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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

B Check if applicable

☒ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization
LEGACY FOUNDATION INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address)Room/suite

1000 E 80TH PLACE NO 402 N

City or town, state or country, and ZIP + 4
MERRILLVILLE, IN 46410

F Name and address of principal officer
HARRY J VANDE VELDE III
1000 E 80TH PLACE NO 402 N
MERRILLVILLE,IN 46410

H(a) Is this a group return for affiliates?

☐ Yes ☒ No

H(b) Are all affiliates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.LEGACYFOUNDATIONLAKECO.ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1992

M State of legal domicile IN

Part I	Summary																								
Activities & Governance	<div><div>1</div><div>Briefly describe the organization's mission or most significant activities THE LEGACY FOUNDATION, INC. WILL SEEK AND ACCEPT ENDOWMENTS FROM PUBLIC AND PRIVATE SOURCES AND DISTRIBUTE GRANTS FOR COMMUNITY ENHANCING PROJECTS AND OTHER CHARITABLE PURPOSES</div></div>																								
	<div><div>2</div><div>Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets</div></div>																								
	<table><tr><td>3</td><td>Number of voting members of the governing body (Part VI, line 1a)</td><td>3</td><td>24</td></tr><tr><td>4</td><td>Number of independent voting members of the governing body (Part VI, line 1b)</td><td>4</td><td>24</td></tr><tr><td>5</td><td>Total number of individuals employed in calendar year 2011 (Part V, line 2a)</td><td>5</td><td>10</td></tr><tr><td>6</td><td>Total number of volunteers (estimate if necessary)</td><td>6</td><td>100</td></tr><tr><td>7a</td><td>Total unrelated business revenue from Part VIII, column (C), line 12</td><td>7a</td><td>0</td></tr><tr><td>7b</td><td>Net unrelated business taxable income from Form 990-T, line 34</td><td>7b</td><td>0</td></tr></table>	3	Number of voting members of the governing body (Part VI, line 1a)	3	24	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	24	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	10	6	Total number of volunteers (estimate if necessary)	6	100	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0
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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. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer

HARRY J VANDE VELDE III PRESIDENT

Date

2013-01-08

Preparer's signature

KANDY L WISCHMEIER CPA

Date

2013-01-08

Check if self-employed ☐

Preparer's taxpayer identification number (see instructions)

P00118327

Firm's name (or yours if self-employed), address, and ZIP + 4

BLUE & CO LLC
106 COMMUNITY DR
SEYMOUR, IN 47274

EIN ▶ 35-1178661

Phone no ▶ (812) 522-8416

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2011)

Part 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

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

2

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 organization's program service accomplishments for each of its three largest program services, as measured 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 \$ 2,012,848 including grants of \$ 1,702,407) (Revenue \$ 25,485)

LEGACY FOUNDATION PROVIDED TOTAL GRANTS IN 2012 EXCEEDING \$1,700,000 OPERATIONAL SUPPORT WAS PROVIDED FOR START UP AND ONGOING OPERATIONS THIS INCLUDED AMOUNTS FOR EQUIPMENT, SUPPLIES, PROGRAMMING AND SERVICES TO SEVERAL CHARITABLE ORGANIZATIONS COLLEGE SCHOLARSHIPS WERE AWARDED FOR INDIVIDUALS LEGACY FOUNDATION AWARDED SCHOLARSHIPS TO 243 INDIVIDUALS TO ASSIST WITH POST-SECONDARY EDUCATION COSTS FOR A TOTAL OF \$378,838

4b

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4c

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4d

Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e

Total program service expenses \$ 2,012,848

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.	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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.		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.		No
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.		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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.	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II.		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.		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.	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	Yes	
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.		No
c	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.		No
d	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.		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	Yes	
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X.	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I.		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 and IV.		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 and IV.		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.		No
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.		No
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.		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H.		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements.		
20b			

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		No
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <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 (or a family member thereof) 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		No
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
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. 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? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V		Statements Regarding Other IRS Filings and Tax Compliance		
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>				
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	1a	6	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and 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	10	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b		
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 or securities account)?	4a		No
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.			
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?	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		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
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 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
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		No
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
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		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b		
c	Enter the aggregate amount of reserves on hand.	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?		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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	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		No

