



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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)	OMB No 1545-0047 2012 Open to Public Inspection
	▶ The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2012 calendar year, or tax year beginning 07-01-2012 , 2012, and ending 06-30-2013

B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization LEGACY FOUNDATION INC		D Employer identification number 35-1872803
	Doing Business As		
	Number and street (or P O box if mail is not delivered to street address) 1000 E 80TH PLACE NO 402 N	Room/suite	E Telephone number (219) 736-1880
	City or town, state or country, and ZIP + 4 MERRILLVILLE, IN 46410		G Gross receipts \$ 69,792,196
	F Name and address of principal officer LEIGH MORRIS 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			

Part I Summary

Activities & Governance	1 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		
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	20
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	20
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	7
	6 Total number of volunteers (estimate if necessary)	6	100
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 4,934,200	Current Year 2,116,606
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,386,930	8,998,083
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	25,485	500
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,346,615	11,115,189
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,702,407
14 Benefits paid to or for members (Part IX, column (A), line 4)		0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		344,662	414,507
16a Professional fundraising fees (Part IX, column (A), line 11e)		0	0
b Total fundraising expenses (Part IX, column (D), line 25) ☐ 217,602			
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		471,708	424,351
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		2,518,777	2,791,918
19 Revenue less expenses Subtract line 18 from line 12		3,827,838	8,323,271
Net Assets or Fund Balances			Beginning of Current Year
	20 Total assets (Part X, line 16)	41,840,679	46,819,671
	21 Total liabilities (Part X, line 26)	11,680,080	12,728,875
	22 Net assets or fund balances Subtract line 21 from line 20	30,160,599	34,090,796

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	*****			2014-03-11	
	Signature of officer			Date	
	LEIGH MORRIS PRESIDENT				
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name KANDY L WISCHMEIER CPA		Preparer's signature		Date 2014-03-11
	Check ☐ if self-employed		PTIN P00118327		
	Firm's name  BLUE & CO LLC		Firm's EIN  35-1178661		
	Firm's address  106 COMMUNITY DR SEYMOUR, IN 47274		Phone no (812) 522-8416		

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

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 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 \$ 2,249,082 including grants of \$ 1,953,060) (Revenue \$ 500)

LEGACY FOUNDATION PROVIDED TOTAL GRANTS IN 2013 EXCEEDING \$1,900,000 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 152 INDIVIDUALS TO ASSIST WITH POST-SECONDARY EDUCATION COSTS FOR A TOTAL OF \$157,023

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

2,249,082

Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 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	4	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	5	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 	6 Yes	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9 Yes	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10 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 	11a 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 	11b	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 	11c	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 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e 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 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a 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 and XII is optional 	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	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	18	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	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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, line 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 lines 24b through 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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <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 direct or indirect 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, Part II, III, or IV, and Part V, line 1</i>	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If "Yes" to line 35a, 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		
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 11b 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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2b	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).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		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?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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 as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		No
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		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?		No
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		No
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		No
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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	20	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	20	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	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?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
b	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?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	Yes
b	Other officers or key employees of the organization	15b	Yes
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
b	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?	16b	

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. ☐ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O)	
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 during the tax year	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	DEBI HOVEY 1000 E 80TH PLACE NO 402 N MERRILLVILLE, IN (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 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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 DIRECTOR	1 00	X						0	0	0
(2) NANCY L CLIFFORD CHAIR	1 00	X		X				0	0	0
(3) AMY HAN DIRECTOR	1 00	X						0	0	0
(4) MARGOT CLARK DIRECTOR	1 00	X						0	0	0
(5) DAVE AUSTGEN DIRECTOR	1 00	X						0	0	0
(6) HOWARD COHEN SECRETARY	1 00	X		X				0	0	0
(7) DANETTE GARZA DIRECTOR	1 00	X						0	0	0
(8) MATTHEW H GLAROS DIRECTOR	1 00	X						0	0	0
(9) CAROL HIGHSMITH DIRECTOR	1 00	X						0	0	0
(10) ROBERT JOHNSON VICE-CHAIR	1 00	X		X				0	0	0
(11) TOM KEILMAN DIRECTOR	1 00	X						0	0	0
(12) JANET MORAN DIRECTOR	1 00	X						0	0	0
(13) MARTIE RIVAS-RAMOS DIRECTOR	1 00	X						0	0	0
(14) DAVE RYAN DIRECTOR	1 00	X						0	0	0
(15) SANDRA SNEARLY-VOSBERG TREASURER	1 00	X		X				0	0	0
(16) MICHAEL SUGGS DIRECTOR	1 00	X						0	0	0
(17) J BRIAN HITTINGER DIRECTOR	1 00	X						0	0	0

