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-EZ**

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at *www.irs.gov/form990*.

OMB No. 1545-1150

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning January 1 , 2013, and ending December 31 , 20 13

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
Legacy Family Ministries

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
7574 FM 1123

City or town, state or province, country, and ZIP or foreign postal code
Belton, Texas 76513

D Employer identification number
74-2736222

E Telephone number
254-933-2300

F Group Exemption Number ▶

G Accounting Method: ☑ Cash ☐ Accrual Other (specify) ▶

H Check ▶ ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ www.legacyfamily.org

J Tax-exempt status (check only one) – ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ $ 145,072

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I . . . . . ☑

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	120,705
	2	Program service revenue including government fees and contracts		2	20,336
	3	Membership dues and assessments		3	
	4	Investment income		4	4,031
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less: cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a		
	b	Gross income from fundraising events (not including $ ____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b		
	c	Less: direct expenses from gaming and fundraising events	6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less: cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe in Schedule O)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	145,072
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	7,425
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	83,754
	13	Professional fees and other payments to independent contractors		13	
	14	Occupancy, rent, utilities, and maintenance		14	7,292
	15	Printing, publications, postage, and shipping		15	1,680
	16	Other expenses (describe in Schedule O)		16	38,781
	17	**Total expenses.** Add lines 10 through 16		17	138,932
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	6,140
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	157,338
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	19,293
	21	Net assets or fund balances at end of year. Combine lines 18 through 20		21	182,771

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☐

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	157,935	22	182,373
23	Land and buildings		23	
24	Other assets (describe in Schedule O)	972	24	1,145
25	**Total assets**	158,907	25	183,518
26	**Total liabilities** (describe in Schedule O)	1,569	26	747
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	157,338	27	182,771

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III . . ☑

What is the organization's primary exempt purpose? See Schedule 1

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

28 **Individual Ministry - See Schedule 1**

(Grants $ 4,901) If this amount includes foreign grants, check here . . . . ▶ ☐ **28a** 15,371

29 **Couples Ministry - See Schedule 1**

(Grants $ 0) If this amount includes foreign grants, check here . . . . ▶ ☐ **29a** 69,841

30 **Family Ministry - See Schedule 1**

(Grants $ 2,524) If this amount includes foreign grants, check here . . . . ▶ ☐ **30a** 7716

31 Other program services (describe in Schedule O)

(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ **31a**

32 **Total program service expenses** (add lines 28a through 31a) . . . . . ▶ **32** 92,928

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV . . . . . ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Carla Weathersbee, Director, President	20	30,000		
Darrell Janecka, Director, Treasurer, Secretary	20	25,631	12,919	
Byron Weathersbee, Director, Vice President				
Kevin Rhea, Director				
Leslie Rhea, Director				
Kim Scott, Director				
Cindy Janecka, Director				
Jeff Walter, Director				
Jay Jeffrey, Director				

Part V **Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☐

			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		✓
35a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		✓
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		✓
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		✓
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		✓
41	List the states with which a copy of this return is filed ▶ _____			
42a	The organization's books are in care of ▶ **Lesa Wright** Telephone no. ▶ **254-933-2300** Located at ▶ **7475 FM 1123, Belton, Texas** ZIP + 4 ▶ **76513**			
b	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)? If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**	42b		✓
c	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶ _____	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		✓
c	Did the organization receive any payments for indoor tanning services during the year?	44c		✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		✓

			Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		✓

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

			Yes	No
47	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	47		✓
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		✓
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		✓
b	If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over $100,000 . . . . ▶ None

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over $100,000 . . ▶ None

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . . . . . ▶ ☑ Yes ☐ No

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

▶ Carla Weathersbee — Signature of officer — 9-11-14 — Date

▶ Carla Weathersbee, President — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no.	

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶ ☐ Yes ☐ No

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.***

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization	Employer identification number
Legacy Family Ministries	74-2736222

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 33⅓% 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 33⅓% 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?