Section B. Policies

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review the Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	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?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	IN
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request	
19	Describe in Schedule O whether (and if so, how), the organization made 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.	HARRY J VANDE VELDE III 1000 E 80TH PLACE NO 402 N MERRILLVILLE, IN 46410 (219) 736-1880

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, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) ROBERT NICKOVICH CHAIR	1 00	X		X				0	0	0
(2) NANCY L CLIFFORD VICE-CHAIR	1 00	X		X				0	0	0
(3) AMY HAN SECRETARY	1 00	X		X				0	0	0
(4) KENNETH KRUPINSKI CPA TREASURER	1 00	X		X				0	0	0
(5) MARGOT CLARK DIRECTOR	1 00	X						0	0	0
(6) DAVE AUSTGEN DIRECTOR	1 00	X						0	0	0
(7) DAVID BOCHNOWSKI DIRECTOR	1 00	X						0	0	0
(8) CORNELIA A BROWN DIRECTOR	1 00	X						0	0	0
(9) HOWARD COHEN DIRECTOR	1 00	X						0	0	0
(10) FREDRICKA DAVIDSON DIRECTOR	1 00	X						0	0	0
(11) FRANKIE FESKO DIRECTOR	1 00	X						0	0	0
(12) DANETTE GARZA DIRECTOR	1 00	X						0	0	0
(13) MATTHEW H GLAROS DIRECTOR	1 00	X						0	0	0
(14) CAROL HIGHSMITH DIRECTOR	1 00	X						0	0	0
(15) ROBERT JOHNSON DIRECTOR	1 00	X						0	0	0
(16) TOM KEILMAN DIRECTOR	1 00	X						0	0	0
(17) RICHARD KOMYATTE DIRECTOR	1 00	X						0	0	0

Part VII

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(18) JANET MORAN DIRECTOR	1 00	X						0	0	0
(19) WILLIAM NANGLE DIRECTOR	1 00	X						0	0	0
(20) TORY PRASCO DIRECTOR	1 00	X						0	0	0
(21) MARTIE RIVAS-RAMOS DIRECTOR	1 00	X						0	0	0
(22) DAVE RYAN DIRECTOR	1 00	X						0	0	0
(23) SANDRA SNEARLY-VOSBERG DIRECTOR	1 00	X						0	0	0
(24) MICHAEL SUGGS DIRECTOR	1 00	X						0	0	0
(25) HARRY VANDE VELDE III PRESIDENT	40 00			X				114,769	0	14,323
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								114,769	0	14,323

2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization▶1

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual 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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶0

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 . . .	1a10,018	4,934,200			
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f4,924,182				
	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)		1,104,556		
4		Income from investment of tax-exempt bond proceeds . .					
5		Royalties					
6a		Gross rents	(i) Real(ii) Personal				
b		Less rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss)					
7a		Gross amount from sales of assets other than inventory	(i) Securities(ii) Other	282,374			282,374
b		Less cost or other basis and sales expenses					
c		Gain or (loss)					
d		Net gain or (loss)					
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
b		Less direct expenses	b				
c		Net income or (loss) from fundraising events . .					
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		MISCELLANEOUS INCOME	900099	24,985	24,985		
b	ADMINISTRATIVE INCOME	561000	500	500			
c	_____						
d	All other revenue						
e	Total. Add lines 11a-11d		25,485				
12	Total revenue. See Instructions		6,346,615	25,485	0	1,386,930	

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)

