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Form 990



Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

Information about Form 990 and its instructions is at [www.IRS.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 07-01-2013 , 2013, and ending 06-30-2014

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization
AMERICAN LEGACY FOUNDATION

Doing Business As

Number and street (or P O box if mail is not delivered to street address)1724 MASSACHUSETTS AVENUE NW

Room/suite

City or town, state or province, country, and ZIP or foreign postal code
WASHINGTON, DC 20036

D Employer identification number

91-1956621

E Telephone number

(202) 454-5555

G Gross receipts \$ 120,829,311

F Name and address of principal officer
ROBIN KOVAL
1724 MASSACHUSETTS AVENUE NW
WASHINGTON,DC 20036

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number **▶**

I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () **◀**(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: **▶** HTTP //WWW.LEGACYFORHEALTH.ORG

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other **▶**

L Year of formation 1999

M State of legal domicile DE

Part I	Summary																													
Activities & Governance	<div>1 Briefly describe the organization's mission or most significant activities LEGACY'S MISSION IS TO ACHIEVE A CULTURE WHERE ALL YOUTH AND YOUNG ADULTS REJECT TOBACCO</div>																													
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets																													
Revenue	<table><tr><td>3 Number of voting members of the governing body (Part VI, line 1a)</td><td>3</td><td>11</td></tr><tr><td>4 Number of independent voting members of the governing body (Part VI, line 1b)</td><td>4</td><td>11</td></tr><tr><td>5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)</td><td>5</td><td>166</td></tr><tr><td>6 Total number of volunteers (estimate if necessary)</td><td>6</td><td>14</td></tr><tr><td>7a Total unrelated business revenue from Part VIII, column (C), line 12</td><td>7a</td><td>-91,423</td></tr><tr><td>b Net unrelated business taxable income from Form 990-T, line 34</td><td>7b</td><td>-91,423</td></tr></table>	3 Number of voting members of the governing body (Part VI, line 1a)	3	11	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	166	6 Total number of volunteers (estimate if necessary)	6	14	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-91,423	b Net unrelated business taxable income from Form 990-T, line 34	7b	-91,423											
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Net Assets or Fund Balances	<table><tr><th></th><th>Beginning of Current Year</th><th>End of Year</th></tr><tr><td>13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)</td><td>4,232,693</td><td>3,915,652</td></tr><tr><td>14 Benefits paid to or for members (Part IX, column (A), line 4)</td><td>0</td><td>0</td></tr><tr><td>15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)</td><td>17,371,912</td><td>18,147,478</td></tr><tr><td>16a Professional fundraising fees (Part IX, column (A), line 11e)</td><td>82,350</td><td>51,000</td></tr><tr><td>b Total fundraising expenses (Part IX, column (D), line 25) ▶1,368,900</td><td></td><td></td></tr><tr><td>17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)</td><td>53,466,384</td><td>42,951,659</td></tr><tr><td>18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)</td><td>75,153,339</td><td>65,065,789</td></tr><tr><td>19 Revenue less expenses Subtract line 18 from line 12</td><td>15,000,060</td><td>52,099,604</td></tr></table>		Beginning of Current Year	End of Year	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,232,693	3,915,652	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	17,371,912	18,147,478	16a Professional fundraising fees (Part IX, column (A), line 11e)	82,350	51,000	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,368,900			17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	53,466,384	42,951,659	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	75,153,339	65,065,789	19 Revenue less expenses Subtract line 18 from line 12	15,000,060	52,099,604		
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Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer

2014-11-03

Date

ANTHONY O'TOOLE EVP, CFIO

Type or print name and title

Paid Preparer Use Only

Prnt/Type preparer's name
WILLIAM E TURCO CPA

Preparer's signature

Date

Check ☐ if self-employed

PTIN
P00369217

Firm's name **▶** MCGLADREY LLP

Firm's EIN **▶** 42-0714325

Firm's address **▶** 9737 WASHINGTONIAN BLVD 400
GAITHERSBURG, MD 208787340

Phone no (301) 296-3600

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2013)

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

☐

☒

1

Briefly describe the organization's mission

LEGACY'S MISSION IS TO ACHIEVE A CULTURE WHERE ALL YOUTH AND YOUNG ADULTS REJECT TOBACCO THE PURPOSES FOR WHICH THE FOUNDATION IS FORMED ARE TO SUPPORT (1) THE STUDY OF AND PROGRAMS TO REDUCE YOUTH TOBACCO PRODUCT USAGE (CONT'D ON SCHEDULE O)AND YOUTH SUBSTANCE ABUSE IN THE STATES AND (2) THE STUDY OF AND EDUCATIONAL PROGRAMS TO PREVENT DISEASES ASSOCIATED WITH THE USE OF TOBACCO PRODUCTS IN THE STATES

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 26,081,685 including grants of \$ 5,995) (Revenue \$)

MARKETING THE MARKETING AND COMMUNICATIONS DEPARTMENT PRODUCES CAMPAIGNS IN SUPPORT OF LEGACY'S MISSION TO KEEP YOUTH AND YOUNG ADULTS FROM STARTING TO SMOKE AND TO HELP SMOKERS QUIT, AS WELL AS TO PROMOTE THE OVERALL LEGACY BRAND AMONG KEY AUDIENCES WORKING IN COLLABORATION WITH A GROUP OF OUTSIDE AGENCIES, THE DEPARTMENT DEVELOPS ADVERTISEMENTS FOR PRINT, RADIO, TV, DIGITAL, SOCIAL, MOBILE AND OTHER EMERGING MEDIA VEHICLES, AND PLANS, PLACES AND MANAGES ALL RELATED PAID AND DONATED MEDIA EFFORTS IN ADDITION, MARKETING AND COMMUNICATIONS PRODUCES GRASSROOTS AND SPECIAL EVENT INITIATIVES, AS WELL AS COLLATERAL AND OTHER PROMOTIONAL ITEMS AS COMPLEMENTARY AND INTEGRATED TACTICS THE FOUNDATION HAS PERHAPS BEEN MOST WIDELY RECOGNIZED FOR TRUTH, ITS YOUTH-FOCUSED PUBLIC EDUCATION AND PREVENTION CAMPAIGN, WHICH HAS HELPED REDUCE YOUTH SMOKING RATES ACROSS THE COUNTRY IN ADDITION TO PRODUCING ALL ELEMENTS OF THE TRUTH CAMPAIGN, FROM CREATIVE TO ACCOMPANYING ONLINE PROPERTIES TO AN ANNUAL GRASSROOTS TOUR, MARKETING DEVELOPED, PRODUCES AND SUPPORTS BECOMEANEX ORG, A WEB BASED CESSATION PROGRAM OFFERING A FREE SMOKING CESSATION PLAN

4b

(Code) (Expenses \$ 5,432,306 including grants of \$ 73,090) (Revenue \$)

RESEARCH & EVALUATION THE RESEARCH AND EVALUATION DEPARTMENT EVALUATES LEGACY'S PROGRAMS THESE EFFORTS HELP ENSURE THAT ALL OF LEGACY'S PROGRAMS - FROM YOUTH AND YOUNG ADULT PUBLIC EDUCATION TO RESEARCH, POLICY AND PRACTICE TO ENGAGEMENT, ACTIVISM AND PARTNERSHIP - ARE IMPLEMENTED WITH THE HIGHEST LEVEL OF EFFICIENCY AND EFFICACY POSSIBLE TO REDUCE TOBACCO-RELATED DISEASE AND DEATH USING RIGOROUS RESEARCH METHODS, THE TEAM DEVELOPS LOGIC MODELS, SAMPLING PLANS, ANALYTIC OUTLINES, AND CONDUCTS DATA ANALYSES FINDINGS ARE THEN USED TO DEVELOP PEER-REVIEWED PUBLICATIONS, AS WELL AS BRIEF REPORTS WRITTEN FOR BOTH SPECIFIC AUDIENCES AND THE GENERAL PUBLIC, IN AN EFFORT TO ADVANCE THE SCIENCE RELATED TO TOBACCO CONTROL AND TO FACILITATE PERFORMANCE IMPROVEMENTS OF PROGRAM EFFORTS TO ENSURE THE HIGHEST LEVEL OF CREDIBILITY, RESEARCH STAFF ALSO SUBSTANTIATE ANY AND ALL FACTUAL INFORMATION FOR EVERY LEGACY-RELATED PRODUCT

4c

(Code) (Expenses \$ 4,460,041 including grants of \$ 5,000) (Revenue \$)

