

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



SCANNED JUN 2 2 2019

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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.
 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

A	For the 2013 c	calendar year, or tax yea	r beginning 0'	$7/01/13$, and ϵ	nding 06/30/	14		
В	Check if applicable	C Name of organization	Legacy End	lowment	= 		D Employ	er identification number
	Address change		The Commun	nity Foundation	n			
$\overline{\Box}$	Name change	Doing Business As				 -	33-	0620685
\equiv	•	Number and street (or P O b	ox if mail is not delivere	ed to street address)		Room/suite	E Telepho	one number
닏	Instal return	P.O. Box 2710	o _				760	-728-3304
Ш	Terminated	City or town, state or province	e, country, and ZIP or fr	oreign postal code		•	_	
	Amended return	Fallbrook		CA 92088-27	10		G Gross rece	epts\$ 3,928,783
ī	Application pending	F Name and address of principal	al officer					bordinates? Yes X No
ш	reproducti pending	Mark Hvasta	a			H(a) Is this a gri	oup return for su	bordinates? Yes X No
		P.O. Box 40	00			H(b) Are all sub	ordinates inclu	ded? Yes No
		Fallbrook		CA 92088	3-0400	If "No,	" attach a list (see instructions)
ī	Tax-exempt status		01(c) () <	(insert no) 4947(a)	(1) or 527			
J	website· ▶ 1	egacycommuni	tyfoundat	tion.org		H(c) Group exe	mption number	•
ĸ	Form of organization	X Corporation Trust	t Association	Other >	L	rear of formation 1	994	M State of legal domicile CA
P	arti Su	ummary						
	1 Briefly de	escribe the organization's	mission or most:	significant activities:				
ø	To e	enhance and pres	serve a hig	gher quality of	of life for co	ommunitie	s by	
and	faci	litating philar	nthropy for	r families, in	divduals and	nonprofi	ts.	
ern								
Š	2 Check th	is box ▶ 📗 if the organı	ization discontinue	ed its operations or dis	posed of more than 25	5% of its net as:	sets	
85	3 Number	of voting members of the	governing body (Part VI, line 1a)			3	8
es	4 Number	of independent voting me	mbers of the gove	erning body (Part VI, Iii	ne 1b)		4	8
Activities & Governance	5 Total nur	mber of individuals employ	yed in calendar ye	ear 2013 (Part V, line 2	a)		5	3
Act		mber of volunteers (estima					6	8
	7a Total unr	elated business revenue lated business taxable inc	from Part VIII, 60	omn (C). Jine 12	n l		7a	0
	b Net unrel	lated business taxable inc	come from Form 9	990-Tine-34/L-1 V L	ال ال		7b	0
en	0.0	(Dant VIII			015	Prior Ye	9,560	Current Year 155,163
		tions and grants (Part VIII		E MAY 2 1 2	015	19	3,300	133,103
Revenue	1	service revenue (Part VII ent income (Part VIII, colu	3,	[91	8,986	1,047,724
æ		venue (Part VIII, column (1,040	18,359			
		enue – add lines 8 throug			ne 12\		9,586	1,221,246
		nd similar amounts paid (127		0,376	547,631
		paid to or for members (P	-			0		
co.		other compensation, emi			s 5–10)	6	9,531	87,637
penses	· ·	onal fundraising fees (Par		, , , , , , , , , , , , , , , , , , , ,	,			0
ĕ		draising expenses (Part I)		<u>-</u>	1,205	* *	, ,	
Ä		penses (Part IX, column (8	7,593	122,627
		penses Add lines 13-17 (7,500	757,895
	19 Revenue	less expenses Subtract	line 18 from line	12		69	2,086	463,351
Net Assets or Fund Balances						Beginning of Cu		End of Year
Sets	20 Total ass	sets (Part X, line 16)				10,44		11,510,823
ag A	21 Total liab	oilities (Part X, line 26)					8,017	16,750
굔릁	22 Net asse	ts or fund balances. Subt	ract line 21 from I	ine 20		10,43	2,331	11,494,073
		gnature Block						
		perjury, I declare that I have emplete Declaration of preparation						owledge and belief, it is
	1	V1 100	- Onan	001) 10 00000 011 011 1110177		indo diriy kiriowicog		<u> </u>
Sig	.n 5	Signature of officer) (((((((((((((((((((Date	7 (1)
Нe)'' '	Peter Fellic	20		Teasu	rer		
116		Type or print name and title	76			Ter		·
		e preparer's name		Prepared signature	1.111	Date	Check	X if PTIN
Pai	4	rd F Levering, CPA		Richard F Leveri	ag. CPA		/15 self-em	
Pre	parer Firm's na		ing & Hva	<u> </u>	LP		Firm's EIN	26-0283164
	Only	PO Box					List?	
	Firm's ad	. 77-114-		92088-0400		1,	Phone no	760-728-8393
May	•	ss this return with the prep			·			Yes No
		uction Act Notice, see the			 -			Form 990 (2042

Form 990 (20	13) Legacy Endowme	ent	33-0620685	Page 2
Part III	Statement of Program	Service Accomplishment entains a response or note t	ts	
	lescribe the organization's mission		o any line in this rait in	
			lity of life for o	communities by
			es, indivduals and	
14011	rouding pillumon	iopy for rumific	ob, marvadab dii	· ····································
2 Did the	organization undertake any signi	ficant program services during th	ne year which were not listed on the	
рпог Fo	rm 990 or 990-EZ?			Yes X No
If "Yes,"	describe these new services on	Schedule O.		
3 Did the	organization cease conducting, o	or make significant changes in ho	ow it conducts, any program	
services				Yes X No
	describe these changes on Sch			
			of its three largest program services	
		 organizations are required to it for each program service reporte 	report the amount of grants and allord	ocations to others,
4a (Code) (Expenses \$	524 - 676 including ar	ants of \$ 524,676) (Pevenue \$
The Fe special Communication	oundation makes al projects and nity Foundation	grants from the pass-thru funds is committed to	various endowment that it holds. Le improving the qua	es, donor-advised, egacy EndowmentThe ality of life in the
follo	wing areas: art	s/culture, educa	by supporting location/training, heads	
disab		earch, senior ca	dses and programs	i for the
		understanding o	of the needs of th	e community and can
				that can meet those
needs		•	•	
highe	r education and	vocation/technic	ants of \$ 22,955 or students attended cal education instemed e educational inst	
4c (Code) (Expenses \$	including gra	ants of \$) (Revenue \$
4d Other pr	rogram services. (Describe in Sc	hedule O)		
(Expens	es \$	including grants of \$) (Revenue \$)
4e Total pro	ogram service expenses	547,631		