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

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 United States See Part IV, line 21	1,323,569	1,323,569		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	378,838	378,838		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	135,880	54,352	33,970	47,558
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	164,544	65,817	41,136	57,591
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,697	1,479	924	1,294
9	Other employee benefits	12,435	4,974	3,109	4,352
10	Payroll taxes	28,106	11,242	7,027	9,837
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	12,200	4,026	4,148	4,026
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	131,527		131,527	
g	Other	48,928	16,146	16,324	16,458
12	Advertising and promotion	1,030			1,030
13	Office expenses	24,390	8,049	8,292	8,049
14	Information technology	29,448	9,718	10,012	9,718
15	Royalties				
16	Occupancy	54,422	8,163	27,211	19,048
17	Travel	13,797	4,553	4,691	4,553
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,707	1,083	541	1,083
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,209	1,302	2,605	1,302
23	Insurance	3,191	1,053	1,085	1,053
24	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 O)				
a	PROGRAM EXPENSES	115,470	115,470		
b	DONOR DEVELOPMENT EXPEN	15,855			15,855
c	DUES AND SUBSCRIPTIONS	9,131	3,014	3,103	3,014
d	SPECIAL EVENTS	3,103			3,103
e					
f	All other expenses	1,300			1,300
25	Total functional expenses. Add lines 1 through 24f	2,518,777	2,012,848	295,705	210,224
26	Joint costs. Check here <input type="checkbox"/> 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				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			149,216	1	111,799
	2	Savings and temporary cash investments			1,359,122	2	1,236,651
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			1,895	4	7,037
	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				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	66,774			
	b	Less: accumulated depreciation	10b	33,466	2,258	10c	33,308
	11	Investments—publicly traded securities			38,281,345	11	40,451,884
	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				15	
16	Total assets. Add lines 1 through 15 (must equal line 34)			39,793,836	16	41,840,679	
Liabilities	17	Accounts payable and accrued expenses			41,586	17	51,830
	18	Grants payable				18	121,609
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			10,451,243	21	10,898,376
	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				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			630,890	25	608,265
	26	Total liabilities. Add lines 17 through 25			11,123,719	26	11,680,080
	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			156,898	27	-270,987
28		Temporarily restricted net assets			18,807,637	28	20,326,370
29		Permanently restricted net assets			9,705,582	29	10,105,216
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			28,670,117	33	30,160,599
34	Total liabilities and net assets/fund balances			39,793,836	34	41,840,679	

Part 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)	1	6,346,615
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,518,777
3	Revenue less expenses Subtract line 2 from line 1	3	3,827,838
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	28,670,117
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-2,337,356
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	30,160,599

Part XII 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 <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		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	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?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

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

2011

Open to Public
Inspection

Name of the organization LEGACY FOUNDATION INC	Employer identification number 35-1872803
---	--

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 Se**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)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,828,766	1,857,108	4,189,359	2,670,560	4,934,200	15,479,993
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	1,828,766	1,857,108	4,189,359	2,670,560	4,934,200	15,479,993
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)						4,911,278
6 Public Support. Subtract line 5 from line 4						10,568,715

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	1,828,766	1,857,108	4,189,359	2,670,560	4,934,200	15,479,993
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	907,830	908,212	1,027,621	1,151,208	1,104,556	5,099,427
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets			19,652	13,315	25,485	58,452
11 Total support (Add lines 7 through 10)						20,637,872

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

12

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 2011 (line 6 column (f) divided by line 11 column (f))	14	51 210 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	55 100 %

16a 33 1/3% support test—2011. 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—2010. 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—2011. 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—2010. 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 IIIPart III

Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a 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						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 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		
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2011. 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		
b 33 1/3% support tests—2010. 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		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
LEGACY FOUNDATION INC

Employer identification number
35-1872803

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	31
2	Aggregate contributions to (during year)	797,209
3	Aggregate grants from (during year)	150,936
4	Aggregate value at end of year	5,394,906
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 checked="" 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 checked="" 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)

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	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?

☐ Yes ☐ No

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)?

☐ Yes ☐ No

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

▶ \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2011

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

	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	28,099,402	23,197,026	23,738,213	27,780,154
b	Contributions	3,823,840	1,737,719	2,192,474	2,751,115
c	Investment earnings or losses	-450,932	5,213,322	-659,571	-4,564,523
d	Grants or scholarships	1,374,275	1,630,576	1,724,034	1,915,472
e	Other expenditures for facilities and programs				313,061
f	Administrative expenses	416,818	418,089	350,056	
g	End of year balance	29,681,217	28,099,402	23,197,026	23,738,213

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶ 34 000 %

c

Term endowment ▶ 66 000 %

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		66,774	33,466	33,308
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				33,308

Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	16,346,615
2	Total expenses (Form 990, Part IX, column (A), line 25)	2,518,777
3	Excess or (deficit) for the year Subtract line 2 from line 1	3,827,838
4	Net unrealized gains (losses) on investments	-1,853,977
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	-483,379
9	Total adjustments (net) Add lines 4 - 8	-2,337,356
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	1,490,482