SCHROEDER INSTITUTE FOR TOBACCO RESEARCH AND POLICY STUDIES RESEARCH INVESTIGATORS IN THE SCHROEDER INSTITUTE (SI) CONDUCT BASIC, APPLIED, AND POLICY RESEARCH THAT CAN BE HARNESSSED TO MAKE A TIMELY AND EFFICIENT PUBLIC HEALTH IMPACT ON REDUCING POPULATION TOBACCO USE PREVALENCE THE SI ALSO PLAYS A LEADERSHIP ROLE IN STRENGTHENING THE NATIONAL AGENDA FOR NEXT-GENERATION TOBACCO CONTROL RESEARCH BY CONVENING AN ONGOING SERIES OF CONSENSUS CONFERENCES TO IDENTIFY CRITICAL KNOWLEDGE GAPS AND PRESSING RESEARCH PRIORITIES

(Code) (Expenses \$ 3,264,446 including grants of \$ 3,264,446) (Revenue \$)

GRANTS HISTORICALLY, LEGACY HAS AWARDED GRANTS AND CONTRACTS ON TWO LEVELS IN RESPONSE TO NATIONAL CALLS FOR PROPOSALS, AND THROUGH A RESPONSIVE DIRECTED GRANT MAKING MODE EACH GRANT OR CONTRACT AIMS TO AFFECT ONE OR MORE OF THE FOUNDATION'S GOALS IN FEBRUARY, 2009, LEGACY'S BOARD OF DIRECTORS MADE A DECISION TO DISCONTINUE ITS NATIONAL CALLS FOR PROPOSALS FOR THE GRANT-MAKING PROGRAM, WITH THE LAST CYCLE AWARDED IN SUMMER 2009 THE FOUNDATION WILL CONTINUE TO PROVIDE DIRECTED GRANT MAKING ON A VERY LIMITED BASIS

(Code) (Expenses \$ 2,408,966 including grants of \$ 5,184) (Revenue \$)

PROGRAM DEVELOPMENT & DISSEMINATION PROGRAM DEVELOPMENT INCLUDES DEVELOPMENT AND EXECUTION OF PROGRAMMATIC COMPONENTS TO SUPPORT CESSATION AND PREVENTION ACTIVITIES IN ADDITION, THIS UNIT IS RESPONSIBLE FOR STRATEGIC DEVELOPMENT AND COORDINATION OF COMPREHENSIVE PROGRAM PLANS THAT INCLUDE YOUTH LEADERSHIP DEVELOPMENT, TECHNICAL ASSISTANCE AND TRAINING (TAT) TO BUILD CAPACITY WITH LOCAL PARTNERSHIP ORGANIZATIONS, PLUS RELATIONS WITH THE EXTERNAL TOBACCO CONTROL AND PREVENTION COMMUNITY IN ADDITION, WE DISSEMINATE THE OUTCOMES OF OUR PAST GRANT AND COMMUNITY INITIATIVE TYPE PROJECTS WITH PUBLICATIONS AND RESOURCES TARGETED TO THE PUBLIC HEALTH COMMUNITY

(Code) (Expenses \$ 2,269,918 including grants of \$ 155,985) (Revenue \$)

COLLABORATION & OUTREACH THE COLLABORATION AND OUTREACH DEPARTMENT WORKS CROSS-DEPARTMENTALLY TO SUPPORT IMPLEMENTATION OF THE ORGANIZATION'S INITIATIVES AND ASSIST WITH PROMOTION OF PROGRAMS AND RESOURCES TO EXTERNAL AUDIENCES THE DEPARTMENT ALSO MANAGES A PORTFOLIO OF APPROXIMATELY 20 GRANTS AND CONTRACTS TO STRATEGIC PARTNERS AND MAINTAINS AN ORGANIZATION-WIDE STAKEHOLDER CONTACT DATABASE WORK IN THE DEPARTMENT IS GUIDED BY A PROACTIVE ANNUAL STAKEHOLDER OUTREACH PLAN THAT IS DESIGNED TO INCREASE THE FREQUENCY AND FLOW OF INFORMATION TO KEY LEGACY AUDIENCES AND PROVIDE FORUMS FOR FEEDBACK ON THE ORGANIZATION'S ACTIVITIES DEPARTMENT ACTIVITIES INCLUDE EXTERNAL PARTNER RELATIONSHIP MANAGEMENT AT THE LOCAL, STATE AND NATIONAL LEVELS, IDENTIFICATION OF AND OUTREACH TO NEW ORGANIZATIONS, PRODUCTION OF INTERNAL OUTREACH TOOLS SUCH AS TALKING POINTS AND A CALENDAR OF ACTIVITIES, SUPPORT FOR AND EXECUTION OF MEETINGS, CONFERENCES AND EVENTS, AND COORDINATION OF PROJECTS INCLUDING SPONSORSHIPS, AWARDS, E-MARKETING AND AN ANNUAL STAKEHOLDER SURVEY

(Code) (Expenses \$ 1,740,211 including grants of \$ 6,000) (Revenue \$)

COMMUNICATIONS LEGACY SEEKS TO INCREASE AWARENESS ABOUT THE ISSUE OF TOBACCO USE IN AMERICA, BY EDUCATING THE GENERAL PUBLIC AND KEY INFLUENCERS ABOUT THE ADDICTIVENESS OF NICOTINE, THE TOLL OF DEATH AND DISEASE FROM TOBACCO USE, AND THE SOCIAL AND ECONOMIC CONSEQUENCES TOBACCO USE TAKES IN OUR SOCIETY THE AWARD-WINNING OFFICE OF COMMUNICATIONS IS CHARGED WITH THE MANAGEMENT AND EXECUTION OF ALL INTERNAL AND EXTERNAL COMMUNICATIONS FOR THE FOUNDATION INCLUDING MEDIA RELATIONS, PUBLIC RELATIONS, SOCIAL MEDIA, AND STAKEHOLDER COMMUNICATIONS AS WELL AS GENERAL COMMUNICATIONS-RELATED SUPPORT FOR FOUNDATION PROGRAMS, THE CEO AND PRESIDENT, THE BOARD OF DIRECTORS, AND EXECUTIVE STAFF LEGACY COMMUNICATIONS UNDERTAKES A NUMBER OF ACTIVITIES TO ENSURE THAT THE ISSUE OF TOBACCO USE REMAINS ON THE NATIONAL AGENDA LEGACY COMMUNICATIONS STAFF SUPPORTS THE WORK DONE BY THE CENTERS FOR DISEASE CONTROL'S "TIPS FROM A FORMER SMOKER" CAMPAIGN ACTIVITIES INCLUDE MAINTAINING A RELATIONSHIP WITH THE MEMBERS OF THE MEDIA, DEVELOPING AND ISSUING PRESS RELEASES, STATEMENTS AND OTHER OUTREACH MATERIALS, PUBLICIZING FOUNDATION PROGRAMS AND EFFORTS, MANAGING AGENCIES AND OTHER EXTERNAL VENDORS, COLLABORATING WITH PARTNERS IN TOBACCO CONTROL AND PUBLIC HEALTH, SOCIAL MEDIA OUTREACH AND MANAGEMENT OF THE PRESIDENT'S BLOG, DEVELOPING AND DISSEMINATING MATERIALS THAT SUPPORT PROGRAMS AND PROVIDE INFORMATION TO INTERESTED PARTIES (FACT SHEETS, PROGRESS REPORTS), ADVISING ON CRISIS COMMUNICATIONS SITUATIONS, AND BUILDING RELATIONSHIPS WITH ORGANIZATIONS AND INDIVIDUALS THROUGH THOUGHT LEADERSHIP PANEL DISCUSSIONS, OUTREACH, SPEAKING OPPORTUNITIES, SPEECHWRITING, NEWS BRIEFINGS AND CONFERENCES THE COMMUNICATIONS TEAM ALSO PRODUCES LEGACY'S WARNER SERIES WHICH ADDRESSES CUTTING EDGE TOPICS IN TOBACCO CONTROL POLICY

(Code) (Expenses \$ 1,013,303 including grants of \$ 51,958) (Revenue \$)

GOVERNMENT AFFAIRS THE GOVERNMENT AFFAIRS DEPARTMENT EDUCATES POLICYMAKERS AT THE FEDERAL, STATE AND LOCAL LEVEL ABOUT LEGACY'S LIFESAVING PROGRAMS AS WELL AS A WIDE RANGE OF INFORMATION ABOUT THE IMPACT OF THE TOBACCO EPIDEMIC WE ACHIEVE THIS GOAL THROUGH PARTICIPATION IN A VARIETY OF MEETINGS, BRIEFINGS, PUBLICATIONS, ETC OUR EDUCATIONAL EFFORTS ARE SUPPORTED BY DISSEMINATION OF THE FOUNDATION'S RESEARCH STUDIES AND REPORTS, AS WELL AS STRATEGIC PARTICIPATION IN AND SPONSORSHIP OF CONFERENCES AND EVENTS THAT ALLOW US TO BUILD AWARENESS OF OUR ORGANIZATION AND ITS IMPORTANT WORK AS WELL AS KEY INFORMATION ABOUT THE TOBACCO EPIDEMIC BEFORE KEY AUDIENCES FURTHER, WE INTERACT WITH FEDERAL AGENCIES AND PARTICIPATE IN THE REGULATORY PROCESS TO INFORM THE IMPLEMENTATION OF THE TOBACCO CONTROL ACT AND OTHER TOBACCO-RELATED LAW LEGACY DOES NOT ENGAGE IN LOBBYING ACTIVITIES, IN COMPLIANCE WITH THE MASTER SETTLEMENT AGREEMENT'S PROHIBITION