Form 990 (2013) Legacy Endowment Part IV Checklist of Required Schedules

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
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		X
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		X
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 98-197 If "Yes," complete Schedule C,			
	Part III	5		_X_
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	X	
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		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		_X_
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		<u> </u>
0	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	X	
1	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	1		,
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		<u> </u>
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		<u> </u>
С	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		<u> </u>
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	7,	<u> </u>
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			7.5
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	_X	
þ	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			v
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
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	446		v
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		<u> </u>
J	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	4.5		х
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15		
U	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	10		
•	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		x
8	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		X
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	-10		
3	If "Yes," complete Schedule G, Part III	19		X
02	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		$\frac{\mathbf{x}}{\mathbf{x}}$
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a	-+	
~		-00		

P	art IV Checklist of Required Schedules (continued)			age -
	· · · · · · · · · · · · · · · · · · ·		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	<u></u>
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	·		
	through 24d and complete Schedule K If "No," go to line 25a	24a	L	X_
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		ļ
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? If "Yes," complete Schedule L, Part I	25a		_X_
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If so, complete Schedule L, Part II	26	<u> </u>	X
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? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			<u></u>
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			٠,,
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u> </u>	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			٠,,
•	conservation contributions? If "Yes," complete Schedule M	30	-	<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			.
	Part I	31	 -	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			.
22	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
34	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	24		
250	or IV, and Part V, line 1	34	<u> </u>	X
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a		_
ь		256		
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		 -
30	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	25		x
37		_36_		_
JI	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,		,	
	Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37		
	The time of the second complete contraction of the bloader explanations in contenting of the last Alt illies i in alle		ı	ı

19? Note. All Form 990 filers are required to complete Schedule O

Form 990 (2013) Legacy Endowment

"Pa	art V. Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response or note to any line in this Par	<u>t V</u>	· · ·			
		1.	ا ج	اسسرا	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	5	- _	11	13
Ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	<u>_1b</u>		+ $($	4	1 3
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		W.	4	30.00
	reportable gaming (gambling) winnings to prize winners?			1c	Х	,
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		_		,	(2.
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	3	- :	w.; /	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax r			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruct	ions)		الم أيما	1	~
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Sched			3b		-
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other					1
	over, a financial account in a foreign country (such as a bank account, securities account, or other	r financial				7.5
	account)?			4a		X.
b	If "Yes," enter the name of the foreign country					ĺ
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Finan		ınts			l
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year	•?		5a		X
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans	saction?		5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and di	d the		1		
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contrib	outions or				
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					ĺ
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly	for goods				l
	and services provided to the payor?			7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b_		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which i	t was				
	required to file Form 8282?		í	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	l	_	,	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal bene	fit contrac	t?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit of			7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file	Form 88	99 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the orga		le a Form 1098-C?	7h	.,,	<u> </u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporti					ĺ
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsor	ng				`
	organization, have excess business holdings at any time during the year?			8		X
9	Sponsoring organizations maintaining donor advised funds.			14		İ
а	Did the organization make any taxable distributions under section 4966?			9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		X
10	Section 501(c)(7) organizations. Enter		1			į
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		_		į
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		⊥ ∤∷ !		į
11	Section 501(c)(12) organizations. Enter				,	1
а	Gross income from members or shareholders	11a		_[``.		
b	Gross income from other sources (Do not net amounts due or paid to other sources				4	ĺ .
	against amounts due or received from them.)	11b	ļ			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of F	orm 1041	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	<u> </u>			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					L
а	Is the organization licensed to issue qualified health plans in more than one state?			13a	<u> </u>	
	Note. See the instructions for additional information the organization must report on Schedule O					
b	Enter the amount of reserves the organization is required to maintain by the states in which	ā				
	the organization is licensed to issue qualified health plans	13b		_		l
С	Enter the amount of reserves on hand	13c				,
14a	Did the organization receive any payments for indoor tanning services during the tax year?		_	14a		Х
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Sche	dule O		14b		
DAA				For	m 99 ((2013

Form 990 (2013) Legacy Endowment 33-0620685 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part V response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI $|\mathbf{X}|$ Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year 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. Enter the number of voting members included in line 1a, above, who are independent 1b 8 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, X stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X The governing body? 8a X Each committee with authority to act on behalf of the governing body? 8b 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 X 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 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 X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b X c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X describe in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 14 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? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b 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 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed CA 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X 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 > Peter Fellios 111 W. Alvarado St.

760-728-3304

CA 92028

Fallbrook

Form 990 (2013) Le g	racy En	ndowment
-----------------------------	---------	----------

3	3	_	n	6	2	n	6	R	5	

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and **Independent Contractors** Check if Schedule O contains a response or note to any line in this Part VII

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees; highest compensated employees; and former such persons

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

(A) Name and Title	(B) Average hours per week (list any	bo	(C) Position (do not check more than on box, unless person is both a officer and a director/trustee				an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1)Mark Hvasta										
	8.00									
President	0.00	X		X	_			0	0	0
(2) Karen Estes										
	2.00									
Secretary	0.00	X		X				0	0	0
(3) Peter Fellios										
	0.00								_	_
Treasurer	0.00	X		X				0	0	0
(4) Bill Lewis										
	1.00					İ				
(5) Brian Hobbs	0.00	X				\vdash		0	0	0
(5) BITAII HODDS	1.00									
	0.00	x						o	o	o
(6) Ken Finster	0.00	^		┢	 	╁╌┧			<u> </u>	<u> </u>
(b) Kell Tilbeet	1.00									
	0.00	x						o	o	0
(7) Andrea Gilbert	0.00	 				\vdash				
(,,====================================	1.00									
	0.00	x						0	0	0
(8) Wende Oliverio		==								
•	1.00									
	0.00	X						o	0	0
(9)										
(10)	<u> </u>									
(11)										
DAA										Form 990 (2013)

₽a	(A) Name and title	(B) Average hours per week (list any hours for	(C) Position (do not check more than or box, unless person is both officer and a director/truste						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)		(F) Estimate amount o other compensa from the	of tron
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)			organizati and relati organizati	ion ed
(12)													
(13)													
(14)													
(15)													
(16)													
(17)			!										
(18)													
(19)													
1b c d	Sub-total Total from continuation she Total (add lines 1b and 1c)	ets to Part VII, \$	Secti	ion A	<u> </u>	<u>[</u>	1	> > >					
2	Total number of individuals (ir reportable compensation from				thos	e lis	ted a	bov	e) who received more than	\$100,000 in			
3 4	Did the organization list any for employee on line 1a? If "Yes," For any individual listed on lin	' complete Schede 1a, is the sum	dule of re	J for porta	suci able	h inc	lividu pens	al atio	on and other compensation	from the		3	Yes No
5	organization and related organization and related organizational Did any person listed on line for services rendered to the organization.	la receive or acc rganization? If "Y	rue (comp	ens	atıor	ı fron	n an	ny unrelated organization or			5	X X
Sect 1	ion B. Independent Contractor Complete this table for your fire compensation from the organic	ve highest comp											
		(A) business address		J.1100						(B) tuon of services		Com	(C) pensation
													