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	13,819,539
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments2a-1,853,977	
b	Donated services and use of facilities2b	
c	Recoveries of prior year grants2c	
d	Other (Describe in Part XIV)2d380,572	
e	Add lines 2a through 2d	2e-1,473,405
3	Subtract line 2e from line 1	35,292,944
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 7b4a131,527	
b	Other (Describe in Part XIV)4b922,144	
c	Add lines 4a and 4b	4c1,053,671
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	56,346,615

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	12,329,057
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities2a	
b	Prior year adjustments2b	
c	Other losses2c	
d	Other (Describe in Part XIV)2d416,818	
e	Add lines 2a through 2d	2e416,818
3	Subtract line 2e from line 1	31,912,239
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 7b4a131,527	
b	Other (Describe in Part XIV)4b475,011	
c	Add lines 4a and 4b	4c606,538
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	52,518,777

Part XIVSupplemental 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 IV, LINE 2B	CUSTODIAL FUNDS REPRESENT FUNDS PLACED ON DEPOSIT WITH LEGACY FOUNDATION BY OTHER 501(C)(3) ORGANIZATIONS BASED ON THEIR INDIVIDUAL BOARD RESOLUTIONS
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	PERMANENT ENDOWMENT FUNDS ARE INVESTED AND THE EARNINGS ARE USED FOR GRANTS AND COMMUNITY ENHANCING PROJECTS AND OTHER CHARITABLE PURPOSES TERM ENDOWMENTS ARE ALSO INVESTED AND THE PRINCIPAL AND EARNINGS ARE USED FOR GRANTS, COMMUNITY ENHANCING PROJECTS AND OTHER CHARITABLE PURPOSES
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE LEGACY FOUNDATION, INC IS A NOT-FOR-PROFIT CORPORATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS EXEMPT FROM FEDERAL TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE CODE ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE FOUNDATION AND RECOGNIZE A TAX LIABILITY IF THE FOUNDATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY VARIOUS FEDERAL AND STATE TAXING AUTHORITIES MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE FOUNDATION, AND HAS CONCLUDED THAT AS OF JUNE 30, 2012 AND 2011, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE ACCOMPANYING FINANCIAL STATEMENTS THE FOUNDATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS, HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS AS SUCH, THE FOUNDATION IS GENERALLY EXEMPT FROM INCOME TAXES HOWEVER, THE FOUNDATION IS REQUIRED TO FILE FEDERAL FORM 990 RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX WHICH IS AN INFORMATIONAL RETURN ONLY
PART XI, LINE 8 - OTHER ADJUSTMENTS		SFAS 136 ADJUSTMENT -447,133 CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT -36,246 TOTAL TO SCHEDULE D, PART XI, LINE 8 -483,379
PART XII, LINE 2D - OTHER ADJUSTMENTS		ADMINISTRATIVE FEES 416,818 CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS -36,246
PART XII, LINE 4B - OTHER ADJUSTMENTS		SFAS 136 ADJUSTMENT 922,144
PART XIII, LINE 2D - OTHER ADJUSTMENTS		ADMINISTRATIVE FEES 416,818
PART XIII, LINE 4B - OTHER ADJUSTMENTS		SFAS 136 ADJUSTMENT 475,011

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
LEGACY FOUNDATION INC

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

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

OMB No 1545-0047

2011

Open to Public
Inspection

Employer identification number
35-1872803

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 listed in the line 1 table ▶

63

3

Enter total number of other organizations listed in the line 1 table ▶

Part III

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SCHOLARSHIPS	243	378,838			

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 PROGRAM STAFF IS RESPONSIBLE FOR MONITORING PERIODIC GRANTEE REPORTS, REPORTING TO THE GRANTS COMMITTEE ON GRANTEES COMPLIANCE, AND PURSUING TARDY, INCOMPLETE OR MISSING REPORTS

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.****► Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2011**Open to Public
Inspection**Name of the organization
LEGACY FOUNDATION INC**Employer identification number**