Part VII

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	124,519	0	3,755

2 Total number of individuals (including but not limited to those listed in Item 1) 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>	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	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>	5	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)	(B)	(C)
Name and business address	Description of services	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

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a	9,793			
	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	1f	2,106,813			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		2,116,606			
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)		1,542,654		
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			
b		Less cost or other basis and sales expenses					
c		Gain or (loss)					
d		Net gain or (loss)			7,455,429		7,455,429
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	ADMINISTRATIVE INCOME	561000	500	500			
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		500				
12	Total revenue. See Instructions		11,115,189	500	0	8,998,083	

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).

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.	1,796,037	1,796,037		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	157,023	157,023		
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.	133,495	53,398	33,374	46,723
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.	215,769	86,307	53,942	75,520
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	5,128	2,052	1,282	1,794
9	Other employee benefits.	32,849	13,140	8,212	11,497
10	Payroll taxes.	27,266	10,906	6,817	9,543
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	540	81	378	81
c	Accounting.	11,450	3,778	3,893	3,779
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.	139,340		139,340	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	34,856	11,501	11,751	11,604
12	Advertising and promotion.	4,804			4,804
13	Office expenses.	24,467	8,075	8,317	8,075
14	Information technology.	9,251	3,052	3,146	3,053
15	Royalties.				
16	Occupancy.	62,440	9,366	31,220	21,854
17	Travel.	14,614	4,822	4,969	4,823
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	17,114	5,648	5,818	5,648
20	Interest.				
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	14,522	3,630	7,261	3,631
23	Insurance.	3,876	1,279	1,318	1,279
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O).				
a	PROGRAM EXPENSES	75,142	75,142		
b	DUES AND SUBSCRIPTIONS	9,016	2,976	3,065	2,975
c	SPECIAL EVENTS	2,582	852	878	852
d	MISC	337	17	253	67
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e.	2,791,918	2,249,082	325,234	217,602
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

☒

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			111,799	1	42,669
	2	Savings and temporary cash investments			1,236,651	2	1,396,014
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			7,037	4	1,895
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				5	
	6	Loans and other 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) 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	108,354			
	b	Less accumulated depreciation	10b	47,987	33,308	10c	60,367
	11	Investments—publicly traded securities			40,451,884	11	45,318,726
	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)			41,840,679	16	46,819,671
Liabilities	17	Accounts payable and accrued expenses			51,830	17	15,905
	18	Grants payable			121,609	18	26,198
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			10,898,376	21	12,082,300
	22	Loans and other 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			608,265	25	604,472
	26	Total liabilities. Add lines 17 through 25			11,680,080	26	12,728,875
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			-270,987	27	-428,916
	28	Temporarily restricted net assets			20,326,370	28	23,644,085
	29	Permanently restricted net assets			10,105,216	29	10,875,627
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ 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			30,160,599	33	34,090,796
	34	Total liabilities and net assets/fund balances			41,840,679	34	46,819,671

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	11,115,189
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,791,918
3	Revenue less expenses Subtract line 2 from line 1	3	8,323,271
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	30,160,599
5	Net unrealized gains (losses) on investments	5	-3,154,972
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-1,238,102
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	34,090,796

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 ☐ Cash ☒ Accrual ☐ 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	Yes	
2c	If "Yes," to line 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	
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
3b	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)

Public Charity Status and Public Support

OMB No 1545-0047

2012

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

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 described in **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 33¹/₃% 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 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

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

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Non-functionally integrated
- 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 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 monetary support
			Yes	No	Yes	No	Yes	No	
Total									