2	Total number of independent	contractors (inclu	ıdıng	but	not l	limite	ed to	thos	se listed above) who		;		
DAA	received more than \$100,000	of compensation	fror	n the	org	<u>aniz</u>	ation	<u> </u>		0		Form	990 (2013)

Form 990 (2013) Legacy Endowment Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax (C) Unrelated (A) Total revenue exempt function business revenue revenue 512-514 1a Federated campaigns 1a 1b **b** Membership dues 1c c Fundraising events 1d d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 155,163 1f q Noncash contributions included in lines 1a-1f 155,163 h Total. Add lines 1a-1f Program Service Revenue Busn. Code 2a b C d f All other program service revenue g Total. Add lines 2a-2f investment income (including dividends, interest, 307,767 307,767 and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (ı) Real (ii) Personal 6a Gross rents b Less rental exps c Rental inc or (loss) Net rental income or (loss) Gross amount from (i) Secunties (II) Other sales of assets 3,447,494 other than inventor **b** Less cost or other 2,707,537 basis & sales exps 739,957 c Gain or (loss) 739,957 465,877 274,080 d Net gain or (loss) 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV. line 19 b Less direct expenses \blacktriangleright c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Busn Code** 11a 16,376 16,376 Trustee Fee Income - CRTs 1,983 1,983 b Rental Income - Sub Lease C d All other revenue 18,359 Total, Add lines 11a-11d 1,221,246 484,236 0 581,847 Total revenue. See instructions

Form 990 (2013) Legacy Endowment

Part IX Statement of Functional Expenses

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

Sect	 Check if Schedule O contains a resp 			mplete column (A).	
Do n	ot include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		едензез	75.23.00 2	, capenses
•	organizations in the U.S. See Part IV, line 21	547,631	547,631	19,25737	,
2	Grants and other assistance to individuals in			· · · · · · · · · · · · · · · · · · ·	· .
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				·
	organizations, and individuals outside the			13 / 3 / 4	the second
	U.S See Part IV, lines 15 and 16			, /	4 / 1
4	Benefits paid to or for members			,	
5	Compensation of current officers, directors,				
	trustees, and key employees				
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	64,501		64,501	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	00 100		00 106	
10	Payroll taxes	23,136		23,136	
11	Fees for services (non-employees)				
a	Management	250	- · · · · · · · · · · · · · · · · · · ·	250	 .
b	Legal	18,740		250 18,740	
ن م	Accounting Lobbying	10,740		10,740	
u	Professional fundraising services See Part IV, line 17				
f	Investment management fees	57,472		57,472	
g g		3,71,2		3//1/2	,
9	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	1,095		1,095	
13	Office expenses	6,087		6,087	
14	Information technology				
15	Royalties				
16	Occupancy	14,107		14,107	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4 100		4 100	···-
23	Insurance	4,122	· · · · · · · · · · · · · · · · · · ·	4,122	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column	ŕ			,, , , ,
	(A) amount, list line 24e expenses on Schedule O)			,	,
а	Staff Development	5,391		5,391	
b	Computer Hardware	3,956		3,956	
c	Payroll Processing	2,384		2,384	
d	Travel	2,029		2,029	
e	All other expenses	6,994		5,789	1,205
25	Total functional expenses. Add lines 1 through 24e	757,895	547,631	209,059	1,205
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)		,		-,

	 Check if Schedule O contains a response or n 	ote to any line in this Part X			
•			(A) Beginning of year		(B) End of year
1	Cash—non-interest bearing		60,712	1	27,805
2	Savings and temporary cash investments		227,487	2	211,472
3	Pledges and grants receivable, net			3	
4	Accounts receivable, net			4	
5	Loans and other receivables from current and former	r officers, directors.			2 3 2
	trustees, key employees, and highest compensated	emplovees.	11 300 11 4	`	
	Complete Part II of Schedule L	• •	l "" ' ' t	 5] ' ' ' '
6	Loans and other receivables from other disqualified	persons (as defined under section	. 4.77	····	
	4958(f)(1)), persons described in section 4958(c)(3)(•	
	sponsoring organizations of section 501(c)(9) volunta				2000
	organizations (see instructions) Complete Part II of		ľ	6	
7	Notes and loans receivable, net	56,1564,6 2		7	
8	Inventories for sale or use			8	_
9	Prepaid expenses and deferred charges			9	_
	Land, buildings, and equipment cost or	ſ l	·····/		
'''	other basis Complete Part VI of Schedule D	10a	'		
١.	Less: accumulated depreciation	10b	1	40-	
	·	[100]	10,152,149	10c	11,271,546
11	Investments—publicly traded securities	10,152,149	11	11,2/1,540	
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		10 440 240	15	11 510 000
16	Total assets. Add lines 1 through 15 (must equal lines)	e 34)	10,440,348	16	11,510,823
17	Accounts payable and accrued expenses		17		
18	Grants payable			18	
19	Deferred revenue			19	
20	Tax-exempt bond liabilities			20	
21	Escrow or custodial account liability Complete Part I		,.	21	
22	Loans and other payables to current and former office	·			
	trustees, key employees, highest compensated emp	loyees, and			
	disqualified persons Complete Part II of Schedule L			22	
23	Secured mortgages and notes payable to unrelated t	hird parties		23	
24	Unsecured notes and loans payable to unrelated third	·		24	
25	Other liabilities (including federal income tax, payable	es to related third			
	parties, and other liabilities not included on lines 17-2	24) Complete Part X			
	of Schedule D		8,017	25	16,750
26	Total liabilities. Add lines 17 through 25		8,017	26	16,750
	Organizations that follow SFAS 117 (ASC 958), ch	neck here ▶ 🛛 and		· ` `	
	complete lines 27 through 29, and lines 33 and 34	i .			
27	Unrestricted net assets		77,045	27	48,373
28	Temporarily restricted net assets		3,878,112	28	2,882,167
29	Permanently restricted net assets	6,477,174	29	8,563,533	
	Organizations that do not follow SFAS 117 (ASC 9	958), check here ▶ 🔲 and	7		, , ,
	complete lines 30 through 34.		1 / 1/2		
30	Capital stock or trust principal, or current funds		"	30	'
31	Paid-in or capital surplus, or land, building, or equipm	nent fund		31	·
32	Retained earnings, endowment, accumulated income			32	· · ·
1		10,432,331	33	11,494,073	
33	Total net assets or fund balances				

Form **990** (2013)

om	n 990 (2013) Legacy Endowment 33-0620685			_ Par	ge 12
Pa	Reconciliation of Net Assets				
	' Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,2	221,	246
2	Total expenses (must equal Part IX, column (A), line 25)	2		757,	895
3	Revenue less expenses. Subtract line 2 from line 1	3	4	163,	351
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,4	132,	331
5	Net unrealized gains (losses) on investments	5		598,	391
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior penod adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	11,4	194,	073
Pa	art XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_
	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				
b	Were the organization's financial statements audited by an independent accountant?		2b	,]	X
	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				
C	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?		2c	.	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
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?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		36	.	