35-1872803

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	PRESIDENT, OFFICERS AND DIRECTORS REVIEW FORM 990 AND RELATED SCHEDULES PRIOR TO SIGNING AND FILING
	FORM 990, PART VI, SECTION B, LINE 12C	CONFLICT OF INTEREST STATEMENTS ARE MONITORED ANNUALLY AT THE BEGINNING OF THE FISCAL YEAR EACH BOARD MEMBER SHALL DISCLOSE IN WRITING ANY INTEREST HELD BY SELF OR IMMEDIATE FAMILY INCLUDING WITH A CHARITABLE OR COMMUNITY ORGANIZATION, BUSINESS ENTERPRISE OR CONSULTING WORK OR AFFILIATION WITH ORGANIZATIONS THAT MAY CREATE AN INTEREST OR BIAS WITH RESPECT TO THE FOUNDATION'S ACTION
	FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION REVIEW AND APPROVAL IS PERFORMED ANNUALLY BY THE EXECUTIVE COMMITTEE THE COMMITTEE UTILIZES THE COUNCIL ON FOUNDATIONS, INDIANA GRANTMAKERS ALLIANCE AND LOCAL SALARY SURVEY INFORMATION IN REVIEW OF COMPENSATION
	FORM 990, PART VI, SECTION C, LINE 19	THE FOUNDATION'S ANNUAL REPORT IS MAILED TO ALL FUND HOLDERS, DONORS AND OTHER STAKEHOLDERS GUIDESTAR IS UPDATED WITH THE FOUNDATION'S CURRENT GOVERNING DOCUMENTS CURRENT AND PAST ANNUAL REPORTS, FORM 990, ARTICLES OF INCORPORATION AND BY-LAWS ARE AVAILABLE UPON REQUEST OR BY VISITING THE FOUNDATION WEBSITE OTHER GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -1,853,977 SFAS 136 ADJUSTMENT -447,133 CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT -36,246 TOTAL TO FORM 990, PART XI, LINE 5 -2,337,356
CHANGES IN PROCEDURES OF AUDIT COMMITTEE	FORM 990, PART XII, LINE 2C	THE PROCEDURES THE AUDIT COMMITTEE TAKES ANNUALLY DID NOT CHANGE IN THE CURRENT YEAR

Additional Data

Software ID:
Software Version:
EIN: 35-1872803
Name: LEGACY FOUNDATION INC

Form 990, Special Condition Description:

Special Condition Description

Software ID:
Software Version:
EIN: 35-1872803
Name: LEGACY FOUNDATION INC

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

(a) Name and address of organization or government	(b) 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
ALZHEIMER'S & DEMENTIA SERVICES OF NORTHERN INDIANA922 E COLFAX AVENUE SOUTH BEND,IN 46617	31-1058502	501(C)3	10,000				MEDICAL SPECIALISTS FOUNDATION FUND
ANCILLA SYSTEMS 1419 SOUTH LAKE PARK AVE HOBART,IN 46342	27-0296707	501(C)3	110,657				FUND DISTRIBUTION

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

(a) Name and address of 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
BEST BUDDIES INDIANA8604 ALLISONVILLE RD STE 165 INDIANAPOLIS, IN 46250	52- 1614576	501(C)3	5,000				OPEN A BEST BUDDIES CHAPTER IN LAKE CENTRAL HIGH SCHOOL
BOYS & GIRLS CLUBS OF NW INDIANA839 BROADWAY STE N303 GARY, IN 464022419	35- 0941137	501(C)3	49,676				FUND DISTRIBUTION, SUPPORT COLLEGE READINESS PROGRAM

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
CALUMET COLLEGE OF ST JOSEPH2400 NEW YORK AVE WHITING, IN 46394	35-1087173	501(C)3	21,786				FUND DISTRIBUTION, THE MORROW FAMILY FUND
CAMPAGNA ACADEMY INC7403 CLINE AVENUE SCHERERVILLE, IN 46375	35-1068483	501(C)3	8,500				CAMPAGNA ACADEMY CHALLENGER COURSE