(Code) (Expenses \$ 481,916 including grants of \$ 63,494) (Revenue \$)

YOUTH ACTIVISM AND TECHNICAL ASSISTANCE & TRAINING IN ADDITION TO OUR GROUND BREAKING AND PROVEN EFFECTIVE TRUTH COUNTER MARKETING CAMPAIGN, LEGACY PROVIDES PROGRAMMING FOR STATES AND LOCALITIES TO INCREASE YOUTH ACTIVISM AT THE COMMUNITY AND NATIONAL LEVELS THE FOUNDATION'S YOUTH ACTIVISM PROGRAMS SERVE TO PROMOTE AND INVEST IN THE LEADERSHIP OF YOUTH/YOUNG ADULT ACTIVISTS AND YOUTH COORDINATORS COMMITTED TO TOBACCO CONTROL AND PREVENTION, AS WELL AS TO GATHER INSIGHT AND PERSPECTIVE ON YOUTH CULTURE LEGACY HAS A COMMITMENT TO LEARN FROM THE BEST MINDS IN THE FIELD OF TOBACCO CONTROL AND PREVENTION AND SHARE BEST PRACTICES WITH THOSE IN PUBLIC AND PRIVATE ORGANIZATIONS AT BOTH STATE AND LOCAL LEVELS WE PROVIDE HIGH QUALITY TECHNICAL ASSISTANCE AND TRAINING TO INCREASE CAPACITY AND BUILD SKILLS AMONG FOUNDATION-SPONSORED PROJECTS WITHIN THE LARGER TOBACCO CONTROL AND PREVENTION COMMUNITY THIS INCLUDES, ON THE STATE AND LOCAL LEVEL, ASSISTANCE SUCH AS - SHARING INFORMATION FROM MODEL AND DEMONSTRATION PROJECTS (E G , HEAD START TOBACCO CESSATION INITIATIVE)- PROVIDING TECHNICAL CONSULTATION TO PROGRAMS ON PROMISING AND BEST PRACTICES, AND- SPONSORSHIP OF APPROPRIATE SKILL BUILDING TRAINING OPPORTUNITIES

(Code) (Expenses \$ 151,865 including grants of \$ 29,500) (Revenue \$)

PRIORITY POPULATIONS LEGACY HAS A STEADFAST COMMITMENT TO HELP ADDRESS THE TOBACCO-RELATED HEALTH DISPARITIES AMONG UNDERSERVED AND DISADVANTAGED POPULATIONS WHO DISPROPORTIONATELY BEAR THE TOLL OF TOBACCO LEGACY PROVIDES SUPPORT FOR CULTURALLY TAILORED APPROACHES TO PREVENT AND CONTROL TOBACCO USE AMONG THE FOLLOWING PRIORITY POPULATIONS, (AFRICAN AMERICANS, ASIAN/PACIFIC ISLANDERS, HISPANICS, NATIVE AMERICANS, GAY/LESBIAN/TRANSGENDER, LOW SOCIAL ECONOMIC STATUS POPULATIONS, AND PERSONS WITH COMBINED HEALTH PROBLEMS, ESPECIALLY MENTAL ILLNESS, ALCOHOLISM OR SUBSTANCE ABUSE IN ADDITION TO PROGRAMMATIC INITIATIVES, PRIORITY POPULATIONS IS RESPONSIBLE FOR FOSTERING PARTNERSHIPS AND OUTREACH TO NON-PROFITS AND LEADERSHIP ORGANIZATIONS SERVING THESE VARIOUS COMMUNITIES FOR EXAMPLE, THROUGH THE TRIBAL AND HISPANIC/LATINO COLLEGE HEALTH INITIATIVE, LEGACY PROVIDED FUNDS AND PARTNERED WITH THE HISPANIC ASSOCIATION OF COLLEGES AND UNIVERSITIES (HACU) AND INTER-TRIBAL COUNCIL OF MICHIGAN TO HIGHLIGHT THE IMPORTANCE OF SUBPOPULATION AND TRIBAL SPECIFIC RESEARCH AS WELL AS TO BUILD CAPACITY AMONG COLLEGE STUDENTS AS IT IS RELATES TO HEALTH SURVEILLANCE

(Code) (Expenses \$ 372,155 including grants of \$ 255,000) (Revenue \$)

OTHER PROGRAM EXPENSES

4d

Other program services (Describe in Schedule O)

(Expenses \$ 11,702,780 including grants of \$ 3,831,567) (Revenue \$)













4e

Total program service expenses

47,676,812

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)? <i>If "Yes," complete Schedule A.</i> 	1 Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> 	11b Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i> 	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i> 	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i> 	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i> 	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i> 	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions).</i> 	17 Yes	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i> 	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> 	19	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	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? <i>If so, complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

☒

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	92	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	166	
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	Yes	
b	BR, CI, CO, EG, IN, ID, KE, KS, MY, NI, RP, PL, TW, TH, TU, AE If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	Yes	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	11	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	11	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

Section B. Policies

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	AK, AL, AR, AZ, CA, CT, FL, GA, HI, IL, KS, KY, MA, MD, ME, MI, MS, MN, NC, NJ, NH, NM, NY, OK, OR, PA, RI, SC, TN, UT, VA, WA, WI, WV
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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	ANTHONY T O'TOOLE EVPCFIO 1724 MASSACHUSETTS AVENUE NW WASHINGTON,DC 20036 (202) 454-5555

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JONATHAN E FIELDING MD MPH CHAIR	6 00	X		X				0	0	0
(2) HON LETICIA VAN DE PUTTE VICE CHAIR	6 00	X		X				0	0	0
(3) SUSAN CURRY PHD VICE CHAIR (TERM ENDED FEB 2014)	6 00	X		X				0	0	0
(4) HON TOM MILLER TREASURER TREASURER	6 00	X		X				0	0	0
(5) HON LAWRENCE G WASDEN IMMEDIATE PAST CHAIR	5 00	X						0	0	0
(6) DONALD K BOSWELL DIRECTOR	5 00	X						0	0	0
(7) NANCY BROWN DIRECTOR	5 00	X						0	0	0
(8) HON GARY R HERBERT DIRECTOR	5 00	X						0	0	0
(9) HON MIKE MOORE DIRECTOR	5 00	X						0	0	0
(10) HON JEREMIAH W JAY NIXON DIRECTOR	5 00	X						0	0	0
(11) HON CHARLES K SCOTT DIRECTOR	5 00	X						0	0	0
(12) M CASS WHEELER DIRECTOR	5 00	X						0	0	0
(13) HON GREG ZOELLER DIRECTOR	5 00	X						0	0	0
(14) ROBIN KOVAL CEO (FROM 11/04/13)	38 00			X				132,313	0	0
(15) CHERYL HEALTON CEO (UNTIL 01/01/14)	38 00			X				456,407	0	162,149
(16) ANTHONY T O'TOOLE EVP, CFIO	38 00			X				442,431	0	137,311
(17) ELLEN VARGYAS GENERAL COUNSEL/CORP SECRETARY	38 00			X				328,325	0	85,857

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	3,677,475	0	876,501

2 Total number of individuals (including but not limited to those listed in Item 1) who received or accrued more than \$100,000 of reportable compensation from the organization. 39

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
PHD USA 220 EAST 42ND ST 7TH FL NEW YORK NY 10017	MARKETING	26,651,109
ARNOLD WORLDWIDE LLC 101 HUNTINGTON AVE BOSTON MA 02199	MARKETING	5,904,979
BEACONFIRE CONSULTING INC 2300 CLARENDON BLVD STE 925 ARLINGTON VA 22201	MARKETING	1,344,411
BUTLER CREATIVE LLC 2401 EAST 6TH ST STE 1002 AUSTIN TX 78702	MARKETING	1,254,380
VF OUTDOOR (DBA VANS) PO BOX 21647 GREENSBORO NC 27420	MARKETING	735,975