		Yes	No
(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?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . .	176,021	182,391	190,988	154,525	120,705	824,630
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	176,021	182,391	190,988	154,525	120,705	824,630
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)						245,630
6 **Public support.** Subtract line 5 from line 4.						579,000

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	176,021	182,391	190,988	154,525	120,705	824,630
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	262	617	780	617	4,031	6,307
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.)						
11 **Total support.** Add lines 7 through 10						830,937
12 Gross receipts from related activities, etc. (see instructions)					12	113,576

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	70 %
15	Public support percentage from 2012 Schedule A, Part II, line 14	15	72 %

16a **33⅓% support test—2013.** If the organization did not check the box on line 13, and line 14 is 33⅓% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☑

b **33⅓% support test—2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2013.** 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—2012.** 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 . . . . . ▶ ☐

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 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization	Employer identification number
Legacy Family Ministries	74-2736222

Form 990-EZ, Page 1, Part I, Line 10 - Grants Paid $7,425

See Schedule 4

Form 990-EZ, Page 1, Part I, Line 16 - Other Expenses $38,781

See Schedule 3

Form 990-EZ, Page 1, Part I, Line 20 - Other Changes in Net Assets $19,293

Our mutual fund investments ended the year with an increased fair market value

Form 990-EZ, Page 2, Part II, Line 24 - Other Assets $1,145

See Schedule 2

Form 990-EZ, Page 2, Part II, Line 26 - Total Liabilities $747

Payroll Taxes Payable

Form 990-EZ, Page 2, Part III, Lines 28, 29 and 30 - Purpose and Program Service Accomplishments

See Schedule 1

Legacy Family Ministries
74-2736222
2013 Form 990-EZ
Schedule 1

Page 2, Part III, Lines 28, 29, and 30 – Purpose and Program Service Accomplishments

Our Purpose: Why We Exist

Founded in 1995, Legacy Family Ministries' (LFM) mission is to pass on God's principles from one generation to the next:

- By *deepening the roots of individuals* with God's truth through mentoring, teaching, speaking, and writing.
- By *developing the foundation of pre-engaged and engaged couples* to grow in Christ and make family a priority through curriculum instruction on relationships, mate selection, and marriage preparation.
- By *encouraging busy families* to focus on what is most important -- God and each other -- through church/community education, retreats, and parent forums.

Our Core Values: What We Believe

Throughout Scriptures the idea of passing on a Biblical legacy is consistent. A society is influenced by the truth of God being taught to the next generation. At LFM these core values guide our ministry model:

1. Passing on God's Principles
2. Building the Foundation - Preventive Education
3. Wholeness/Completeness
4. Deepening the Roots
5. Relationships
6. Mediated Learning - The role of the Holy Spirit
7. Family Interaction

To that end, the program services are broken into three fundamental areas: individuals, couples, and families.

Our services: What we accomplished in 2013

The ministry to individuals in 2013 focused primarily on high school students, college students, and young adults. Carla Weathersbee met with approximately 15 individuals in informal settings for bible study, mentorship, and support. Mrs. Weathersbee utilized the resource *Before Forever: How do you know that you know* for seriously dating couples as needed.

The ministry to couples in 2013 was primarily comprised of premarital education classes. This *Countdown* class is based on the principle that it takes three for the two to become one. The class is designed to challenge engaged couples to develop their upcoming marital relationships on a foundation of biblical principles. Several local Waco area classes meet once a week for six weeks at a local home, then end with a weekend retreat at Summers Mill in Salado, TX. The total 2013 class enrollment was 64 individuals (Spring enrollment of 22 couples; Fall enrollment of 10 couples). The classes were taught by Byon and Carla Weathersbee, Ted and Gloria Lewis, Brandon and Elizabeth Oates, Benjie and Kimberly Polnick, and Blair and Jordan Browning.

The *Countdown* syllabus was compressed and provided as a *Weekender* for 44 individuals at Summers Mill (Spring enrollment of 8 couples; Summer enrollment of 7 couples; Fall enrollment of 7 couples). The Weekenders were led by the Weathersbees, Brownings, and Oates. The Weathersbees also covered the same material with 6 individuals in one-on-one sessions throughout the year.