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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	1,857,108	4,189,359	2,670,560	4,934,200	2,116,606	15,767,833
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	1,857,108	4,189,359	2,670,560	4,934,200	2,116,606	15,767,833
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)						5,110,833
6 Public support. Subtract line 5 from line 4						10,657,000

Section B. Total Support							
Calendar year (or fiscal year beginning in) ▶		(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	1,857,108	4,189,359	2,670,560	4,934,200	2,116,606	15,767,833
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	908,212	1,027,621	1,151,208	1,104,556	1,542,654	5,734,251
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)		19,652	13,315	25,485	500	58,952
11	Total support (Add lines 7 through 10)						21,561,036
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 2012 (line 6, column (f) divided by line 11, column (f))	14	49 430 %
15	Public support percentage for 2011 Schedule A, Part II, line 14	15	51 210 %
16a	33 1/3% support test—2012. 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—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a	10%-facts-and-circumstances test—2012. 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—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization		
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		

Part IIISupport Schedule for Organizations Described in 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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2012. 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—2011. 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.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and 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

2012

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	33	
2 Aggregate contributions to (during year)	784,072	
3 Aggregate grants from (during year)	59,002	
4 Aggregate value at end of year	6,524,415	
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?	☒ Yes ☐ No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	☒ Yes ☐ No	

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 education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1

\$

b Assets included in Form 990, Part X

\$

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

3

Using the organization's acquisition, 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 XIII

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 XIII and complete the following table

	Amount
1c	
1d	
1e	
1f	

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

2a

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

☒ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☒

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back	
1a	Beginning of year balance	29,681,217	28,099,402	23,197,026	23,738,213	27,780,154
b	Contributions	1,640,538	3,823,840	1,737,719	2,192,474	2,751,115
c	Net investment earnings, gains, and losses	4,158,673	-450,932	5,213,322	-659,571	-4,564,523
d	Grants or scholarships	1,278,341	1,374,275	1,630,576	1,724,034	1,915,472
e	Other expenditures for facilities and programs					313,061
f	Administrative expenses	487,865	416,818	418,089	350,056	
g	End of year balance	33,714,222	29,681,217	28,099,402	23,197,026	23,738,213

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

b

Permanent endowment

32 000 %

c

Temporarily restricted endowment

68 000 %

The percentages in lines 2a, 2b, and 2c should equal 100%

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 XIII 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		108,354	47,987	60,367
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				60,367

Schedule D (Form 990) 2012

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return					
1	Total revenue, gains, and other support per audited financial statements			1	6,274,104
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-3,154,972		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	433,687		
e	Add lines 2a through 2d			2e	-2,721,285
3	Subtract line 2e from line 1			3	8,995,389
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	139,340		
b	Other (Describe in Part XIII)	4b	1,980,460		
c	Add lines 4a and 4b		4c		
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)			5	11,115,189
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return					
1	Total expenses and losses per audited financial statements			1	2,343,907
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	487,865		
e	Add lines 2a through 2d			2e	487,865
3	Subtract line 2e from line 1			3	1,856,042
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	139,340		
b	Other (Describe in Part XIII)	4b	796,536		
c	Add lines 4a and 4b		4c		
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)			5	2,791,918
Part XIII Supplemental Information					

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, 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, LINE 2	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, 2013 AND 2012, 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 2D - OTHER ADJUSTMENTS		ADMINISTRATIVE FEES 487,865. CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS -54,178.
PART XI, LINE 4B - OTHER ADJUSTMENTS		SFAS 136 ADJUSTMENT 1,980,460.
PART XII, LINE 2D - OTHER ADJUSTMENTS		ADMINISTRATIVE FEES 487,865.
PART XII, LINE 4B - OTHER ADJUSTMENTS		SFAS 136 ADJUSTMENT 796,536.