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►34

Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns1a				
	b	Membership dues1b				
	c	Fundraising events1c	10,250			
	d	Related organizations1d				
	e	Government grants (contributions)1e	1,573,982			
	f	All other contributions, gifts, grants, and similar amounts not included above1f	372,315			
	g	Noncash contributions included in lines 1a-1f \$				
	h	Total. Add lines 1a-1f	1,956,547			
Program Service Revenue	2a	Business Code				
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	22,344,126			22,344,126
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6a	Gross rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss)	-362,641		-240,068	-122,573
	7a	Gross amount from sales of assets other than inventory				
	b	Less cost or other basis and sales expenses				
	c	Gain or (loss)				
	d	Net gain or (loss)	93,084,348			93,084,348
	8a	Gross income from fundraising events (not including \$ 10,250 of contributions reported on line 1c) See Part IV, line 18				
	b	Less direct expenses				
	c	Net income or (loss) from fundraising events	-10,006			-10,006
	9a	Gross income from gaming activities See Part IV, line 19				
	b	Less direct expenses				
	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				
	11a	GARAGE PARKING	144,725		144,725	
	b	OTHER INCOME	4,374			4,374
	c	WEBSITE	3,920		3,920	
	d	All other revenue				
	e	Total. Add lines 11a-11d	153,019			
	12	Total revenue. See Instructions	117,165,393	0	-91,423	115,300,269

Part IX

Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☒

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	3,895,652	3,895,652		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	20,000	20,000		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	4,366,160	1,456,512	2,909,648	
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.	9,508,162	7,725,696	1,042,295	740,171
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	1,357,398	1,037,193	254,220	65,985
9	Other employee benefits.	2,052,663	1,398,114	528,081	126,468
10	Payroll taxes.	863,095	586,002	228,145	48,948
11	Fees for services (non-employees):				
a	Management.	32,712		32,712	
b	Legal.	180,145		180,145	
c	Accounting.	193,904	857	193,047	
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.	51,000			51,000
f	Investment management fees.	6,857,169		6,857,169	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	29,353,690	28,902,715	399,761	51,214
12	Advertising and promotion.				
13	Office expenses.	1,249,996	413,311	819,147	17,538
14	Information technology.	328,087	160,490	167,597	
15	Royalties.				
16	Occupancy.	713,373		552,573	160,800
17	Travel.	1,120,279	936,859	158,225	25,195
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	359,229	247,978	111,251	
20	Interest.	978,223		978,223	
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	797,838	32,414	765,424	
23	Insurance.	372,937	90,083	282,854	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O).				
a	INCOME TAX EXPENSE	-2,041		-2,041	
b	OTHER EXPENSES	220,045	151,887	47,601	20,557
c	PROFESSIONAL DEVELOPMEN	116,435	79,387	26,159	10,889
d	BOND ISSUANCE AMORTIZAT	79,638		79,638	
e	All other expenses		541,662	-591,797	50,135
25	Total functional expenses. Add lines 1 through 24e.	65,065,789	47,676,812	16,020,077	1,368,900
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		500	1	500
	2	Savings and temporary cash investments		158,792,172	2	156,344,180
	3	Pledges and grants receivable, net		1,593,195	3	607,744
	4	Accounts receivable, net		112,803	4	387,047
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		28,128	8	
	9	Prepaid expenses and deferred charges		711,297	9	892,686
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	69,575,110		
	b	Less: accumulated depreciation	10b	17,398,143		
				53,497,181	10c	52,176,967
	11	Investments—publicly traded securities		316,607,095	11	325,323,704
	12	Investments—other securities. See Part IV, line 11.		559,517,922	12	614,659,571
	13	Investments—program-related. See Part IV, line 11.			13	
	14	Intangible assets			14	
Liabilities	15	Other assets. See Part IV, line 11.		867,542	15	1,113,915
	16	Total assets. Add lines 1 through 15 (must equal line 34).		1,091,727,835	16	1,151,506,314
	17	Accounts payable and accrued expenses		18,401,092	17	7,668,146
	18	Grants payable		85,625	18	375,000
	19	Deferred revenue		64,553	19	111,975
	20	Tax-exempt bond liabilities		28,000,000	20	28,000,000
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties		17,932,961	24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		7,307,232	25	4,805,109
Net Assets or Fund Balances	26	Total liabilities. Add lines 17 through 25.		71,791,463	26	40,960,230
		Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets		1,019,936,372	27	1,110,546,084
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		1,019,936,372	33	1,110,546,084
	34	Total liabilities and net assets/fund balances		1,091,727,835	34	1,151,506,314

Part XI 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	117,165,393
2	Total expenses (must equal Part IX, column (A), line 25)	2	65,065,789
3	Revenue less expenses Subtract line 2 from line 1	3	52,099,604
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,019,936,372
5	Net unrealized gains (losses) on investments	5	37,586,543
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	923,565
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,110,546,084

Part 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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

SCHEDULE A

(Form 990 or 990EZ)

Department of the
Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization AMERICAN LEGACY FOUNDATION	Employer identification number 91-1956621
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Part I

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1	<input type="checkbox"/>	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2	<input type="checkbox"/>	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
3	<input type="checkbox"/>	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4	<input type="checkbox"/>	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state _____
5	<input type="checkbox"/>	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)
6	<input type="checkbox"/>	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7	<input checked="" type="checkbox"/>	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)
8	<input type="checkbox"/>	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)
9	<input type="checkbox"/>	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)
10	<input type="checkbox"/>	An organization organized and operated exclusively to test for public safety See section 509(a)(4).
11	<input type="checkbox"/>	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a <input type="checkbox"/> Type I b <input type="checkbox"/> Type II c <input type="checkbox"/> Type III - Functionally integrated d <input type="checkbox"/> Type III - Non-functionally integrated
e	<input type="checkbox"/>	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
f	<input type="checkbox"/>	If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
g	<input type="checkbox"/>	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above?
h	<input type="checkbox"/>	Provide the following information about the supported organization(s)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 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 ")	3,766,128	2,576,538	2,608,369	4,384,402	1,956,547	15,291,984
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	3,766,128	2,576,538	2,608,369	4,384,402	1,956,547	15,291,984
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						15,291,984

Section B. Total Support							
Calendar year (or fiscal year beginning in) ▶		(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	3,766,128	2,576,538	2,608,369	4,384,402	1,956,547	15,291,984
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	16,807,876	14,870,989	19,991,033	18,134,988	23,191,820	92,996,706
9	Net income from unrelated business activities, whether or not the business is regularly carried on	240,970	865,855				1,106,825
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	48,143	158,543	1,428,133	137,555	4,674	1,777,048
11	Total support (Add lines 7 through 10)						111,172,563
12	Gross receipts from related activities, etc. (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage				
14	Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	<table><tr><td>14</td><td>13 760 %</td></tr></table>	14	13 760 %
14	13 760 %			
15	Public support percentage for 2012 Schedule A, Part II, line 14	<table><tr><td>15</td><td>16 130 %</td></tr></table>	15	16 130 %
15	16 130 %			
16a	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	<input type="checkbox"/>		
b	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	<input type="checkbox"/>		
17a	10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b	10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