Form **990** (2013)

SCHEDULE A (Form 990 or 990-EZ) **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.

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Legacy Endowment

The Community Foundation

Employer identification number 33-0620685

Pa	irt (Reas	on for Public Charity	Status (All organizations	must co	mplete	this pa	art.) Se	e inst	ructio	ns.			
he d	orgar	nization is not	a private foundation becaus	e it is (For lines 1 through 11, o	heck only	y one box	.)							
1		A church, cor	nvention of churches, or ass	ociation of churches described i	n section	170(b)(1	I)(A)(i).							
2	П	A school des	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E)										
3	П	A hospital or	a cooperative hospital service	ce organization described in sec	ction 170	(b)(1)(A)(iii).							
4	П	A medical res	search organization operated	d in conjunction with a hospital o	described	in sectio	n 170(b)(1)(A)(i	ii). Ente	er the h	ospital'	s name	₃,	
		city, and state	,	•			•		•		•			
5		•		of a college or university owned	or operat	ed by a q	overnme	ental uni	t descri	bed in				
_			b)(1)(A)(iv). (Complete Part		•	, ,								
6				overnmental unit described in se	ection 17	70(b)(1)(A)(v).							
	X			substantial part of its support fro				from the	genera	al public	:			
•	<u></u>	•	section 170(b)(1)(A)(vi). (C		Jili a govi	3111111011101			gonore	pas				
8				170(b)(1)(A)(vi). (Complete Part	шл									
9	H	•		I) more than 33 1/3% of its supp	•	contributi	ons me	mhershi	n fees	and are	220			
3	ш	-	•	npt functions—subject to certain						-	,,,,			
		•		nd unrelated business taxable in	-	-	•							
		• •	•	0, 1975 See section 509(a)(2).	•			,	,00,,100,	505				
10			•	exclusively to test for public safe			•							
11	H	•	•	exclusively for the benefit of, to	-				v out the	e				
• •	Ш	•	•	ed organizations described in se	•						1			
				he type of supporting organization							•			
		a Type		c Type III–Functions			d			on-funct	honally	integra	ted	
е				anization is not controlled direct				_				incegre	ilou	
-	ш		-	er than one or more publicly sup										
		or section 50		than one of more pashely sup	portou or;	garnzado	.0 4000,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	000(0)(•,			
f			` '` '	ermination from the IRS that it is	a Tyne I	Type II	or Tyne	III sunn	ortina					
•		_	check this box		а туро .,	1,700,	J , po	осрр	J. (g					
_		•		tion accepted any gift or contribi	ution from	any of th	ne							
g		following per		aon accepted any girt or contribu	G., G., G.,	,	.0							
				ontrols, either alone or together	with ners	nne daecr	ihed in (ul and					Yes	No
			w, the governing body of the		war perse	3113 00301	,,,,	11) 0110				11g(ı)	1.00	
		` '	member of a person describ	- · · · -								11g(u)	 	\vdash
				described in (i) or (ii) above?								11g(iii)		\vdash
L				he supported organization(s)								119(11)	4	<u> </u>
<u>h</u>	Nome		(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Did y	ou notify	/vi\	is the	(411)	Amount	of mone	tanı
(1)		e of supported anization	(II) CIN	(described on lines 1–9	1 ' '	sted in your		nization in	organizat		(*'''	supp		tary
				above or IRC section	governing	document?		of your port?		zed in the S ?				
				(see instructions))	Yes	No	Yes	No	Yes	No				
A)					 		100		100					
٠,								1						
—_ В)				-	 	 								
رد														
<u></u>										-				
C)														
<u></u>			<u></u>		1	-		 	<u> </u>	 				
D)														
 E)					 			 			 			
-)														
					 	<u> </u>	ļ	 		,	 			
			·		1	1	ŧ	ł	1 1	F \ 1	1			

Page 2

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 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 105,149 165,261 677,485 199,560 155,163 1,302,618 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 105,149 165,261 677,485 199,560 155,163 1,302,618 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) Public support. Subtract line 5 from line 4 1,302,618 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total Amounts from line 4 105,149 165,261 677,485 199,560 155,163 1,302,618 Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar 319,618 253,688 295,952 281,985 307,767 1,459,010 sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets 17,277 16,501 (Explain in Part IV) 16,645 21,040 18,359 89,822 11 Total support. Add lines 7 through 10 2,851,450 Gross receipts from related activities, etc. (see instructions) 12 12 18,359 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 45.68% 15 Public support percentage from 2012 Schedule A, Part II, line 14 15 57.44% 33 1/3% support test-2013. 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 33 1/3% support test—2012. 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 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 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

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

supported organization

instructions

Page 3

Schedule A (Form 990 or 990-EZ) 2013 Legacy Endowment
Part III Support Schedule for Organizations Describe Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	tion A. Public Support	quality diluci ti	ne tests listed i	ociow, picase o	ompicte i art		
	ndar 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")		, ,		,		
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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)	`			, , , ,	[4.0]	
	tion B. Total Support	г	<u></u>	·····	· · · · · · · · · · · · · · · · · · ·		r ···
	ndar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6					1	
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						
С	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.)			<u> </u>	<u> </u>	<u></u>	
14	First five years. If the Form 990 is for the	-	t, second, third, fo	ourth, or fifth tax yea	ar as a section 50)1(c)(3)	
	organization, check this box and stop her		4				
	ction C. Computation of Public Su						·
15	Public support percentage for 2013 (line 8	• • •	•	nn (f))		15	<u>%</u>
16 Soc	Public support percentage from 2012 Schools P. Computation of Investment					16	%_
	ction D. Computation of Investme) (D)		147	0/
17 40	Investment income percentage for 2013 (In		· ·	s, column (t))		17	%
18 192	Investment income percentage from 2012			o 14 and line 45 :-	more than 22 47	18 2% and kno	<u> </u>
19a	33 1/3% support tests—2013. If the orga 17 is not more than 33 1/3%, check this bo						▶ □
b	33 1/3% support tests—2012. If the orga		=				
~	line 18 is not more than 33 1/3%, check th						▶ □
20	Private foundation. If the organization did		-			-	▶ -

Rental Income- sub-lease- 2012 -2013 \$

Schedule A (Form 990 or 990-EZ) 2013 Legacy Endowment 33-0620685 Part IV Supplemental Information. 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).