An additional 60 individuals completed the *Countdown* course as led by LFM trained leaders in Abilene, TX; Bryan/College Station, TX; Denton, TX; Edmond, OK; Houston, TX; Jonesboro, AR; Lewisville, TX; Lufkin, TX; Marble Falls, TX; New Braunfels, TX; and Waco, TX. A total of 87 couples completed LFM's pre-marital education course in 2013.

The Weathersbees hosted a ReUnion retreat for 60 individuals at Summers Mill in December. Byron also officiated 5 weddings, and the various Countdown leaders attended numerous weddings as well.

The ministry to families in 2013 consisted of informal encouragement of our Countdown alumni and other families.

Legacy Family Ministries
74-2736222
2013 Form 990-EZ
Schedule 2

Depreciation Report

Date Purchased	Description	Cost	Life	Method	A/D 12	Depr 13	A/D 13	Book Value @ 12/31/13 or Date Disposed
12/15/1995	File Cabinet	83 99	7	SL HY	83 99	-	83 99	-
12/31/1999	JBL Sound System	1,710 00	7	SL HY	1,710 00	-	1,710 00	-
10/31/2002	Dell Dimension 4500 P4 2GHz PC	1,486 86	7	SL HY	1,486 86	-	1,486 86	-
1/31/2004	Dell 15" Flat Panel monitor	322 59	5	SL HY	322 59	-	322 59	-
7/31/2007	Office Chair	99 99	7	SL HY	85 68	14 31	99 99	-
9/27/2007	Office Chairs	159 98	7	SL HY	137 10	22 88	159 98	-
12/27/2007	HP Color LaserJet 1600	288 95	5	SL HY	288 95	-	288 95	-
4/30/2009	Apple MacBook	3,274 51	5	SL HY	2,619 60	654 91	3,274.51	-
12/31/2012	Dell Inspiron 560	350 00	5	SL HY	70 00	70 00	140 00	210 00
		7,776 87			6,804 77	762 10	7,566 87	210 00
Purchased in 2013								
5/1/2013	Office Desk	175 00	7	SL HY		25 00	25 00	150 00
5/25/2013	Office Desk	650 00	7	SL HY		92 86	92 86	557 14
11/24/2013	HP Color Office Jet Pro 8600	284 69	5	SL HY		56 94	56 94	227 75
		1,109 69			-	174 80	174 80	934.89
Disposed of in 2013								
		-			-	-	-	-
Total Book Value of Assets 12/31/2013		**8,886.56**			**6,804.77**	**936.90**	**7,741.67**	**1,144.89**
Total Depreciation 2013						**936.90**		

Legacy Family Ministries
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Schedule 3

Page 1, Part I, Line 16 - Other Expenses

	Total	Program	Mangement and General	Fundraising
Bank Charges	$3,640	$3,012	$628	
Child Care	$150	$150		
Development	$385	$219	$165	
Dues & Subscriptions	$1,128	$384	$744	
Event Expense	$8,023	$8,023		
Facilities Rental	$13,659	$13,659		
Fundraising	$4,186			$4,186
Meals & Catering	$7,104	$7,104		
Postage	$507	$459	$48	
	$38,781	$33,010	$1,585	$4,186

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Schedule 4

Page 1, Part I, Line 10 - Grants Paid

	Cash	Non-cash
All Peoples Church 6122 El Cajon Blvd San Diego, CA 92118	$ 500.00	$ -
Baylor University One Bear Place Waco, TX 76798	$ 825.00	-
Camp Machacheh PO Box 32644 Waco, TX 76703	$ 100.00	-
Kyle Lake Foundation PO Box 6776 Tyler, TX 75711	$ 1,500.00	-
Mission Waco 1315 N 15th Street Waco, TX 76707	$ 1,000.00	-
Redeemer Church 5017 Teasly Ln Ste 145 #22 Denton, TX 76210	$ 2,500.00	-
True Grind Ministries PO Box 1406 Temple, TX 76503	$ 500.00	-
Vertical Ministries PO Box 1472 Waco, TX 76703	$ 500.00	-
	$ 7,425.00	$ -