Part IV

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test		
<p>FACTS AND CIRCUMSTANCES ANALYSISTHE AMERICAN LEGACY FOUNDATION ("LEGACY") QUALIFIES AS A PUBLICLY SUPPORTED ORGANIZATION UNDER ALL OF THE FACTS AND CIRCUMSTANCES BECAUSE (A) IT NORMALLY RECEIVES A SUBSTANTIAL PART OF ITS SUPPORT FROM GOVERNMENT UNITS, FROM DIRECT OR INDIRECT CONTRIBUTIONS FROM THE GENERAL PUBLIC, OR FROM A COMBINATION OF THESE SOURCES, UNDER THE STANDARDS SET FORTH IN REG 1 170A-9(F)(3)(I) AND (II), AND (B) IT IS IN THE NATURE OF A PUBLICLY SUPPORTED ORGANIZATION TAKING INTO ACCOUNT THE FACTORS SET FORTH IN REG 1 170-A-9(F)(3)(III) THROUGH (VII) A TEN PERCENT SUPPORT LIMITATION LEGACY NORMALLY RECEIVES AT LEAST 10 PERCENT OF ITS TOTAL SUPPORT FROM PUBLIC SOURCES AS SET FORTH IN SCHEDULE A, PART II, THE ORGANIZATION'S PUBLIC SUPPORT FOR TAXABLE YEARS 2009 - 2013 WAS 13 76% ATTRACTION OF PUBLIC SUPPORT LEGACY MAINTAINS A CONTINUOUS AND BONA FIDE PROGRAM DESIGNED TO ATTRACT PUBLIC SUPPORT THE TOTAL AMOUNT OF PUBLIC SUPPORT RAISED BY LEGACY IN TAXABLE YEARS 2009-2013 AS A RESULT OF THESE EFFORTS WAS NEARLY \$15 3 MILLION EXAMPLES OF LEGACY'S EFFORTS TO ATTRACT PUBLIC SUPPORT DURING THE FIVE-YEAR TESTING PERIOD INCLUDE THE FOLLOWING FEDERAL GOVERNMENT GRANTS AND CONTRACTS LEGACY MAINTAINS A BONA FIDE, CONTINUOUS AND SUCCESSFUL PROGRAM TO ATTRACT NEW AND ADDITIONAL FEDERAL GOVERNMENTAL SUPPORT AS PART OF THIS PROGRAM, LEGACY HAS DEDICATED STAFF IN BOTH ITS SCHROEDER RESEARCH INSTITUTE AND FINANCE DEPARTMENT TO ASSIST WITH APPLICATIONS FOR FEDERAL SUPPORT AND TO MANAGE GRANTS AND CONTRACTS THAT ARE AWARDED FROM TAX YEAR 2009 THROUGH 2013, LEGACY SUBMITTED OVER 80 APPLICATIONS FOR FEDERAL GRANTS AND CONTRACTS IN 2013 ALONE, LEGACY SUBMITTED 21 APPLICATIONS TO THE NATIONAL INSTITUTES OF HEALTH, THE NATIONAL CANCER INSTITUTE AND THE U S FOOD AND DRUG ADMINISTRATION FOR SUPPORT FOR RESEARCH AND RELATED ACTIVITIES ALL OF THESE APPLICATIONS WERE CONSISTENT WITH LEGACY'S CHARITABLE PURPOSE OF MITIGATING THE TOLL OF DEATH AND DISEASE CAUSED BY THE TOBACCO EPIDEMIC OVER THE FIVE YEAR PERIOD, LEGACY WAS AWARDED 27 FEDERAL GRANTS AND CONTRACTS FOR A TOTAL AMOUNT AWARDED OF \$14,708,866 MILLION OTHER GRANTS DURING THE FIVE-YEAR TESTING PERIOD, LEGACY SUBMITTED FUNDING PROPOSALS TO DOZENS OF OTHER ENTITIES LEGACY RECEIVED 18 AWARDS FOR A TOTAL AMOUNT AWARDED OF \$946,755 IN THE CURRENT TAXABLE YEAR THIS INCLUDED SUPPORT FROM, FOR EXAMPLE, THE UNIVERSITY OF MICHIGAN AND THE LOUISIANA PUBLIC HEALTH INSTITUTE OTHER EFFORTS DURING THE TESTING PERIOD, LEGACY ALSO ENGAGED IN NUMEROUS OTHER EFFORTS TO ATTRACT PUBLIC SUPPORT INCLUDING, FOR EXAMPLE, PARTICIPATING IN THE COMBINED FEDERAL CAMPAIGN AND CONDUCTING FUNDRAISING EFFORTS VIA DIRECT MAIL AND SPECIAL EVENTS RATHER THAN REPEATING THE DETAIL HERE, PLEASE SEE SCHEDULE O OF LEGACY'S 2013 990 FILING FOR FURTHER INFORMATION B PERCENTAGE OF FINANCIAL SUPPORT LEGACY WAS ESTABLISHED IN 1999 PURSUANT TO THE TERMS OF THE MASTER SETTLEMENT AGREEMENT NEGOTIATED BY THE ATTORNEY S GENERAL OF 46 STATES, THE DISTRICT OF COLUMBIA AND FIVE U S TERRITORIES IN SETTLEMENT OF CIVIL ACTIONS FILED AGAINST THE MAJOR U S TOBACCO COMPANIES FOR DAMAGES DUE TO THE HARMFUL EFFECTS OF TOBACCO THE STATES REQUESTED THAT A PORTION OF THE FUNDS THEY RECEIVED FROM THE TOBACCO INDUSTRY BE USED TO ESTABLISH AND FUND AN ORGANIZATION PRIMARILY DEDICATED TO STUDYING AND PROVIDING PUBLIC EDUCATION ABOUT THE IMPACT OF TOBACCO IN ORDER TO REDUCE ITS USE AND ASSOCIATED DEATH AND DISEASE LEGACY ALSO RECEIVED FUNDING FROM A SIMILAR SETTLEMENT AGREEMENT ENTERED INTO BETWEEN THE STATES AND THE SMOKELESS TOBACCO COMPANIES EARLY ON LEGACY'S BOARD OF DIRECTORS VOTED TO FOLLOW A "PERPETUITY MODEL" ALLOCATING A SIGNIFICANT PORTION OF THE SETTLEMENT FUNDS RECEIVED FROM 1999 - 2003 FOR LONG-TERM INVESTMENTS (RESERVE FUND), WHICH OPERATES LIKE A QUASI-ENDOWMENT TO SUPPORT FUTURE CHARITABLE AND EDUCATIONAL ACTIVITIES IN THE YEARS AFTER THE SETTLEMENT PAYMENTS WOULD CEASE LEGACY'S LONG-TERM INVESTMENTS (RESERVE FUND) AT JUNE 30, 2014 WAS \$963 6 MILLION UNDER THE TERMS OF THE SETTLEMENT AGREEMENTS, THE LAST OF THE NORMALLY SCHEDULED PAYMENTS TO LEGACY WERE RECEIVED DURING ITS 2007 TAXABLE YEAR (ENDING JUNE 30, 2008) SINCE THAT TIME, BECAUSE OF THE CESSATION OF THE SETTLEMENT PAYMENTS, LEGACY HAS RECEIVED AN INCREASINGLY HIGH PERCENTAGE OF ITS TOTAL SUPPORT FROM INVESTMENT INCOME ON ITS LONG-TERM INVESTMENTS (RESERVE FUND) AND ITS PUBLIC SUPPORT PERCENTAGE HAS DECLINED SUBSTANTIALLY SO THAT BEGINNING WITH THE 2012 TAXABLE YEAR LEGACY FOR THE FIRST TIME NO LONGER QUALIFIED UNDER THE 33 1/3 PERCENT OF SUPPORT TEST DURING THE FIVE-YEAR TESTING PERIOD HOWEVER, WERE IT NOT FOR THE LARGE AMOUNT OF GROSS INVESTMENT INCOME GENERATED BY LEGACY'S RESERVE FUND, THE ORGANIZATION'S PUBLIC SUPPORT OF NEARLY \$15 3 MILLION WOULD EASILY ALLOW IT TO QUALIFY AS A PUBLICLY SUPPORTED ORGANIZATION AS SET FORTH IN REG 1 170A-9(F)(3)(III), THE FACT THAT LEGACY'S PUBLIC SUPPORT PERCENTAGE IS LOW BECAUSE A HIGH PERCENTAGE OF ITS TOTAL SUPPORT COMES FROM INVESTMENT INCOME ON ITS LONG-TERM INVESTMENTS (RESERVE FUND) IS EVIDENCE OF LEGACY'S COMPLIANCE WITH THE FACTS AND CIRCUMSTANCES TEST REPRESENTATIVE GOVERNING BODY LEGACY HAS A GOVERNING BODY WHICH REPRESENTS THE BROAD INTERESTS OF THE PUBLIC, OTHER THAN THE PERSONAL OR PRIVATE INTERESTS OF A LIMITED NUMBER OF DONORS UNDER THE ORGANIZATION'S BYLAWS, THE ELEVEN-PERSON BOARD OF DIRECTORS CONSISTS OF TWO DIRECTORS APPOINTED BY EACH OF THE NATIONAL ASSOCIATION OF ATTORNEY S GENERAL, THE NATIONAL GOVERNORS ASSOCIATION, AND THE NATIONAL CONFERENCE OF STATE LEGISLATURES FROM AMONG THEIR MEMBERS THESE DIRECTORS (CLASS A DIRECTORS) CURRENTLY INCLUDE THE GOVERNORS OF UTAH AND MISSOURI, THE ATTORNEY S GENERAL OF IOWA AND INDIANA, AND STATE SENATORS FROM TEXAS AND WYOMING THE ATTORNEY GENERAL OF IDAHO SERVES AS NON-VOTING IMMEDIATE PAST CHAIR THE CLASS A DIRECTORS ELECT BY MAJORITY VOTE THE REMAINING FIVE DIRECTORS, THE CLASS B DIRECTORS THE BYLAWS PROVIDE THAT ONE OF THE CLASS B DIRECTORS SHALL HAVE EXPERTISE IN PUBLIC HEALTH ISSUES AND FOUR DIRECTORS SHALL HAVE EXPERTISE IN MEDICAL, CHILD PSYCHOLOGY, OR PUBLIC HEALTH DISCIPLINES THE CURRENT CLASS B DIRECTORS INCLUDE THE PRESIDENT AND CEO OF THE WESTERN NEW YORK PUBLIC BROADCASTING ASSOCIATION, THE JUST-RETIRED DIRECTOR HEALTH OFFICER OF THE LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH, THE CHIEF EXECUTIVE OFFICER OF THE AMERICAN HEART ASSOCIATION, A FORMER STATE ATTORNEY GENERAL WHO HAS BEEN A NATIONAL LEADER ON TOBACCO ISSUES, AND THE CHIEF EXECUTIVE OFFICER EMERITUS OF THE AMERICAN HEART ASSOCIATION RECENT FORMER CLASS B DIRECTORS INCLUDE THE PRESIDENT OF THE SOUTHERN CALIFORNIA REGION, KAISER FOUNDATION HEALTH PLAN AND HOSPITALS, THE THEN-ASSOCIATE DEAN FOR PUBLIC HEALTH PRACTICE AT THE HARVARD SCHOOL OF PUBLIC HEALTH, A FORMER PRESIDENT OF THE AMERICAN MEDICAL ASSOCIATION, AN IMMEDIATE PAST PRESIDENT OF THE AMERICAN CANCER SOCIETY, AND A DISTINGUISHED PROFESSOR OF HEALTH AND HEALTH CARE AT THE DEPARTMENT OF MEDICINE OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO THERE ARE ALSO TWO YOUTH LIAISONS TO THE BOARD OF DIRECTORS WHO MAY CAST NON-BINDING ADVISORY VOTES AVAILABILITY OF PUBLIC FACILITIES AND SERVICES, PUBLIC PARTICIPATION IN PROGRAMS LEGACY PROVIDES FACILITIES AND SERVICES DIRECTLY FOR THE BENEFIT OF THE GENERAL PUBLIC ON A CONTINUING BASIS LEGACY'S TRUTH CAMPAIGN, BEGUN IN 2000, IS THE LARGEST NATIONAL YOUTH SMOKING PREVENTION CAMPAIGN EVER UNDERTAKEN IN THIS COUNTRY, ITS AWARD-WINNING ADVERTISEMENTS, GRASS ROOTS TOURS AND APPEARANCES, AND ON-LINE MEDIA COMMUNICATIONS HAVE PROVIDED THE FACTS TO MILLIONS OF TEENS ABOUT TOBACCO USE AND INDUSTRY MARKETING TACTICS AND HAS BEEN CREDITED WITH A SIGNIFICANT DECLINE IN YOUTH SMOKING RATES LEGACY HAS RECENTLY LAUNCHED A REDESIGNED AND UPDATED VERSION OF THE TRUTH CAMPAIGN ACROSS MULTIPLE, NATIONAL MEDIA PLATFORMS INCLUDING TELEVISION, SOCIAL MEDIA, AND ON-LINE LEGACY HAS COMMITTED TO SUPPORTING THE CAMPAIGN WITH A SUBSTANTIAL INVESTMENT OF \$171M OVER THE NEXT THREE YEARS THE NEW CAMPAIGN IS ALREADY REACHING MILLIONS OF YOUTH ANOTHER NATIONAL PUBLIC SERVICE CAMPAIGN, CODE BLUE FOR LUNG CANCER, WAS LAUNCHED IN 2006 AS A PARTNERSHIP WITH THE NATIONAL ASSOCIATION OF BROADCASTERS IN 2008, LEGACY AND A COALITION OF PUBLIC HEALTH GROUPS AND STATE PUBLIC HEALTH DEPARTMENTS BEGAN BECOME AN EX, AN INNOVATIVE SMOKING CESSATION CAMPAIGN AND WEBSITE FOR ADULT SMOKERS WHO ARE READY TO QUIT BUT NEED HELP THE WEBSITE INCLUDES A COMMUNITY WHERE, AT NO CHARGE, SMOKERS CAN PROVIDE AND RECEIVE SUPPORT THE SITE PROTOCOL WAS DEVELOPED IN CONJUNCTION WITH THE MAYO CLINIC AND MAYO PROVIDES CLINICAL SUPPORT IN THE FORM OF ONLINE INTERACTION WITH THE COMMUNITY (SEE SCHEDULE O FOR CONTINUATION)</p>		
Return Reference	Explanation	