5,983

Part II, Line 10 - Other Income Detail Trustee Fee Income - 2008 - 2013 81,001 Other Miscellaneous - 2010 -2013 2,838

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public:

Inspection

Name of the organization Employer identification number Legacy Endowment 33-0620685 The Community Foundation Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (b) Funds and other accounts (a) Donor advised funds Total number at end of year 155,163 Aggregate contributions to (during year) 168,467 Aggregate grants from (during year) $213,\overline{489}$ Aggregate value at end of year 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? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part If Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 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 Preservation of a certified historic structure Protection of natural habitat Preservation of open space 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 Tax Year 2a Total number of conservation easements 2b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) Yes (i) and section 170(h)(4)(B)(ii)? 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

	dule D (Form 990) 2013 Legacy E				020005				ige ∠
	rt III Organizations Maintainir	_					continue	ed)	
3	Using the organization's acquisition, acces collection items (check all that apply):	sion, and other records,	check any of the follo	owing that are a signifi	cant use of	its		-	
а	Public exhibition	d 🗌 Lo	oan or exchange prog	rams .					
ь	Scholarly research	e 🗌 O	ther						
С	Preservation for future generations								
4	Provide a description of the organization's	collections and explain I	how they further the o	rganization's exempt p	ourpose in P	art			
	XIII								
5	During the year, did the organization solicit	or receive donations of	art, historical treasure	es, or other similar					
	assets to be sold to raise funds rather than						Yes		No
Pa	rt IV Escrow and Custodial A	2							
	Complete if the organization 990, Part X, line 21.	on answered "Yes"	to Form 990, Part	t IV, line 9, or repo	rted an ar	mount or	n Form		
1a	Is the organization an agent, trustee, custo	dian or other intermedia	ary for contributions or	other assets not					
	included on Form 990, Part X?		•				Yes		No
ь	If "Yes," explain the arrangement in Part XI	II and complete the folio	owing table				<u>ا</u>		
_			• · · · · · • • • • • • • • • • • • • •		[Τ	Amount		_
С	Beginning balance				10	:			_
	Additions during the year				10				_
	Distributions during the year				1e				_
f	Ending balance				1f				_
2a	Did the organization include an amount on	Form 990 Part X line 2	212				Yes		No
	If "Yes," explain the arrangement in Part XI			ovided in Part XIII			□	Н	
	rt V Endowment Funds.	n oncon note in the exp	nanation nad boom pro	71100 HT 4117111					
17.44	Complete if the organization	n answered "Yes" i	to Form 990 Part	IV line 10					
	Complete if the organization	(a) Current year	(b) Pnor year	(c) Two years back	(d) Three ye	ars back	(e) Four ye	ears b	ack
12	Beginning of year balance	9,250,749	8,686,475	8,575,635		51,345	6,67		
	Contributions	1,450	1,700	646,011		94,846			458
	Net investment earnings, gains, and			010,022		,,,,,,	_	,	
·	losses	1,517,963	914,339	-185,190	1.50	91,336	คร	9	904
а	Grants or scholarships	390,060	246,376	238,376		59,692			228
	Other expenditures for facilities and	330,000	210,370	230,310		33,032			
е	'								
	programs	147,891	105,389	111,605	1 -	12,200	10	4	881
	Administrative expenses	10,232,211	9,250,749	8,686,475		75,635	7,26		
_	End of year balance				0,5	, 3 , 0 3 3	7,20		343
2	Provide the estimated percentage of the cu	"" " " " " " " " " " " " " " " " " " "	(line 1g, column (a)) i	ielo as					
a	Board designated or quasi-endowment ► Permanent endowment ► 100.00 %								
С	Temporarily restricted endowment ►	% 							
٥.	The percentages in lines 2a, 2b, and 2c sh								
за	Are there endowment funds not in the poss	session of the organizati	on that are neid and a	administered for the			[v		
	organization by:							es	No X
	(i) unrelated organizations						3a(i)	\dashv	$\frac{\mathbf{x}}{\mathbf{x}}$
	(ii) related organizations		0-1-4 1- 00				3a(ii)	\dashv	<u> </u>
	If "Yes" to 3a(ii), are the related organization						3b		—
THEFT	Describe in Part XIII the intended uses of the		ment tunas						
Pa	rt VI Land, Buildings, and Equ	•	to Form 000 Bod	- IV - Ivan - 14 - Con	C 000	. D-4 V	luna 40		
	Complete if the organization					<u>, Ραπ Χ,</u>			
	Description of property	(a) Cost or other bas			ccumulated		(d) Book val	ue	
		(investment)	(other	r) de	preciation				
	Land								
b	Buildings								
	Leasehold improvements						••		
d	Equipment								
	Other	l <u>.</u>							
Total	. Add lines 1a through 1e (Column (d) mus	t equal Form 990, Part	X, column (B), line 10	(c))		>			
						Schedu	le D (Form	990	2013

