	manization on	ewared "Ves" to Form 000	Part IV line	
			<del></del>	r art rv, iine	5 /
1	Purpose(s) of conservation easements held by the organization			intoricalli.	magnetant land are -
	Preservation of land for public use (e.g., recreation or o	education)	Preservation of an h	•	•
	Protection of natural habitat		Preservation of a ce	rtified histo	onc structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a quali	ified conserva	ition contribution in the form	n of a cons	ervation easement on the last
	day of the tax year			<b></b>	——————————————————————————————————————
					Held at the End of the Tax Year
а	Total number of conservation easements			<del></del>	la
b	Total acreage restricted by conservation easements				2b
	Number of conservation easements on a certified historic st			<b>——</b>	lc .
d	Number of conservation easements included in (c) acquired	after 8/17/06	, and not on a historic struc	ture	
	listed in the National Register			_2	td
3	Number of conservation easements modified, transferred, re	eleased, extin	guished, or terminated by tl	he organiza	ation during the tax
	year ▶				
4	Number of states where property subject to conservation ea	asement is loc	cated >	-	
5	Does the organization have a written policy regarding the pe	eriodic monito	ring, inspection, handling o	f	
-	violations, and enforcement of the conservation easements		-		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting		ng conservation easements	during the	year <b>&gt;</b>
7	Amount of expenses incurred in monitoring, inspecting, and		=		
8	Does each conservation easement reported on line 2(d) abo				
-	and section 170(h)(4)(B)(ii)?		,		Yes No
9	In Part XIV, describe how the organization reports conservation	tion easemen	ts in its revenue and expen-	se stateme	
9	include, if applicable, the text of the footnote to the organization				
	conservation easements				
Par	† III   Organizations Maintaining Collections	of Art, Hist	orical Treasures. or	Other Si	milar Assets.
<u> </u>	Complete if the organization answered "Yes" to Form				
10	If the organization elected, as permitted under SFAS 116 (A			ement and	balance sheet works of art.
ıa	historical treasures, or other similar assets held for public ex				
	the text of the footnote to its financial statements that desc			J. pu	
L	If the organization elected, as permitted under SFAS 116 (A			ent and bala	ance sheet works of art, historical
Ø	treasures, or other similar assets held for public exhibition,				
		oddodilon, or	roccaron in identificiantes of p	, 3CI VII	oo, p. ortaa trio tollowing amounts
	relating to these items:			1	<b>&gt;</b> s
	(i) Revenues included in Form 990, Part VIII, line 1				> \$ > \$
_	(ii) Assets included in Form 990, Part X		thar amilar accets for from	ا معامدہ جد	ovido
2	If the organization received or held works of art, historical tr			nai yairi, pr	Ovide
	the following amounts required to be reported under SFAS	1 10 (ASC 958	o) relating to these items	1	•
а	Revenues included in Form 990, Part VIII, line 1				► \$ ► \$
b	Assets included in Form 990, Part X				•