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization AMERICAN LEGACY FOUNDATION	Employer identification number 91-1956621
--	--

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

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

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

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

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4

Number of states where property subject to conservation easement is located ►

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1

► \$

(ii) Assets included in Form 990, Part X

► \$

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenues included in Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

Part III

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

- 3
- Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a

☐ Public exhibition

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations
- 4
- Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5
- During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?
- ☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a
- Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
- ☐ Yes

☐ No
- b
- If "Yes," explain the arrangement in Part XIII and complete the following table
- | | |
|----|--------|
| | Amount |
| 1c | |
| 1d | |
| 1e | |
| 1f | |

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance
- 2a
- Did the organization include an amount on Form 990, Part X, line 21?
- ☐ Yes

☐ No
- b
- If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII
- ☐

Part V

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance				
b	Contributions				
c	Net investment earnings, gains, and losses				
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				

- 2
- Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment
- The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a
- Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

Yes

No
- Part VI

Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.
- | Description of property | (a) Cost or other basis (investment) | (b)Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|--------------------------------|------------------------------|----------------|
| 1a Land | | 13,533,773 | | 13,533,773 |
| b Buildings | | 50,418,475 | 12,517,406 | 37,901,069 |
| c Leasehold improvements | | | | |
| d Equipment | | 2,103,940 | 1,845,506 | 258,434 |
| e Other | | 3,518,922 | 3,035,231 | 483,691 |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | 52,176,967 |
- Schedule D (Form 990) 2013

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	151,558,685
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	37,586,543
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	37,586,543
3	Subtract line 2e from line 1	3	113,972,142
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	6,857,169
b	Other (Describe in Part XIII)	4b	-3,663,918
c	Add lines 4a and 4b	4c	3,193,251
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	117,165,393

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	60,948,973
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	2,740,353
e	Add lines 2a through 2d	2e	2,740,353
3	Subtract line 2e from line 1	3	58,208,620
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	6,857,169
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	6,857,169
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	65,065,789

Part XIII

Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
PART X, LINE 2	THE FOUNDATION IS GENERALLY EXEMPT FROM FEDERAL INCOME TAX UNDER INTERNAL REVENUE CODE (IRC) SECTION 501(C)(3). IN ADDITION, THE FOUNDATION HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION. INCOME WHICH IS NOT RELATED TO ITS EXEMPT PURPOSES, LESS APPLICABLE DEDUCTIONS, IS SUBJECT TO FEDERAL AND STATE CORPORATE INCOME TAXES. THE COMPANY IS A SINGLE-MEMBER, LIMITED LIABILITY COMPANY (LLC) AND, AS SUCH, IS A "DISREGARDED ENTITY" FOR FEDERAL INCOME TAX PURPOSES, PURSUANT TO SECTION 7701 OF THE IRC. THE FOUNDATION HAD UNRELATED BUSINESS INCOME RELATED TO DEBT FINANCED RENTAL INCOME DURING THE YEARS ENDED JUNE 30, 2014 AND 2013. THE FOUNDATION FOLLOWS THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, WHICH ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS. UNDER THIS GUIDANCE, THE FOUNDATION MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION. THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ALSO ADDRESSES DE-RECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES ON INCOME TAXES, AND ACCOUNTING IN INTERIM PERIODS. MANAGEMENT EVALUATED THE FOUNDATION'S TAX POSITIONS AND CONCLUDED THAT THE FOUNDATION HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THE GUIDANCE FOR ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. GENERALLY, THE FOUNDATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2011.
PART XI, LINE 4B - OTHER ADJUSTMENTS	RENTAL EXPENSES REPORTED ON LINE 6B -2,870,612. FUNDRAISING EVENTS EXPENSES REPORTED ON LINE 8B -10,306. REALIZED LOSS ON INTEREST RATE SWAP AGREEMENT - 783,000.
PART XII, LINE 2D - OTHER ADJUSTMENTS	RENTAL EXPENSES REPORTED ON LINE 6B 2,870,612. NET GAIN ON INTEREST RATE SWAP AGREEMENT -140,565. FUNDRAISING EVENTS EXPENSES REPORTED ON LINE 8B 10,306.

[illegible]

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
► Attach to Form 990. ► See separate instructions.
► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
AMERICAN LEGACY FOUNDATION

Employer identification number
91-1956621

Part I

General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			40,845,434
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			40,845,434

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶
- 3 Enter total number of other organizations or entities ▶

Part III

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☒ Yes ☐ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)*

☐ Yes ☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*

☐ Yes ☒ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*

☒ Yes ☐ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*

☒ Yes ☐ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).*

☐ Yes ☒ No

Additional Data

Software ID:
Software Version:
EIN: 91-1956621
Name: AMERICAN LEGACY FOUNDATION

Part V

Supplemental Information
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
EAST ASIA AND THE PACIFIC	0	0	INVESTMENTS		11,517,727
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	INVESTMENTS		22,574,259
MIDDLE EAST AND NORTH AFRICA	0	0	INVESTMENTS		265,461

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
NORTH AMERICA	0	0	INVESTMENTS		3,584,057
SOUTH AMERICA	0	0	INVESTMENTS		1,376,926
SOUTH ASIA	0	0	INVESTMENTS		1,342,255

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA	0	0	INVESTMENTS		184,749

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
AMERICAN LEGACY FOUNDATION

Employer identification number
91-1956621

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☒

Mail solicitations

e

☒

Solicitation of non-government grants

b

☒

Internet and email solicitations

f

☒

Solicitation of government grants

c

☐

Phone solicitations

g

☒

Special fundraising events

d

☒

In-person solicitations

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes

☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 WILDELWRA INC 201 SUMMER STREET PO BOX 5838 HOLLISTON, MA 01746	DONOR DEVELOPMENT		No	15,300	51,000	-35,700
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶				15,300	51,000	-35,700