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

2012

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. Part II can be duplicated 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

87

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.
Part III can be duplicated 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	152	157,023			

Part IV

Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), 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

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
ACCION CHICAGO INC 1436 W RANDOLPH STREET CHICAGO,IL 60607		501(C)(3)	10,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ANCILLA SYSTEMS1419 SOUTH LAKE PARK AVE HOBART,IN 46342		501(C)(3)	56,737				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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
ANCILLA SYSTEMS1419 SOUTH LAKE PARK AVE HOBART,IN 46342		501(C)(3)	54,138				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BOYS & GIRLS CLUBS OF NW INDIANA839 BROADWAY STE N303 GARY,IN 46402		501(C)(3)	10,907				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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
BOYS & GIRLS CLUBS OF NWINDIANA839 BROADWAY STE N303 GARY,IN 46402		501(C)(3)	8,694				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CALUMET COLLEGE OF ST JOSEPH2400 NEWYORK AVE WHITING,IN 46394		501(C)(3)	5,764				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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		501(C)(3)	46,198				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CATHOLIC CHARITIES OF THE DIOCESE OF GARY INC321 W 11TH ST MICHIGAN CITY,IN 46360		501(C)(3)	15,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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 GARY9292 BROADWAY MERRILVILLE,IN 46410		501(C)(3)	23,750				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CATHOLIC MEDICAL MISSION BOARD10 W 17TH ST NEWYORK,NY 10011		501(C)(3)	9,500				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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 ST BALTIMORE,MD 21201		501(C)(3)	9,500				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CHALLENGER LEARNING CENTER OF NORTHWEST INDIANA2300 173RD AVENUE HAMMOND,IN 46323		501(C)(3)	6,319				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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
CHALLENGER LEARNING CENTER OF NORTHWEST INDIANA2300 - 173RD AVENUE HAMMOND,IN 46323		501(C)(3)	6,283				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CHICAGO LAWYERS COMMITTEE FOR CIVIL RIGHTS INC100 N LASALLE CHICAGO,IN 60602		501(C)(3)	10,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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
CHORUS ANGELORUM INC PO BOX 421 WHITING,IN 46394		501(C)(3)	6,500				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
COLLEGE ACCELERATION NETWORK251 FAIRFIELD DR CROWN POINT,IN 46307		501(C)(3)	10,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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
COMMUNITIES IN SCHOOLS OF EAST CHICAGO INCORPORATED 100 WEST CHICAGO AVENUE EAST CHICAGO,IN 46312		501(C)(3)	14,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
DEAF SERVICES INC6 E 67TH AVE STE 3 MERRILVILLE,IN 46410		501(C)(3)	7,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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
DEAF SERVICES INC6 EAST 67TH AVENUE MERRILVILLE,IN 46410		501(C)(3)	9,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FOOD BANK OF NORTHWEST INDIANA INC 2248 W 35TH AVENUE GARY,IN 46408		501(C)(3)	25,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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
FRACTURED ATLAS248 W 35TH STREET NEW YORK,NY 10001		501(C)(3)	5,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FRANCISCAN COMMUNITIESST ANTHONY CAMPUS203 FRANCISCAN DR CROWN POINT,IN 46307		501(C)(3)	36,976				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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
FRANCISCAN SISTERS OF CHICAGO SERVICE CORPORATION1055 W 175TH AVENUE - SUITE 2 HOMewood,IL 60430		501(C)(3)	5,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HABITAT FOR HUMANITY OF NORTHWEST INDIANA INC6114 WRIDGE ROAD GARY,IN 46408		501(C)(3)	6,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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
HAMMOND COMMUNITY CORPORATION649 CONKEY ST HAMMOND,IN 46324		501(C)(3)	6,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HAMMOND COMMUNITY CORPORATION649 CONKEY ST HAMMOND,IN 46324		501(C)(3)	57,177				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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
HAMMOND EDUCATION FOUNDATION INC41 WILLIAMS STREET HAMMOND,IN 46320		501(C)(3)	14,400				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HAMMOND PUBLIC LIBRARY564 STATE STREET HAMMOND,IN 46320		501(C)(3)	20,363				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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