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051 12-20-10

Schedule D (Form 990) 2010

Sche	dule D (Form 990) 2010 THE LEGACY	FUND					4	6-05043	100	Page 2
Par	t III Organizations Maintaining C	ollections of A	rt, Hist	torical Tr	easures, d	or Othe	r Simila	ar Asse	ts (conti	nued)
3	Using the organization's acquisition, accessi	on, and other record	is, check	any of the	following tha	at are a sig	gnificant i	use of its	collection	ı ıtems
	(check all that apply)		Γ							
а	Public exhibition	d			hange progra	ams				
b	Scholarly research	е	الصا ؛	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ey further ti	he organizati	on's exer	npt purpo	se in Part	t XIV	
5	During the year, did the organization solicit of	r receive donations	of art, he	storical trea	sures, or oth	er sımılar	assets	_	٦	
	to be sold to raise funds rather than to be m.								Yes	No_
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered	"Yes" to	Form 990	, Part IV, I	ine 9, or	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	is or other as	sets not	ıncluded	_	٦	<del></del>
	on Form 990, Part X?								」Yes	Ll No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing t	table						
								<del></del>	Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f		<del></del>	
	Did the organization include an amount on F	orm 990, Part X, line	217						<b>∀es</b>	└── No
	If "Yes," explain the arrangement in Part XIV		<del></del>							
Par	t V   Endowment Funds. Complete		ľ							<del></del>
		(a) Current year	(b) P	nor year	(c) Two yea	rs dack	(d) Three y	ears back	(e) Four	years back
1a	Beginning of year balance		<del> </del>	<del> </del>						
b	Contributions		<u> </u>						ļ	
C	Net investment earnings, gains, and losses				   <del></del>				<b></b>	
d	Grants or scholarships		-							
е	Other expenditures for facilities									
	and programs		<del> </del>							
Ť	Administrative expenses	•					<del></del>			
g	End of year balance	u and balance bald.	L			I.			<u> </u>	<del></del>
2	Provide the estimated percentage of the year	ir end balance neid a								
a	Board designated or quasi-endowment	%	_%							
D	Permanent endowment ►	<sup>70</sup>								
C	Are there endowment funds not in the posse	, · -	ation the	at are held a	nd administr	ared for th	ne organi	zation		
За		sssion of the organiz	anon me	ar are ricia a	ina aominist	5100 101 11	io organia	.ation	ſ	Yes No
	(i) unrelated organizations								3a(i)	100 110
	(ii) related organizations								3a(II)	-
h	If "Yes" to 3a(ii), are the related organization	s listed as required (	on Scher	dule B2					3b	-
4	Describe in Part XIV the intended uses of the	·								
Par										
<u> </u>	Description of investment	(a) Cost or o		r	or other	(c) Ad	cumulate	ed	(d) Bool	k value
	boompation of more and many	basis (invest		, ,	(other)		oreciation	ľ	.,	
	Land		-		<del></del> ,				,	
	Buildings						<del></del>			
	Leasehold improvements									
	Equipment									
	Other									
	Add lines 1a through 1e (Column (d) must e	egual Form 990. Pari	t X. colur	nn (B), line	10(c))			<b>•</b>		0.

Schedule D (Form 990) 2010

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990. Part X. col (B) line 15)	

Other Liabilities. See Form 990, Part X, line 25 (a) Description of liability (b) Amount (1) Federal income taxes 7,565. ACCRUED EXPENSES ACCRUED INTEREST 67,833 (4) (5) (6)(7)(8) (9) (10)Total. (Column (b) must equal Form 990, Part X, col (B) line 25)
FIN 48 (ASC 140) FOOTNOTE IN PAR XIV, provide the text of the footnote to the organization's fit 75,398.

	dule D (Form 990) 2010 THE LEGACY FUND				46-0504	300 Page <b>4</b>
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to	Audite	d Financ	ial State	ements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1		4,332,212.
2	Total expenses (Form 990, Part IX, column (A), line 25)		L	2		750,704.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		L	3		3,581,508.
4	Net unrealized gains (losses) on investments			4		
5	Donated services and use of facilities			5		
6	Investment expenses		L	6		
7	Prior period adjustments			7		
8	Other (Describe in Part XIV)			8		
9	Total adjustments (net) Add lines 4 through 8			9		0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 an			10		3,581,508.
Pai	t XII Reconciliation of Revenue per Audited Financial Stateme	nts Wit	h Reven	ue per R	Return	
1	Total revenue, gains, and other support per audited financial statements				1	4,336,496.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12					
а	Net unrealized gains on investments	2a				
ь	Donated services and use of facilities	2b			1	
С	Recoveries of prior year grants	2c			1	
d	Other (Describe in Part XIV )	2d		4,284.	1	
е	Add lines 2a through 2d				2e	4,284.
3	Subtract line 2e from line 1				3	4,332,212.
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				
ь	Other (Describe in Part XIV)	4b	-		1	
	Add lines 4a and 4b				4c	0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)				5	4,332,212,
	t XIII Reconciliation of Expenses per Audited Financial Statem	ents Wi	th Exper	ses per		
1	Total expenses and losses per audited financial statements			<u> </u>	1	754,988.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.				<u> </u>	•
	Donated services and use of facilities	2a				
a		2b			1	
b	Prior year adjustments	2c	-		1	
C	Other losses	2d		4,284,	1	
d	Other (Describe in Part XIV)	20		-,	2e	4,284.
e	Add lines 2a through 2d				3	750,704.
3	Subtract line 2e from line 1				-	,,,,,,,,
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	امدا				
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	4a			1	
Ь	Other (Describe in Part XIV)	4b	<del></del>		ا ۵۰	0.
С	Add lines 4a and 4b				4c	750,704.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)				5	730,704.
	rt XIV Supplemental Information					D- +1/4 4 D
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part I					
X, lın	e 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also com	plete this i	part to prov	ide any ad	iditional in	itormation.
PAR	Y X, LINE 2. THE FUND QUALIFIES AS A TAX EXEMPT ORGANIZATION UN	DEK			<del></del> .	
THE	APPLICABLE SECTIONS OF THE					· ·
INT	ERNAL REVENUE CODE SECTION 501(C)(3) AND CALIFORNIA REVENUE AND	1				
TAX	ATION CODE				<del> </del>	
SEC	TION 23701D.					· · · · · · · · · · · · · · · · · · ·
THE	FUND HAS EVALUATED ITS TAX POSITIONS AND THE CERTAINTY AS TO W	HETHER				
m	DR DOCUMIONS					
THO	SE POSITIONS	·	<del></del>			<del></del>
WJT.	L BE SUSTAINED IN THE EVENT OF AN AUDIT BY TAXING AUTHORITIES A	т тне				
					Schedu	le D (Form 990) 2010
0320	54				_	