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY, DC

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts			
	2	Less Contributions . . .			
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes . . .			
	6	Rent/facility costs . . .			
	7	Food and beverages .			
	8	Entertainment			
	9	Other direct expenses .			
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Subtract line 10 from line 3, column (d) ▶			

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses . . .			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary Subtract line 7 from line 1, column (d) ▶			

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

Does the organization operate gaming activities with nonmembers? ☐ **Yes** ☐ **No**

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ **Yes** ☐ **No**

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ **Yes** ☐ **No**

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$ _____

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ **Yes** ☐ **No**

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
------------------	-------------

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

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

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization
AMERICAN LEGACY FOUNDATION

Employer identification number
91-1956621

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

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

31

3

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

1

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SCHOLARSHIPS	6	20,000			

Part IV

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	EACH GRANT CONTRACT IS EXECUTED AND MONITORED BY A LEGACY ASSIGNED PROGRAM OFFICER (PO) UNTIL CLOSED MONITORING CONSISTS OF UPDATE CALLS, SITE VISITS AS NEEDED AND PROVIDING TECHNICAL ASSISTANCE WHEN REQUIRED PO'S ARE ALSO RESPONSIBLE FOR ENSURING THAT THE REPORTING OF GRANT EXPENDITURES AND DELIVERABLES MEET COMPLIANCE STANDARDS SET BY LEGACY EACH GRANT CONTRACT HAS A SCHEDULE OF REPORTING REQUIREMENTS GRANTEEES ARE REQUIRED TO SUBMIT EITHER MONTHLY OR QUARTERLY REIMBURSEMENT FINANCIALS WHICH ARE REVIEWED BY THE PO FOR CONSISTENCY WITH THE APPROVED BUDGET ONCE EXPENSES ARE APPROVED BY THE PO, APPROVAL OF PAYMENT IS GRANTED AND SIGNED OFF ON BY MANAGEMENT THE NARRATIVE REPORTING REQUIREMENTS ON THE DELIVERABLE ACTIVITIES VARIES ACCORDING TO THE GRANTEE AND FUNDING INITIATIVE MINIMALLY, ALL GRANTEEES ARE REQUIRED TO SUBMIT A FINAL REPORT ON PROGRAM ACTIVITIES

Additional Data

Software ID:
Software Version:
EIN: 91-1956621
Name: AMERICAN LEGACY FOUNDATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JOHNS HOPKINS UNIVERSITY BLOOMBERG SCHOOL OF PUBLIC HEALTH 624 N BROADWAY HAMPTON HOUSE ROOM 280B BALTIMORE,MD 21205	52-0595110	501(C)(3)	7,771				RESEARCH GRANTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE TRUSTEES OF COLUMBIA UNIVERSITY 1700 BROADWAY 10TH FLOOR NEW YORK,NY 10019	13-5598093	501(C)(3)	45,319				RESEARCH GRANTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE NATIONAL CENTER ON ADDICTION AND SUBSTANCE ABUSE AT COLUMBIA UNIVERSITY 633 THIRD AVENUE NEW YORK, NY 10017	52-1736502	501(C)(3)	261,944				LEGACY EVALUATION AND RESEARCH NETWORKS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEILL CORNELL MEDICAL COLLEGE 525 EAST 68TH STREET BOX 586 NEW YORK, NY 10065	13-3957095	501(C)(3)	102,535				LEGACY EVALUATION AND RESEARCH NETWORKS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN NON-SMOKERS RIGHTS FOUNDATION 2530 SAN PABLO AVENUE STE J BERKELEY,CA 94702	94-2922136	501(C)(3)	106,407				OTHER GRANTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARTNERSHIP FOR PREVENTION 1015 18TH STREET NW STE300 WASHINGTON,DC 20036	52-1735637	501(C)(3)	125,000				OTHER GRANTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMPAIGN FOR TOBACCO FREE KIDS 1400 I STREET NW SUITE 1200 WASHINGTON,DC 20005	52-1969967	501(C)(3)	1,050,000				OTHER GRANTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BREATHE CALIFORNIA OF SACRAMENTO-EMIGRANT TRAILS 909 12TH STREET SACRAMENTO,CA 95814	94-1641240	501(C)(3)	106,850				OTHER GRANTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE NATIONAL CENTER ON ADDICTION AND SUBSTANCE ABUSE AT COLUMBIA UNIVERSITY 633 THIRD AVENUE NEW YORK, NY 10017	52-1736502	501(C)(3)	194,212				OTHER GRANTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
C-CHANGE 1776 EYE STREET NW WASHINGTON,DC 20006	16-1641769	501(C)(3)	108,782				OTHER GRANTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LUNG CANCER ALLIANCE 888 16TH STREET NW SUITE 800 WASHINGTON, DC 20006	91-1821040	501(C)(3)	100,000				OTHER GRANTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOUNDATION TO ADVANCE PUBLIC HEALTH CERTIFICATION 310 GRANT STREET SUITE 1030 PITTSBURGH,PA 15219	27-0704957	501(C)(3)	26,222				OTHER GRANTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GEORGIA STATE UNIVERSITY 140 DECATUR STREET ATLANTA,GA 30302	58-1845423	501(C)(3)	47,342				OTHER GRANTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACTION ON SMOKING AND HEALTH 701 - 4TH STREET NW WASHINGTON,DC 20001	13-2603590	501(C)(3)	84,970				OTHER GRANTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRESIDENT AND FELLOWS OF HARVARD COLLEGE 677 HUNTINGTON AVENUE BOSTON, MA 02115	04-2103580	501(C)(3)	48,437				OTHER GRANTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE TRUSTEES OF COLUMBIA UNIVERSITY 615 WEST 168TH STREET BOX 49 NEW YORK,NY 10032	13-5598093	501(C)(3)	81,990				OTHER GRANTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN ACADEMY OF PEDIATRICS 37925 EAGLE WAY CHICAGO, IL 60678	36-2275597	501(C)(3)	142,363				OTHER GRANTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN HEART ASSOCIATION 4217 PARK PLACE COURT GLEN ALLEN,VA 23060	13-5613797	501(C)(3)	27,575				OTHER GRANTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMPAIGN FOR TOBACCO FREE KIDS 1400 I STREET NW SUITE 1200 WASHINGTON, DC 20005	52-1969967	501(C)(3)	500,000				OTHER GRANTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASIAN PACIFIC PARTNERS FOR EMPOWERMENT ADVOCACY AND LEADERSHIP 300 FRANK H OGAWA PLAZA STE 620 OAKLAND,CA 94612	20-2028771	501(C)(3)	41,667				OTHER GRANTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UCSF 919 IRVING ST SUITE 104 UCSF BOX 0939 SAN FRANCISCO, CA 941430939	94-6036493	501(C)(3)	74,539				NATIONAL TOBACCO DOCUMENTS LIBRARY GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN ACADEMY OF PEDIATRICS 141 NORTHWEST POINT BLVD ELK GROVE VILLAGE,IL 60007	36-2275597	501(C)(3)	31,835				EX GRANTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EMORY UNIVERSITY 1784 N DECATUR ROAD SUITE 530 ATLANTA,GA 30322	58-0566256	501(C)(3)	56,394				TECHNICAL ASSISTANCE & TRAINING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE TRUSTEES OF COLUMBIA UNIVERSITY 615 WEST 131 ST 3RD FL NEW YORK, NY 10025	13-5598093	501(C)(3)	212,500				SPONSOR - NEH CHALLENGE GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOMEN'S POLICY INC 409 12TH STREET SW STE 310 WASHINGTON,DC 20024	52-1914894	501(C)(3)	25,000				SPONSOR - GALA 2014

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOMEN'S POLICY INC 409 12TH STREET SW STE 310 WASHINGTON,DC 20024	52-1914894	501(C)(3)	25,000				SPONSOR - CONGRESSIONAL BRIEFING DC 2014

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMPAIGN FOR TOBACCO FREE KIDS 1400 I STREET NW STE 1200 WASHINGTON,DC 20005	52-1969967	501(C)(3)	20,000				SPONSOR - YOUTH ADVCTS AWARDS GALA

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARTNERSHIP FOR A DRUG FREE AMERICA 352 PARK AVENUE SOUTH 9TH FL NEW YORK,NY 10010	13-3413627	501(C)(3)	20,000				SPONSOR - JOIN TOGETHER PROGRAM 5/14

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOCIETY FOR RESEARCH ON NICOTINE & TOBACCO INC 2424 AMERICAN LANE MADISON,WI 537043102	52-1906424	501(C)(3)	20,000				SPONSOR - 2014