HAMMOND PUBLIC LIBRARY564 STATE STREET HAMMOND,IN 46320		501(C)(3)	20,919				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HAMMOND PUBLIC LIBRARY564 STATE STREET HAMMOND,IN 46320		501(C)(3)	6,550				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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
HOBART FAMILY YMCA601 W 40TH PLACE HOBART,IN 46342		501(C)(3)	11,306				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HOBART FOOD PANTRY INCORPORATED200 SOUTH HOBART ROAD HOBART,IN 46342		501(C)(3)	29,500				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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
HOBART FOOD PANTRY INCORPORATED200 SOUTH HOBART ROAD HOBART,IN 46342		501(C)(3)	5,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
INDIANA UNIVERSITY509 E 3RD STREET BLOOMINGTON,IN 47401		501(C)(3)	15,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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
INDIANA UNIVERSITY509 E 3RD ST BLOOMINGTON,IN 47401		501(C)(3)	5,489				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
INDIANA UNIVERSITY509 E 3RD ST BLOOMINGTON,IN 47401		501(C)(3)	8,698				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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
INDIANA UNIVERSITY509 E 3RD ST BLOOMINGTON,IN 47401		501(C)(3)	6,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
INDIANA WOMEN IN NEED FOUNDATION INC6507 CARROLLTON AVENUE INDIANAPOLIS,IN 46220		501(C)(3)	7,500				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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
INDIANA YOUTH INSTITUTE603 E WASHINGTON ST STE 800 INDIANAPOLIS,IN 46204		501(C)(3)	30,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
KIDS AGAINST HUNGER-GREENWOOD1001 COMMERCE PARKWAY S DRIVE GREENWOOD,IN 46143		501(C)(3)	7,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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
LAKE AREA UNITED WAY 221 WEST RIDGE ROAD GRIFFITH,IN 46319		501(C)(3)	7,088				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LAKE AREA UNITED WAY 221 WEST RIDGE ROAD GRIFFITH,IN 46319		501(C)(3)	7,102				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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
LAKE COUNTY LIBRARY 1919 W 81ST AVENUE MERRILVILLE, IN 46410		501(C)(3)	19,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LAKE COURT HOUSE FOUNDATION INCPO BOX 556 CROWN POINT, IN 46308		501(C)(3)	5,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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
LAKE COURT HOUSE FOUNDATION INCPO BOX 556 CROWN POINT,IN 46308		501(C)(3)	10,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LEADERSHIP NORTHWEST INDIANA INC410 E LINCOLNWAY VALPARAISO,IN 46383		501(C)(3)	10,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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
LIVE LOVE LIFE230 W HURON ST 3RD FLOOR CHICAGO,IN 60606		501(C)(3)	5,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MARIA REINER CENTER (CITY OF HOBART)705 EAST 4TH STREET HOBART,IN 46342		501(C)(3)	61,548				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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
MARYKNOLL SISTERS OF ST DOMINIC INCUNKNOWN ADDRESS MARYKNOLL, NY 10545		501(C)(3)	9,500				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MAYO CLINIC FOUNDATIONDEPARTMENT OF DEVELOPMENT ROCHESTER, MN 55905		501(C)(3)	19,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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
MCHENRY COUNTY UNITED WAYPO BOX 1738 CRYSTAL LAKE,IL 60639		501(C)(3)	6,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MEALS ON WHEELS OF NORTHWEST INDIANA INC 8446 VIRGINIA STREET MERRILVILLE,IN 46410		501(C)(3)	25,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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
MEALS ON WHEELS OF NW INDIANA INC8446 VIRGINIA ST MERRILVILLE,IN 46410		501(C)(3)	10,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MEALS ON WHEELS OF NW INDIANA INC8446 VIRGINIA ST MERRILVILLE,IN 46410		501(C)(3)	10,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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
MS CHELSEA HUMBLE2103 BECHTEL ROAD INDIANAPOLIS,IN 46260		501(C)(3)	6,460				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
NORTHSHORE HEALTH CENTERS INC3207 WILLOWCREEK ROAD PORTAGE,IN 46368		501(C)(3)	5,712				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHWEST INDIANA PUBLIC BROADCASTING INC8625 INDIANA AVE MERRILVILLE,IN 46410		501(C)(3)	9,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
NORTHWEST INDIANA SYMPHONY ORCHESTRA 1040 RIDGE ROAD MUNSTER,IN 46321		501(C)(3)	10,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHWEST INDIANA SYMPHONY SOCIETY INC 1040 RIDGE ROAD MUNSTER,IN 46321		501(C)(3)	15,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