DAA

Schedule D (Form 990) 2013 Legacy Endowment

Schedule D (Form 990) 2013

(a) Description of security collegery (Part X, col. (B) line 13.) Part X. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part X. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part X. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part X. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part XII. (B) Description (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part XII. (B) Description (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part XII. (B) Description (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part XII. (B) Description (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part XII. (B) Description (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part X. (Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (b) Description (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X. (Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 15. (c) Description (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X. (Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 15. (c) Description (Column (b) must equal Form 990, Part X, line 15. (d) Description (Column (b) must equal Form 990, Part X, line 15. (e) Description (Column (b) must equal Form 990, Part X, line 15.) Part X. (Column (b) must equal Form 990, Part X, line 15. (f) Federal income laxes (g) Chart Labilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 15. (g) Description (b) must equal Form 990, Part X, line 15. (g) Description (b) must equal Form 990, Part X, line 15. (g) Description (b) must equal Form 990, Part X, line 15. (g) Description (b) must equal Form 990, Part X, line 15. (g) Description (b) must equal Form 990, Part X, line 15. (g) Description (b) must equal Form 990, P	Part VII	Investments—Other Securities. Complete if the organization answered "Yes" t	o Form 990 Part IV line	11b See Form 990 Pa	rt X line 12
1) Financial derivatives 2) Closely-held equity interests 2) Closely-held equity interests 3) Other (A) (B) (C) (C) (E) (F) (G) (H) Investments—Program Related. Complete if the organization answered "Yes" to Form 990, Part IV. Ine 11c See Form 990, Part X, Ine 13 (a) Description of investments investments (a) Description of investments (b) Blook value (c) Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV. Ine 11d. See Form 990, Part X, Ine 13 (b) Description of investments (c) Description of investments (d) Description of Investments (e) Description of Investments (d) Description of	•				•
2) Closedy-held equity interests 3) Other (A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C		(including name of security)		Cost or end-of-year	market value
3) Other (A) (A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(1) Financial o	denvatives			
(A) (B) (C) (C) (D) (E) (E) (F) (F) (G) (H) (Column (b) must equal Form 990, Part X, col (B) line 12.) ▶ Part VIII Investments—Program Related. Complete if the organization answered "Yes" to Form 990, Part IV, line 11c See Form 990, Part X, line 13 (a) Description of investment (b) Book value (c) Method of valuation (c) Cost of end-of-year market: walue (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g		eld equity interests		-/	····
(B) (C) (C) (D) (E) (E) (E) (F) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G	(3) Other				
(C) (D) (E) (E) (F) (G) (H) (H) (H) (H) (H) (H) (H) (H) (H) (H					
(E) (E) (E) (F) (C) (C) (H) (Cotal. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments—Program Related. Complete if the organization answered "Yes" to Form 990, Part IV, line 11c See Form 990, Part X, line 13 (a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-year market value (f) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1					-
(E) (F) (C) (H) (H) (H) (H) (H) (H) (H) (H) (H) (H	•		·		
(G) (H) (G) (H) (G) (H) (G) (H) (G) (H) (G) (H) (G) (H) (G) (G) (H) (G) (H) (G) (H) (G) (G) (H) (G) (G) (H) (G) (G) (H) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G					
(c) (+) (+) (+) (+) (+) (+) (+) (+) (+) (+					
Control Column (b) must equal Form 990, Part X, col (B) line 12.) Fart VIII Investments—Program Related. Complete if the organization answered "Yes" to Form 990, Part IV, line 11c See Form 990, Part X, line 13				····	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)					
Investments—Program Related. Complete if the organization answered "Yes" to Form 990, Part IV, line 11c See Form 990, Part X, line 13 (e) Mestod of visibution (cost or end-di-year market value)		(I)			
Complete if the organization answered "Yes" to Form 990, Part IV, line 11c See Form 990, Part X, line 13 (a) Description of investment (b) Book value (c) Membed of valuation (Cest or end-d-year market value) (d) (2) (3) (4) (5) (6) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (9) (9) (7) (10) (11) (12) (13) (14) (15) (15) (16) (17) (18) (19) (19) (19) (19) (19) (19) (19) (19					<u> </u>
(a) Description of investment (b) Book value (c) Metricol of valuation Cost or end-of-year market value (c) Cost or end-o	Part VIII		o Form 000 Bort IV line	11a Cas Form 000 Da	rt V. limo 12
Cost or end-dryear maket value			T T		
(1) (2) (3) (4) (5) (6) (7) (8) (9) (otal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (9) Description (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description (b) Book value (c) Federal income taxes (c) Charitable Contributions Pending (d) Gook value (d) Federal income taxes (e) Charitable Contributions Pending (f) Federal income taxes (g) Charitable Contributions Pending (h) Federal income taxes (g) Gook value (h) Federal income taxes (g) Charitable Contributions Pending (h) Federal income taxes (g) Gook value (h) Federal income taxes (g) Charitable Contributions Pending (h) Federal income taxes (g) Gook value (h) Federal income taxes (g) Gook value (h) Federal income taxes (g) Gook value (h) Federal income taxes (g) Gook value (h) Federal income taxes (h)		(a) Description of investment	(b) book value	• •	
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col (B) line 13.) ▶ Part IX Other Assets. Complete If the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) must equal Form 990, Part X, oline 15. (a) Description (c) Descri	(1)				
(3) (4) (5) (6) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (9) (1) (8) (9) (1) (9) (1) (9) (1) (1) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (1) (2) (2) (3) (4) (5) (6) (7) (6) (9) (9) (1) (1) (1) (1) (1) (2) (1) (2) (2) (3) (4) (5) (6) (6) (7) (7) (8) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	<u> </u>				
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶ Part X					
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶ Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (c) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (c)		· · · · · · · · · · · · · · · · · · ·			
(6) (7) (8) (9) Cotal. (Column (b) must equal Form 990. Part X, col (B) line 13) ▶ Part X					· · · · · · · · · · · · · · · · · · ·
(7) (8) (9) fotal. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶ Part X					·
(8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10					
(9) Total. (Column (b) must equal Form 990. Part X, col (B) line 13) ▶ Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (c) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2) Charitable Contributions Pending (3) (4) (5) (6) (7) (8) (9) (9) (1) Federal mome taxes (2) Charitable Contributions Pending (3) (4) (5) (6) (7) (8) (9) (9) (1) Line Of the Contributions Pending (1) Federal mome taxes (2) Charitable Contributions Pending (3) (4) (5) (6) (7) (8) (9) (9) (1) Line Of the Contributions Pending (1) Federal mome taxes (2) Charitable Contributions Pending (3) (4) (5) (6) (7) (8) (9) (9) (1) Line Of the Contributions Pending (1) Federal mome taxes (2) Charitable Contributions Pending (3) (4) (5) (6) (7) (8) (9) (1) Line Of the Contributions Pending (1) Federal mome taxes (2) Charitable Contributions Pending (3) (4) (5) (6) (7) (8) (9) (1) Line Of the Contributions Pending (1) Federal mome taxes (2) Charitable Contributions Pending (3) (4) (5) (6) (7) (8) (9) (1) Line Of the Contributions Pending (1) Federal mome taxes (2) Charitable Contributions Pending (3) (4) (4) (5) (6) (7) (8) (9) (1) Federal mome taxes (1) Federal mome taxes (2) Charitable Contributions Pending (3) (4) (5) (6) (7) (8) (9) (9) (1) Federal mome taxes (1) Federal mome taxes (2) Charitable Contributions Pending (3) Federal mome taxes (4) (5) (6) (7) (8) (9) (9) (9) (1) Federal mome taxes (1) Federal mome taxes (2) Charitable Contributions Pending (3) Federal mome taxes (4) Federal mome taxes (5) Federal mome taxes (6) Federal mome taxes (7) Federal mome					· · · · · · · · · · · · · · · · · · ·
Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 13.)					
Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of hability (b) Book value (1) Federal income taxes (2) Charitable Contributions Pending 16,750 (3) (4) (5) (6) (7) (8) (9) (7) (8) (9) (7) (9) (9) (7) (9) (1) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the		(b) must equal Form 990 Part X col. (B) line 13)			· · · · · · · · · · · · · · · · · · ·
Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d					
(a) Description (b) Book value (1)	, ,		o Form 990. Part IV. line	11d. See Form 990. Pa	rt X. line 15.
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2) Charitable Contributions Pending 16,750 (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 16,750 (c) Luability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the					
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2) Charitable Contributions Pending 16,750 (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 16,750 (c) Luability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(1)				
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of hisbility (b) Book value (1) Federal income taxes (2) Charitable Contributions Pending 16,750 (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 16,750 (c) Luability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(2)				
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of hisbility (b) Book value (1) Federal income taxes (2) Charitable Contributions Pending 16,750 (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 16,750 (c) Luability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(3)				
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2) Charitable Contributions Pending 16,750 (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 16,750 10. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(4)				<u> </u>
(6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2) Charitable Contributions Pending 16,750 (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 16,750 1. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(5)				
(7) (8) (9) (7) (8) (9) (8) (9) (9) (7) (8) (9) (8) (9) (8) (9) (8) (9) (8) (9) (8) (9) (9) (9) (1) (9) (1) (9) (1) (1) (1) (1) (2) (2) (3) (4) (4) (5) (6) (7) (8) (9) (7) (8) (9) (1) (1) (8) (9) (1) (8) (9) (1) (8) (9) (1) (8) (9) (1) (8) (9) (1) (8) (9) (1) (8) (9) (1) (8) (9) (1) (8) (9) (1) (8) (9) (1) (8) (9) (1) (8) (9) (1) (8) (9) (1) (8) (9) (1) (8) (9) (1) (8) (9) (1) (8) (9) (8) (9) (8) (9) (8) (9) (8) (9) (8) (8) (9) (8) (9) (8) (9) (8) (9) (8) (9) (8) (9) (8) (9) (8) (9) (8) (9) (8) (9) (8) (9) (8) (9) (8) (9) (8) (9) (8) (9) (8) (9) (9) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	(6)				
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2) Charitable Contributions Pending 16,750 (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 16,750 1. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(7)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2) Charitable Contributions Pending (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 16,750 16,750 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(8)				
Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2) Charitable Contributions Pending 16,750 (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶ 16,750 2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(9)				
Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2) Charitable Contributions Pending 16,750 (3) (4) (5) (6) (7) (8) (9) (9) (9) (9) (9) (10) Must equal Form 990, Part X, col (B) line 25.) (5) Individual Form 990, Part X, col (B) line 25.) (6) Individual Form 990, Part X, col (B) line 25.) (6) Individual Form 990, Part X, col (B) line 25.) (7) Individual Form 990, Part X, col (B) line 25.) (8) Individual Form 990, Part X, col (B) line 25.) (9) Individual Form 990, Part X, col (B) line 25.) (9) Individual Form 990, Part X, col (B) line 25.) (9) Individual Form 990, Part X, col (B) line 25.) (9) Individual Form 990, Part X, col (B) line 25.) (9) Individual Form 990, Part X, col (B) line 25.) (1) Individual Form 990, Part X, col (B) line 25.) (1) Individual Form 990, Part X, col (B) line 25.) (2) Individual Form 990, Part X, col (B) line 25.) (3) Individual Form 990, Part X, col (B) line 25.) (4) Individual Form 990, Part X, col (B) line 25.) (5) Individual Form 990, Part X, col (B) line 25.) (6) Individual Form 990, Part X, col (B) line 25.) (6) Individual Form 990, Part X, col (B) line 25.) (7) Individual Form 990, Part X, col (B) line 25.) (8) Individual Form 990, Part X, col (B) line 25.) (9) Individual Form 990, Part X, col (B) line 25.) (9) Individual Form 990, Part X, col (B) line 25.) (9) Individual Form 990, Part X, col (B) line 25.) (9) Individual Form 990, Part X, col (B) line 25.) (9) Individual Form 990, Part X, col (B) line 25.) (9) Individual Form 990, Part X, col (B) line 25.) (9) Individual Form 990, Part X, col (B) line 25.) (10) Individual Form 990, Part X, col (B) line 25.) (11) Individual Form 990, Part X, col (B) line 25.) (12) Individual Form 990, Part X, col (B) line 25.	Total. (Columr			•	
Iline 25. (a) Description of liability (b) Book value (1) Federal income taxes (2) Charitable Contributions Pending 16,750 (3) (4) (5) (6) (7) (8) (9) (9) (10)	Part X				
(a) Description of liability (b) Book value (1) Federal income taxes (2) Charitable Contributions Pending 16,750 (3) (4) (5) (6) (7) (8) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10		-	o Form 990, Part IV, line	11e or 11f. See Form 9	90, Part X,
(1) Federal income taxes (2) Charitable Contributions Pending (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶ 16,750 Liability for uncertain tax positions in Part XIII, provide the text of the footnote to the organization's financial statements that reports the		line 25.		······································	·····
(2) Charitable Contributions Pending (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶ 16,750 Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	1	(a) Description of liability	(b) Book value		
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶ 16,750 Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the					A
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶ 16,750 Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the		table Contributions Pending	16,750	,	
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶ 16,750 Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(3)				
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶ 16,750 Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(4)				
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶ 16,750 Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(5)			· · ·	·
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 16,750 Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(6)				;
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 16,750 L. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(7)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► 16,750 L. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(8)			₹ ,	
Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(9)				`
· · · · · · · · · · · · · · · · · · ·				· '',	
organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII			_	•	_