Schedule D (Form 990) 2010 THE LEGACY FUND	46-0504300	Page 5
Part XIV Supplemental Information (continued)		
FEDERAL AND STATE		
LEVELS. THE PRIMARY TAX POSITIONS EVALUATED ARE RELATED TO THE FUND'S		
CONTINUED		
QUALIFICATION AS A TAX-EXEMPT ORGANIZATION AND WHETHER THERE ARE UNRELATED		
BUSINESS		
INCOME ACTIVITIES CONDUCTED THAT WOULD BE TAXABLE, MANAGEMENT HAS		
DETERMINED THAT ALL		
INCOME TAX POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED UPON		
POTENTIAL AUDIT OR		
EXAMINATION; THEREFORE, NO DISCLOSURES OF UNCERTAIN INCOME TAX POSITIONS		
ARE REQUIRED.		_
THE FUND FILES INFORMATIONAL RETURNS IN THE U.S. FEDERAL JURISDICTION, AND		
THE STATE OF		
CALIFORNIA. WITH FEW EXCEPTIONS, THE FUND IS NO LONGER SUBJECT TO U.S.		
FEDERAL, STATE, AND		
LOCAL EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2006.		
	·-	
PART XII, LINE 2D - OTHER ADJUSTMENTS		
FUNDRAISING EXPENSES 4,284.		
PART XIII, LINE 2D - OTHER ADJUSTMENTS.		
FUNDRAISING EXPENSES 4,284.		

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

**Supplemental Information Regarding Fundraising or Gaming Activities** 

Department of the Treasury Internal Revenue Service

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

2010

Open To Public Inspection

Name of the organization						Employer ide	ntification number
THE LEGACY	FUND					46-0504300	
Part I Fundraising Activities. required to complete this par	Complete if the organization answit	ered "Y	es" to	Form 990, Part IV, I	ine 1	7 Form 990-EZ	filers are not
Indicate whether the organization rais     A Mail solicitations     Internet and email solicitations     Phone solicitations     In-person solicitations	e Solicita	tion of tion of	non-g gover	overnment grants nment grants			
<ul> <li>2 a Did the organization have a written of key employees listed in Form 990, P</li> <li>b If "Yes," list the ten highest paid indicompensated at least \$5,000 by the</li> </ul>	art VII) or entity in connection with pividuals or entities (fundraisers) purs	rofess	ional f	undraising services?	1	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundr have c or con contrib	troi of	(Iv) Gross receipts from activity	to (	Amount paid or retained by) fundraiser ted in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
						-	
Total		<u> </u>	•				
List all states in which the organization or licensing	on is registered or licensed to solicit	contrib	oution	s or has been notifie	d it is	exempt from r	egistration
							<del></del>
				<u> </u>			
	<u> </u>						
	· · · · · · · · · · · · · · · · · · ·						<del></del>