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
CATHOLIC CHARITIES OF THE DIOCESE OF GARY940 BROADWAY GARY,IN 46402	35-1122204	501(C)3	5,000				CLEAN UP GARY, NOW!
CATHOLIC CHARITIESDIOCESE OF GARY321 W 11TH STREET MICHIGAN CITY,IN 46360	35-1122204	501(C)3	7,500				CATHOLIC CHARITIES WHEELCHAIR RAMP PROJECT

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
CATHOLIC DIOCESE OF GARY 9292 BROADWAY MERRILLVILLE, IN 46410	26-1514259	501(C)3	25,000				FUND DISTRIBUTION
CATHOLIC MEDICAL MISSION BOARD 10 W 17TH STREET NEW YORK, NY 10011	13-5602319	501(C)3	10,000				FUND DISTRIBUTION

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

(a) Name and address of 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
CATHOLIC RELIEF SERVICES209 W FAYETTE STREET BALTIMORE, MD 21201	13-5563422	501(C)3	10,000				FUND DISTRIBUTION, WEBSTER CORNWELL FUND
CHALLENGER LEARNING CENTER OF NORTHWEST INDIANA2300 - 173RD AVENUE HAMMOND, IN 46323	35-1995603	501(C)3	18,444				FUND DISTRIBUTION

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

(a) Name and address of 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
CHICAGO PUBLIC ART GROUP1259 S WABASH AVE CHICAGO,IL 60605	23-7302449	501(C)3	5,000				FUND DISTRIBUTION
CHORUS ANGELORUMPO BOX 421 WHITING,IN 46394	35-1712729	501(C)3	9,550				SUPPORT FOR THE 26TH ANNUAL CONCERT OF MUSIC

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

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COMMUNITIES IN SCHOOLS OF EAST CHICAGO100 W CHICAGO AVE EAST CHICAGO,IN 46321	30-0110893	501(C)3	15,000				TO TEACH STUDENTS TO CHART A COURSE FOR SUCCESS
FRIENDS OF EMERSON INC716 EAST 7TH AVE GARY,IN 46402	35-1830587	501(C)3	5,000				TO PROVIDE A DAY OF TEACHING, TUTORING AND MENTORING

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GARY LIFE EDUCATION INITIATIVE INCORPORATED320 ROOSEVELT STREET GARY, IN 46404	45-0581689	501(C)3	15,000				COLLEGE READINESS IN THE CLASSROOM
HAMMOND COMMUNITY CORPORATION649 CONKEY ST HAMMOND, IN 46324		501(C)3	66,659				FUND DISTRIBUTION

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HAMMOND EDUCATION FOUNDATION41 WILLIAMS STREET HAMMOND,IN 46320	35-1572372	501(C)3	15,000				FOR EXPANSION ON THE "COME READ WITH ME" PROGRAM
HEINZE LAND TRUST INC444 BARKER ROAD MICHIGAN CITY, IN 46360	35-2153969	501(C)3	10,000				MIGHTY ACORNS ENVIRONMENTAL EDUCATION

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HOBART EDUCATION FOUNDATION32 EAST 7TH ST HOBART, IN 46342	35-2035071	501(C)3	13,187				FOR IMPLEMENTATION OF THE SCHOOL READINESS ACADEMY IN HOBART AND HAMMOND
HOBART FAMILY YMCA601 W 40TH PLACE HOBART, IN 46342	35-1382817	501(C)3	15,000				HOBART SENIOR TRANSPORTATION PROGRAM, CONTINUATION OF THE SUCCESSFUL TRAVEL VOUCHER PROGRAM

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HOBART FOOD PANTRYPO BOX 394 HOBART,IN 46342	35-1757175	501(C)3	22,000				PHASE ONE SITE EXPANSION & UPGRADE OF THE FOOD PANTRY, FUND DISTRIBUTION
HOOSIER ENVIRONMENTAL COUNCIL3951 N MERIDIAN STE 100 INDIANAPOLIS,IN 46208	35-1576694	501(C)3	10,000				FUND DISTRIBUTION

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INTERNATIONAL INSTITUTE OF LACASA4506 TODD AVE EAST CHICAGO, IN 46312	35-0868117	501(C)3	5,000				FOR IMPLEMENTATION OF A STUDENT ASSISTANCE PROGRAM
IZAAK WALTON LEAGUE OF AMERICA DIANA CHAPTERPO BOX 110 SCHNEIDER, IN 46377	35-1617020	501(C)3	10,000				FUNDING TO COMPLETE A FULL LENGTH DOCUMENTARY ON THE GRAND KANKAKEE MARSH