P	 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 	ırn.	
1	Total revenue, gains, and other support per audited financial statements	1	1,502,927
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	'	1/302/32/
	Net unrealized gains on investments 2a 598,391	- 1	
b		.	
c		13	
d	150 266	- :	
e	· · · · · · · · · · · · · · · · · · ·	2e	756,757
3	Culturat line On from the 4	3	746,170
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	*	<u> </u>
a			
b	475 076		
		4c	475,076
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	1,221,246
Pa	art XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Re	etur	
`	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	661,867
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities 2a	1	
b	Prior year adjustments 2b		
С			
d	Other (Describe in Part XIII.) 2d 122,040		
e	Add lines 2a through 2d	2e	122,040
3	Subtract line 2e from line 1	3	539,827
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.	1	
а			
b	Other (Describe in Part XIII.) 4b 218,068		
C		4c	218,068
5	······································	5	<u>757,895</u>
	art XIII Supplemental Information		
	vide 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 V, line V, line V, line V, line V, lin	t X, I	ine
	art XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information eart XI, Line 2d - Revenue Amounts Included in Financials - C	\+ h	~~
F	art AI, bine 2d - Revende Amounts included in rinancials - C	, CII	er
T	rustee Fee Income Reclass \$		111,027
_	DM Tarana 3 dia atmana		47 220
C.	RT Income Adjustmernt \$		47,339
P	art XI, Line 4b - Revenue Amounts Included on Return - Other	:	
_	Annual Administration of Treasure Demonstration Many Detrum		475 076
ש	onor Advised Fund Income Reported on Tax Return \$		475,076
P	art XII, Line 2d - Expense Amounts Included in Financials -	Ot	her
_			444 000
Т	rustee Fee Expense Reclass \$		111,027
ر.	RT Expense adjustment \$		11,013
<u> </u>	TI DAPOLIDO GGJGDOMONO		11,013
_			
P	art XII, Line 4b - Expense Amounts Included on Return - Othe	:r	
ח	onor Advised Funds Expenses Reported on Tax Return \$		218,068
יע	onor I more the man depended reported on tax recurit		210,000

33-0620685

Page 5

Schedule D (Form 990) 2013 Legacy Endowment
Part XIII. Supplemental Information (continued)

đ
8
က
S
14/201
9
4240

SCHEDULE I (Form 990)

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.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