Schedule G (Form 990 or 990-EZ) 2010

LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

	ITE I	of fundraising event contributions and gi	=		•	·
		•	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			GALA SILENT		NONE	(add col (a) through
			AUCTION			1
ę	•		(event type)	(event type)	(total number)	col (c))
Revenue	1	Gross receipts	61,160.			61,160
4						
	2	Less: Charitable contributions				
	3	Gross income (line 1 minus line 2)	61,160.			61,160
	4	Cash prizes		-		
ses	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	4,284.			4,284
	10	Direct expense summary. Add lines 4 throug	h 9 ın column (d)		<b>&gt;</b>	( 4,284
	11		n (d), and line 10			56,876
Pa	rt i		answered "Yes" to Form	990, Part IV, line 19, or r	reported more than	
		\$15,000 on Form 990-EZ, line 6a.				
0)			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
nu			(a) billigo	bingo/progressive bingo	(c) Other garning	col (a) through col (c)
Revenue						
ш.	1	Gross revenue				
				:		
es	2	Cash prizes	ļ		· · · · · · · · · · · · · · · · · · ·	
Direct Expenses	3	Noncash prizes				
irect E	4	Rent/facility costs	- <u>-</u>			
	_	Other durant auropage				
	5	Other direct expenses	Yes %	Yes %	Yes %	<del>                                     </del>
	6	Volunteer labor	No	No No	No No	
	7	Direct expense summary Add lines 2 through	h 5 in column (d)		<b>•</b>	(
	a	Net gaming income summary Combine line	1. column d. and line 7		•	
		The garming meeting occurring	,			
9		ter the state(s) in which the organization oper	_			
а	ls '	the organization licensed to operate gaming a	ctivities in each of these	states?		└─ Yes └─ No
b	If '	'No," explain.				
	_					
		ere any of the organization's gaming licenses			year <sup>?</sup>	Yes No
t	lf'	'Yes," explain			*****	
	_					
		01-13-11	· · · · · · · · · · · · · · · · · · ·		Schedule G (F	orm 990 or 990-EZ) 20

Sch	edule G (Form 990 or 990 EZ) 2010 THE LEGACY FUND	46-0504	300	Page 3
	Does the organization operate gaming activities with nonmembers?		Yes	
	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?		Yes	☐ No
13	Indicate the percentage of gaming activity operated in		ł	
a	The organization's facility		13a	%
	An outside facility	Ī	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and reco	rds		
	Name >	<del></del>		·· <del>····</del> ·····
	Address ►	<del></del>		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	□ No
k	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount	ount		
	of gaming revenue retained by the third party > \$			
(	: If "Yes," enter name and address of the third party.			
	Name ►	<del></del>		
	Address >			
16	Gaming manager information			
	Name ►			
	Gaming manager compensation  \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	i No
1	no Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	in the		
	organization's own exempt activities during the tax year ▶ \$			
Pa	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, col	umns (III) a	and (v), a	nd Part III,
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional in	formation	(see insti	ructions).
		<del></del>		
_		<del></del>		
_				
_				

## SCHEDULE O

### Supplemental Information to Form 990 or 990-EZ

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue, Service

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

► Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Name of the organization THE LEGACY FUND	Employer identification number 46-0504300
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION.	
THE ARTS FOUNDATION.	
FORM 990, PART VI, SECTION A, LINE 3. AN AGREEMENT WAS SIGNED ON	
SEPTEMBER 14, 2009 FOR A RELATED PARTY (OCHSA) TO PERFORM PROPERTY	
MANAGEMENT, ACCOUNTING AND FINANCIAL REPORTING FOR THE LEGACY FUND. A	
\$2,000 FEE IS PAID MONTLY FOR THIS SERVICE.	
FORM 990, PART VI, SECTION B, LINE 11 OCHSA'S STAFF REVIEW FOR ACCURACY	<u></u>
PRIOR TO FILING, STAFF TIES FINANCIAL REPORTS TO THE TRIAL BALANCE AND	
PERFORMS A FULL REVIEW OF NOTES AND SUPPLEMENTARY INFORMATION FOR ACCURACY.	
FORM 990, PART VI, SECTION B, LINE 12C: THE OFFICERS, DIRECTORS, AND	
TRUSTEES ALL SIGN THE CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS	
FORM 990, PART VI, SECTION C, LINE 19. AVAILABLE THROUGH THE MINUTES OF	,
THE BOARD OF DIRECTORS MEETINGS.	

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

# Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Related Organizations and Unrelated Partnerships

► See separate instructions.