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JAMES A GAMMON CHARITABLE FOUNDATION9191 BROADWAY MERRILLVILLE, IN 464105606	62-1474246	501(C)3	9,024				FUND DISTRIBUTION
LAKE AREA UNITED WAY221 WEST RIDGE ROAD GRIFFITH, IN 46319	23-7170019	501(C)3	13,996				FUND DISTRIBUTION

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LAKE COUNTY LIBRARY1919 W 81ST AVE MERRILLVILLE, IN 46410	35-6006653	501(C)3	20,000				FUND DISTRIBUTION
LAKESHORE ALLIANCE FOR STUDENT SUCCESS INC56 S WASHINGTON STREET STE 302 VALPARAISO, IN 463835565	81-0664944	501(C)3	15,000				PROGRAM ENHANCEMENTS LITERACY TRAINING & SUPPORT FOR TEACHERS AND STUDENTS

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LEADERSHIP NORTHWEST INDIANA410 E LINCOLNWAY VALPARAISO, IN 46383	35-1580689	501(C)3	10,000				YOUTH LEADERSHIP PROGRAM FOR HIGH SCHOOL STUDENTS
MARYKNOLL SISTERS OF ST DOMINIC INC	13-1740257	501(C)3	10,000				FUND DISTRIBUTIONS

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MAYO CLINIC FOUNDATION DEPARTMENT OF DEVELOPMENT ROCHESTER, MN 559059817	41-1506440	501(C)3	20,000				FUND DISTRIBUTIONS
MEALS ON WHEELS OF NW INDIANA INC8446 VIRGINIA ST MERRILLVILLE, IN 46410	31-1168281	501(C)3	20,000				GENERAL OPERATING SUPPORT, CONTINUATION OF THE 2010 GENERAL OPERATIONS GRANT

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

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MILLER BEACH ARTS AND CREATIVE DISTRICT536 S LAKE STREET GARY,IN 46403	30-0317277	501(C)3	7,881				2012 POP UP ART EVENTS IN MILLER BEACH
MOUNT MARY COLLEGE DEVELOPMENT OFFICE MILWAUKEE,WI 53222	39-0806154	GOVT	5,000				FUND DISTRIBUTION

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NAACP-ACT-SO PROGRAMPO BOX 64843 GARY,IN 46401	13-1998814	501(C)3	7,000				ACT-SO PROGRAM
NORTHWEST INDIANA HABITAT FOR HUMANITY 6114 WRIDGE ROAD GARY,IN 46408	56-1525939	501(C)3	20,000				HOUSE #2 CAREY ST E CHICAGO, FIELD OF DREAMS HOUSE #9

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NORTHWEST INDIANA PUBLIC BROADCASTING INC8625 INDIANA PLACE MERRILLVILLE, IN 46410	31-0960136	501(C)3	25,000				LAKESHORE FOCUS ON THE ROAD
NORTHWEST INDIANA SYMPHONY ORCHESTRA1040 RIDGE RD MUNSTER, IN 46321	35-1359750	501(C)3	16,500				FUND DISTRIBUTIONS, SYMPHONY EDUCATION CONCERT SCHOLARSHIPS

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

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OPPORTUNITY ENTERPRISES INC 2801 EVANS AVE VALPARAISO, IN 46383	35-1136833	501(C)3	5,000				BUILD OE LAKESIDE
OUR FAMILY CENTERPO BOX 4253 HAMMOND, IN 463240253	33-1111064	501(C)3	11,400				FUTURE ACHIEVEMENT STARTS TODAY (FAST) TRACK

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

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PARENTS AS TEACHERS OF LAKE COUNTY INC CO MILLER ELEMENTARY SCHOOL6530 NEW HAMPSHIRE HAMMOND,IN 46323	35-2109773	501(C)3	25,000				PAT EARLY LEARNING AND PARENT SUPPORT SERVICES
PURDUE UNIVERSTIY CALUMET2200 169TH STREET HAMMOND,IN 463232094	35-6002041	501(C)3	10,766				PURDUE UNIVERSITY EDUCATION TALENT SEARCH