The Community Foundation

Legacy Endowment

Department of the Treasury Internal Revenue Service

Name of the organization

2013 Open to Public Inspection

OMB No 1545-0047

Employer identification number 33 - 0620685

ŝ Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, (h) Purpose of grant or assistance X Yes Charitable Charitable Charitable Charitable Charitable Charitable Charitable Charitable Charitable non-cash assistance (g) Description of Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of noncash assistance 5,550 26,000 6,043 88,542 60,000 36,540 85,000 35,355 6,000 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of cash grant (c) IRC section if applicable m m ო ო m General Information on Grants and Assistance (p) EIN the selection criteria used to award the grants or assistance? CA 92088-0314 92088-0340 CA 92088-0340 (1) Boys & Girls Club of Fallbrook 92026 92026 92025 92028 **CA** 92028 CA 92028 (a) Name and address of organization (9) Foundation for Senior Care 500 La Terraza Blvd #130 ď გ ď (7) Fallbrook Music Society Center (6) Fallbrook Music Society 28572 Meadow Mesa Lane 28572 Meadow Mesa Lane 135 South Mission Road (5) Fallbrook Food Pantry or government 1042 S Mission Raod Cabin By The Lake (2) Cabin By The Lake (4) Elizabeth Hospice Senior 399 Heald Lane P.O. Box 340 P.O. Box 314 P.O. Box 340 (8) Fallbrook Escondido Fallbrook Escondido Escondido Fallbrook Fallbrook Fallbrook Fallbrook Fallbrook Part Part ල

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

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

Schedule I (Form 990) (2013)

₹
88
c,
2
-
Ō.
Ō
4
•
92
0
240
5

SCHEDULE (Form 990)

Legacy Endowment

Department of the Treasury Internal Revenue Service Name of the organization

Part

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

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

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Open to Publication

Employer identification number

OMB No 1545-0047

Ŷ ☐ Yes 33-0620685 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?

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. General Information on Grants and Assistance The Community Foundation

Part	Grants and Other Assistance to Governments and Part IV, line 21, for any recipient that received more t	vernments an	d Organi han \$5,0(zations in the Ur 00. Part II can be	nd Organizations in the United States. Complete if the organization than \$5,000. Part II can be duplicated if additional space is needed.	plete if the orga onal space is n	anization answe eeded.	nd Organizations in the United States. Complete if the organization answered "Yes" to Form 990, than \$5,000. Part II can be duplicated if additional space is needed.
_	(a) Name and address of organization	(p) EIN	(c) IRC	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation (f)	(g) Description of	(h) Purpose of grant
	or government		rf applicable	grant	cash assistance	other)	Ce (book, rimty, apprended) non-cash assistance	or assistance

Part IV, line 21, for any recipient that received more than	eceived more t	:han § 5,0	n \$5,000. Part II can be duplicated if additional space is needed.	duplicated if additi	onal space is n	eeded.	
1 (a) Name and address of organization	(p) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation (book, FMV, appraisal,	(g) Description of	(h) Purpose of grant
		ıf applicable	gialli		other)	non-cash assistance	OI desistance
(1) Mission San Luis Rey							
4050 Mission Ave,							Charitable
Oceanside CA 92057	;	m	6,043				
(2) Project Walk							
5850 El Camino Rd							Charitable
Carlsbad CA 92008		e	7,160				
(3) REINS							
P.O. Box 1283							Charitable
Bonsall CA 92003		m	7,160				
(4) Sanford-Burnham Medical Research							
10901 N Torrey Pines							Charitable
La Jolla CA 92037		e	17,000				
(5) St. Madeline Sophie's Center							
2119 East Madison Avenue							Charitable
El Cajon CA 92019		3	129,247				
(9)							
(7)							
(8)							
(6)							
2 Enter total number of section 501(c)(3) and government organizations listed in	organizations listec	In the line	the line 1 table				A

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

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

Schedule I (Form 990) (2013)

4240 05/14/2015 3 28 PM

33-0620685

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. Schedule I (Form 990) (2013) Legacy Endowment
Part III Grants and Other Accient

	(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)	(e) Method of valuation (book, FMV, appraisal, other)
-			•			
~	Towns and the second se					
ო						
4						
r.						
9						
Part IV	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	ide the information rec	quired in Part I, line	2, Part III, column (b)	, and any other additional	information.

SCHEDULE O (Form 990 or 990-EZ)

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.

2013

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► 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.

Open to Public Inspection

Name of the organization

Legacy Endowment

The Community Foundation

Employer identification number 33 - 0620685

Form 990, Part I, Line 6

All board members and officers are volunteers.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 A select member of the board is assigned to review Form 990 for accurancy and comprehensiveness. The Form 990 is then presented to the Board of Directors for their approval before it is signed by an officer of the organization and filed.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy
The Directors of Legacy Endowment owe a duty of loyalty to the organization which requires that in serving Legacy Endowment they act, not in their personal interests or in the interests of others, but rather solely in the interest of Legacy Endowment. Directors must have undivided allegiance to Legacy Endowment's mission and may not use their positions as Directors, information they have about Legacy Endowment, or Legacy Endowment's property, in a manner that allows then to secure a pecuniary benefit for themselves, other organizations or their relatives.

The conduct of personal business between any Director and Legacy Endowment is prohibited. Business transactions of Legacy Endowment in which a Director has an interest shall not be prohibited, but they shall be subject to close scrutiny. Such proposed transactions shall be reviewed carefully to determine that they are in the best interest of Legacy Endowment and they will not lead to conflict of interest. For the purpose of this policy, a Director has an interest in a proposed transaction if he/she has

Name of the organization

Legacy Endowment

Employer identification number

33-0620685

a substantial financial interest in it, or has a substantial financial interest in any organization involved in the proposed transaction, or holds a position as trustee, director, general manager, or principal officer in any such organization. Prior to the start of any negotiations, or consideration of a grant request by the organization, Directors will make full disclosure to the best of their knowledge of any dual interest in a proposed transaction by submitting a report to the President or other officer designated by the Board to handle such matters, supply any reasons why the transaction might not be in the best interest of Legacy Endowment. In matters requiring prior approval of the Board of Directors, the President or other officer shall forward copies of this disclosure report to the Board before its approval.

A Director with a dual interest in a proposed transaction shall not vote on the matter and, depending upon the circumstances, may be excluded from any discussion of the matter.

A Director shall not use inside information of Legacy Endowment for his/her personal benefit, or use such inside information or his/her position as Director to the detriment of Legacy Endowment. Inside information is information obtained through the Director's position that has not become public information.

Each Director has a duty to place the interests of Legacy Endowment foremost in any dealings involving the organization and has a continuing responsibility to comply with the requirements of the Policy. On an annual basis, each Director is required to complete a Director Disclosure Statement.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

Page 2

Name of the organization

Legacy Endowment

Employer identification number

33-0620685

The President carries out an annual performance review for the Executive Director and recommends the level of compensation to the Board of Directors.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

Form 990 is available upon request and on Legacy Endowment's website. All

other governing documents are available upon request to the general public.