2010 Open to Public Inspection

OMB No 1545-0047

**Employer identification number** 46-0504300 ► Attach to Form 990.

Schedule R (Form 990) 2010 (g) Section 5 (2(b)(13) ŝ controlled entity? × × Direct controlling Yes entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax exempt organizations during the tax year) Direct controlling entry End-of-year assets Z/Z A/N <u>e</u> status (if section Public charity 170(B)(1)(A) .70(B)(1)(A) 501(c)(3)) <u>e</u> (II) (VI) Total income Exempt Code ਉ section 501(C)(3) 501(C)(3) Ð Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33 ) Legal domicile (state or Legal domicile (state or foreign country) foreign country) CALIFORNIA CALIFORNIA Primary activity Primary activity 9 CHARTER SCHOOL For Paperwork Reduction Act Notice, see the Instructions for Form 990. UNDRAISING 33-0891574, 1010 N. MAIN STREET, SANTA ANA, THE LEGACY FUND ORANGE COUNTY HIGH SCHOOL OF THE ARTS FOUNDATION - 33-0377341, 1010 N. MAIN ORANGE COUNTY HIGH SCHOOL OF THE ARTS Name, address, and EIN Name, address, and EIN of related organization of disregarded entity STREET, SANTA ANA, CA 92701 Name of the organization CA 92701 Part Part

Page 2

46-0504300

Schedule R (Form 990) 2010 THE LEGACY FUND

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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)	income elated, ax under -514)	(f) Share of total income	(g) Share of end-of-year att assets	(h) Disproportionate allocations? Yes No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or F managing parther?	General or Percentage managna ownership
Part IV Identification of Related Organizations Taxable as a Corporation organizations treated as a corporation or trust during the tax year )	ganizations Taxable as rporation or trust during	s a Corp	poration or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related x year)	omplete if the o	rganizatio	n answered "Yes"	to Form 990, Part	IV, line 34	because it had or	ne or more	e related
(a) Name, address, and EIN of related organization	<b>Z</b> c		(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) total Share of end-of-year assets	•	(h) Percentage ownership
032162 12-21-10				30	_				Schedule	R (Form	Schedule R (Form 990) 2010

Page 3

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	ŝ
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?	is with one or more re	lated organizations listed	I in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		×
<b>b</b> Gift, grant, or capital contribution to other organization(s)				<b>1</b> b		×
c Gift, grant, or capital contribution from other organization(s)				10		×
				1d		×
a Loan of long automaton by other organization(s)				-	┢	×
E Loais of loai gualantees by ontel organization(s)						
f Sale of assets to other organization(s)				7		×
				19	-	×
				ŧ		×
				ï	  ×	
<ul> <li>Lease of facilities, equipment, or other assets to other organization(s)</li> </ul>				=		
r lease of facilities, equipment, or other assets from other organization(s)				1j		×
k Performance of services or membership or fundraising solicitations for other organization(s)	iization(s)			¥		×
	ization(s)			1		×
m Shanno of facilities, equipment, mailing lists, or other assets				1 E		×
n Sharing of paid employees				1n		×
<ul> <li>Reimbursement paid to other organization for expenses</li> </ul>				ဝ		×
	,			1р		×
q Other transfer of cash or property to other organization(s)				19		×
r Other transfer of cash or property from other organization(s)				‡		×
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	who must complete the	is line, including covered	relationships and transaction thresholds			
(a) Name of other organization	(b) Transaction type (a r)	(c) Amount involved	(d) Method of determining amount involved			
(1)						
(2)						
(S)						
(4)						
(5)						
(6)					İ	
032 163 12-21-10	31		Schedule R (Form 990) 2010	R (Form	990) 2	010

Schedule R (Form 990) 2010 THE LEGACY FUND

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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	usion for certain investment partner	ships	•				
(e)	( <b>q</b> )	(2)	9	(e)	£	(6)	
Name, address, and EIN	Primary activity	Legal domicile	Are all partners section 501(c)(3)	ഗ	Dispropor- tionate	Code V-UBI	General or managing
of entity		(state or foreign	organizations?	year assets	altocations?	of Schedule K-1	part
		country)	Yes No		Yes	(Form 1065)	Yes
							-
	1						
							-
						Schedule R (Form 990) 2010	m 990) 2010

Schedule R	(Form 990) 2010 THE LEGACY FUND	46-0504300	Page 5
Part VII	Supplemental Information		
	Complete this part to provide additional information for responses to questions on Schedule R (see instr	ructions)	
		201.07	
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•			
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		<del></del>	
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<del></del>			<del></del>
		<u> </u>	
		<del> </del>	
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		<del></del>	