OUR FAMILY CENTER INC 820 171ST ST HAMMOND,IN 46324		501(C)(3)	7,500				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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
PARENTS AS TEACHERS OF LAKE COUNTY6530 NEW HAMPSHIRE AVE HAMMOND,IN 46323		501(C)(3)	10,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
PETTIT ACCOUNTING & MANAGEMENT SERVICE 650 S LAKE STREET GARY,IN 46403		501(C)(3)	8,250				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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
POWER PAWS FOR KIDS INC AAT (ANIMAL ASSISTED THERAPY)1443 EDGEWATER ROAD CROWN POINT,IN 46307		501(C)(3)	11,500				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
PURDUE FOUNDATION CALUMET2200 - 169TH ST HAMMOND,IN 46323		501(C)(3)	6,153				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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
PURDUE UNIVERSITY WEST LAFAYETTE SPONSORED PROGRAM SERVICES155 S GRANT STREET WEST LAFAYETTE,IN 47907		501(C)(3)	30,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
REACH OUT AND READ INC 1200 MADISON AVENUE INDIANAPOLIS,IN 46225		501(C)(3)	20,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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
SCHOOL CITY OF HOBART 32 EAST 7TH STREET HOBART,IN 46342		501(C)(3)	10,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SOUTH SHORE ARTS INC 1040 RIDGE ROAD MUNSTER,IN 46321		501(C)(3)	12,927				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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
SOUTH SHORE ARTS INC 1040 RIDGE ROAD MUNSTER, IN 46321		501(C)(3)	35,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SOUTH SHORE ARTS INC 1040 RIDGE ROAD MUNSTER, IN 46321		501(C)(3)	25,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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
SOUTH SHORE ARTS INC 1040 RIDGE ROAD MUNSTER, IN 46321		501(C)(3)	40,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SOUTH SHORE ARTS INC 1040 RIDGE ROAD MUNSTER, IN 46321		501(C)(3)	12,790				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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
SOUTH SHORE DANCE ALLIANCE INC201 N GRIFFITH BLVD GRIFFITH,IN 46319		501(C)(3)	5,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SOUTHLAKE YOUNG MENS CHRISTIAN ASSOCIATION INC201 N GRIFFITH BLVD GRIFFITH,IN 46319		501(C)(3)	25,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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
ST ANTHONY MEDICAL CENTER INC1201 S MAIN ST CROWN POINT,IN 46307		501(C)(3)	9,839				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ST ANTHONY MEDICAL CENTER INC1201 S MAIN ST CROWN POINT,IN 46307		501(C)(3)	9,184				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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
TALTREE ARBORETUM AND GARDENS FOUNDATION INC71 N 500 W VALPARAISO,IN 46385		501(C)(3)	9,100				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
THE ARC NORTHWEST INDIANA INC2650 35TH AVENUE GARY,IN 46408		501(C)(3)	17,246				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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
THE ARC NORTHWEST INDIANA INC2650 35TH AVENUE GARY,IN 46408		501(C)(3)	26,579				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
TRADEWINDS REHABILITATION CENTER INC5901 WEST 7TH AVENUE GARY,IN 46405		501(C)(3)	20,833				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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
TRADEWINDS SERVICES INC5901 W 7TH AVE GARY,IN 46406		501(C)(3)	21,059				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
TRADEWINDS SERVICES INC5901 W 7TH AVE GARY,IN 46406		501(C)(3)	10,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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
TRINITY EV LUTHERAN CHURCH AND SCHOOL900 LUTHER DRIVE HOBART,IN 46342		501(C)(3)	10,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
TRUSTEES OF INDIANA UNIVERSITY ON BEHALF OF INDIANA UNIVERSITY 509 E 3RD STREET BLOOMINGTON,IN 47401		501(C)(3)	24,996				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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
URBAN LEAGUE OF NW INDIANA INC3101 BROADWAY GARY,IN 46409		501(C)(3)	25,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
YMCA OF HAMMOND AREA 201 N GRIFFITH BLVD GRIFFITH,IN 46319		501(C)(3)	8,629				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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
YMCA OF HAMMOND AREA 201 N GRIFFITH BLVD GRIFFITH,IN 46319		501(C)(3)	11,696				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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

2012

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 9	SFAS 136 ADJUSTMENT -1,183,924 CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT -54,178
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