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QUALITY OF LIFE COUNCIL INCPURDUE UNIV ACADEMY LEARNING CENTER CENTER CROWN POINT, IN 46307	35-2117392	501(C)3	55,000				4TH EDITION REPORT OF QUALITY OF LIFE INDICATORS
SALVATION ARMY GARYMERRILLVILLE CORPS & COMMUNITY CENTER4800 HARRISON STREET GARY, IN 46408	13-5562351	501(C)3	25,700				STRIVING FOR EXCELLENCE IN ACADEMICS (SEA - PROGRAM)

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

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SAVE THE DUNES CONSERVATION FUND444 BARKER ROAD MICHIGAN CITY,IN 46360	35-1915468	501(C)3	15,000				EDUCATION PROGRAMMING
SCHOOL CITY OF HOBART32 EAST 7TH ST HOBART,IN 46342	35-6002466	501(C)3	12,500				HOBART SENIOR FUN

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SOJOURNER TRUTH HOUSE410 WEST 13TH AVENUE GARY,IN 46407	27-0296707	501(C)3	10,000				CASE MANAGEMENT
SOUTH SHORE ARTS1040 RIDGE RD MUNSTER,IN 46321	23-7049722	501(C)3	98,776				ARTS EDUCATION TO KIDS, REQUESTED FUND DISTRIBUTION

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ST ANTHONY MEDICAL CENTER INC1201 S MAIN ST CROWN POINT, IN 46307	35-1330472	501(C)3	21,524				REQUESTED FUND DISTRIBUTION
TEACH FOR AMERICA820 N ORLEANS STREET STE 3 CHICAGO,IL 60610	13-3541913	501(C)3	10,000				EXPAND TEACH FOR AMERICA'S SUCCESSFUL IMPACT IN LAKE COUNTY

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THE ARC NORTHWEST INDIANA2650 WEST 35TH STREET GARY,IN 46408	35- 1055076	501(C)3	18,800				SMALL TRANSIT LIFT VANS
THE FOOD BANK OF NORTHWEST INDIANA2248 WEST 35TH AVENUE GARY,IN 46408	35- 1528285	501(C)3	5,750				GARDEN OF HOPE

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THREE CREEKS HISTORICAL ASSOCIATION240 WEST MAIN STREET LOWELL, IN 46356	35-1385794	501(C)3	6,885				ROSEWOOD WINDOW REPLACEMENT
TRADEWINDS REHABILITATION CENTER INC5901 WEST 7TH AVENUE GARY, IN 46406	35-1139485	501(C)3	41,419				REQUESTED FUND DISTRIBUTION

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TRI TOWN SAFETY VILLAGE1350 EAGLE RIDGE DRIVE SCHERERVILLE, IN 46375	35-1944436	501(C)3	9,500				SAFETY FIELD TRIP FOR LAKE COUNTY SCHOOLS
TRINITY EV LUTHERAN CHURCH AND SCHOOL900 LUTHER DRIVE HOBART, IN 46342	35-6000591	501(C)3	10,000				FUND DISTRIBUTION

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URBAN LEAGUE OF NW INDIANA INC3101 BROADWAY GARY, IN 46409	35-1178594	501(C)3	6,240				COMPUTER CENTER UPGRADES
URBAN REACH INC5400 W 29TH AVENUE GARY, IN 46408	42-1636777	501(C)3	15,000				SOLID LIFE YOUTH PROGRAM

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WHITE'S RESIDENTIAL & FAMILY SERVICES INC15 S COURT ST STE A CROWN POINT, IN 46307	35-0883520	501(C)3	8,703				THREE NURTURING LAKE COUNTY FAMILIES & NURTURING FATHERS PROGRAMS
YMCA OF HAMMOND AREA7322 SOUTHEASTERN AVENUE HAMMOND, IN 46324	35-1046843	501(C)3	8,735				FUND DISTRIBUTION

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YWCA OF GARY 150 WEST 15TH AVENUE GARY, IN 46407	35-0868221	501(C)3	10,321				MARIAN BERRY SCHOLARSHIP FUND - YWCA, FUND DISTRIBUTION