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MICHIGAN 109 OBSERVATORY ST M3242 SPH ANN ARBOR, MI 48109	38-6006309	501(C)(3)	20,000				TBCC-FREE COLLEGE INITIATIVE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PHOENIX HOUSE FOUNDATION INC 164 WEST 74TH STREET NEW YORK,NY 10023	23-7013149	501(C)(3)	15,000				SPONSOR - AWARDS DINNER 11/6/13

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARTNERSHIP FOR A DRUG FREE AMERICA 352 PARK AVENUE SOUTH 9TH FL NEW YORK,NY 10010	13-3413627	501(C)(3)	12,500				SPONSOR - ANNUAL GALA

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE UNIVERSITY OF MONTANA 32 CAMPUS DRIVE MISSOULA, MT 598121728	81-6001713	501(C)(3)	12,500				SPONSOR - TOBACCO SUMMIT 8/13

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN NONSMOKERS' RIGHTS FOUNDATION 2530 SAN PABLO AVE SUITE J BERKELEY,CA 94702	94-2922136	501(C)(3)	11,000				GLOBAL GAMING EXPO 05-06/14

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN HEART ASSOCIATION INC 4217 PARK PLACE COURT GLEN ALLEN,VA 23060	13-5613797	501(C)(3)	10,000				SPONSOR - GREATER WASH REGION HEART BALL

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARTNERSHIP WITH CHILDREN INC 299 BROADWAY SUITE 1300 NEW YORK,NY 10007	13-5596751	501(C)(3)	10,000				SPONSOR - SPRING GALA NY 06/14

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE NEW YORK ACADEMY OF MEDICINE 1216 FIFTH AVE NEW YORK,NY 10029	13-1656674	501(C)(3)	10,000				SPONSOR - CONF 9/20/13

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INSTITUTE FOR PROFESSIONAL EDUCATION 140 HUGUENOT STREET 3RD FL NEW ROCHELLE, NY 108015215	26-3341604	501(C)(3)	7,500				SPONSOR - ACADEMY OF WOMEN'S HEALTH CONGRESS 4/5/14

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTH EDUCATION COUNCIL 3950 INDUSTRIAL BLVD SUITE 600 WEST SACRAMENTO, CA 95691	68-0249296	501(C)(3)	7,000				SPONSOR - BFA CONF 4/14

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN NONSMOKERS' RIGHTS FOUNDATION 2530 SAN PABLO AVE SUITE J BERKELEY,CA 94702	94-2922136	501(C)(3)	7,000				GLOBAL GAMING EXPO 9/23

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW YORK WOMEN IN COMMUNICATIONS 355 LEXINGTON AVE 15TH FLR NEW YORK,NY 10017	13-6274650		6,000				SPONSOR - MATRIX TABLE PACKAGE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EFFIE WORLDWIDE INC 116 E 27TH STREET 6TH FLOOR NEW YORK,NY 10016	20-8875698	501(C)(3)	5,995				SPONSOR - NORTH AMERICAN EFFIE AWARDS GALA TABLE NY 6/5/14

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CIGARETTE BUTT POLLUTION PROJECT 814 MOANA DRIVE SAN DIEGO, CA 92106	27-5099153	501(C)(3)	5,100				FILTERLESS CIGARS

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
AMERICAN LEGACY FOUNDATION

Employer identification number
91-1956621

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</div><div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>b</div><div>If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</div></div>	Yes	
<div><div>2</div><div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</div></div>	Yes	
<div><div>3</div><div>Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</div><div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div>		
<div><div>4</div><div>During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization</div></div>		
<div><div>a</div><div>Receive a severance payment or change-of-control payment?</div></div>		No
<div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>	Yes	
<div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>		No
<div><div></div><div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div></div>		
<div><div>5</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</div></div>		
<div><div>a</div><div>The organization?</div></div>		No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III</div>		No
<div><div>6</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</div></div>		
<div><div>a</div><div>The organization?</div></div>		No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III</div>		No
<div><div>7</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</div></div>	Yes	
<div><div>8</div><div>Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III</div></div>		No
<div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</div></div>		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table								

Part III **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

Return Reference	Explanation
PART I, LINE 1A	THE ORGANIZATION PAID GROSS UP RELOCATION AND LEGAL FEES TO ROBIN KOVAL IN THE AMOUNT OF \$46,672 AND THESE WERE TREATED AS TAXABLE INCOME THE ORGANIZATION PAID HEALTH CLUB DUES AND OTHER HEALTH BENEFITS FOR THE FOLLOWING EMPLOYEES THE HEALTH CLUB DUES AND OTHER HEALTH BENEFITS WERE TREATED AS TAXABLE INCOME TO THE RECIPIENT CHERYL G HEALTON - \$414 ANTHONY T O'TOOLE - \$540 ELLEN VARGYAS - \$540 ERIC ASCHE - \$540 ROBIN KORNHABER - \$540 WILLIAM FURMANSKI - \$540 DONNA VALLONE - \$597
PART I, LINE 4B	PART II, COLUMN C RETIREMENT AND OTHER DEFERRED COMPENSATION FOR CHERYL HEATON INCLUDES 401(K) CONTRIBUTIONS OF \$38,250 IN ADDITION, DURING THE FISCAL YEAR ENDED JUNE 30, 2008, THE FOUNDATION ESTABLISHED A 457(F) PLAN WHICH VESTED ON JANUARY 1, 2014, WITH FORFEITURE IF EMPLOYMENT ENDS EITHER VOLUNTARILY OR INVOLUNTARILY, BEFORE EARNED THE 2013 CALENDAR YEAR DEFERRED COMPENSATION REPORTED INCLUDES CONTRIBUTIONS TO THE 457(F) OF \$80,000 RETIREMENT AND OTHER DEFERRED COMPENSATION FOR ANTHONY O'TOOLE INCLUDES 401(K) CONTRIBUTIONS OF \$38,250 IN ADDITION DURING THE FISCAL YEAR ENDED JUNE 30, 2008, THE FOUNDATION ESTABLISHED A 457(F) PLAN WHICH VESTED ON JANUARY 1, 2014, WITH FORFEITURE IF EMPLOYMENT ENDS EITHER VOLUNTARILY OR INVOLUNTARILY, BEFORE EARNED THE 2013 CALENDAR YEAR DEFERRED COMPENSATION REPORTED INCLUDES CONTRIBUTIONS TO THE 457(F) OF \$60,000 RETIREMENT AND OTHER DEFERRED COMPENSATION FOR DAVID DOBBINS INCLUDES 401(K) CONTRIBUTIONS OF \$38,250 IN ADDITION DURING THE FISCAL YEAR ENDED JUNE 30, 2008, THE FOUNDATION ESTABLISHED A 457(F) PLAN WHICH VESTED ON JANUARY 1, 2014, WITH FORFEITURE IF EMPLOYMENT ENDS EITHER VOLUNTARILY OR INVOLUNTARILY, BEFORE EARNED THE 2013 CALENDAR YEAR DEFERRED COMPENSATION REPORTED INCLUDES CONTRIBUTIONS TO THE 457(F) OF \$40,000 RETIREMENT AND OTHER DEFERRED COMPENSATION FOR ELLEN VARGYAS INCLUDES 401(K) CONTRIBUTIONS OF \$38,250 IN ADDITION DURING THE FISCAL YEAR ENDED JUNE 30, 2008, THE FOUNDATION ESTABLISHED A 457(F) PLAN WHICH VESTED ON JANUARY 1, 2014, WITH FORFEITURE IF EMPLOYMENT ENDS EITHER VOLUNTARILY OR INVOLUNTARILY, BEFORE EARNED THE 2013 CALENDAR YEAR DEFERRED COMPENSATION REPORTED INCLUDES CONTRIBUTIONS TO THE 457(F) OF \$40,000
PART I, LINE 7	ALL BONUS AMOUNTS REPORTED ON SCHEDULE J, PAGE 2, PART II, ARE PERFORMANCE BASED
SCHEDULE J, PART II, COLUMN B (III), OTHER COMPENSATION	OTHER REPORTABLE COMPENSATION FOR THE FOLLOWING EMPLOYEES CONSISTS PARTLY OF 457(B) CONTRIBUTIONS ANTHONY O'TOOLE - \$17,500 DAVID ABRAMS - \$17,500 ELLEN VARGYAS - \$17,500

Additional Data

Software ID:
Software Version:
EIN: 91-1956621
Name: AMERICAN LEGACY FOUNDATION

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
CHERYL HEALTON CEO (UNTIL 01/01/14)	(i) (ii)	411,105 0	41,971 0	3,331 0	118,250 0	61,864 0	636,521 0	0 0
ANTHONY T O'TOOLE EVP, CFIO	(i) (ii)	381,317 0	38,102 0	23,012 0	98,250 0	53,933 0	594,614 0	0 0
ELLEN VARGYAS GENERAL COUNSEL/CORP SECRETARY	(i) (ii)	295,890 0	11,825 0	20,610 0	78,250 0	28,751 0	435,326 0	0 0
M DAVID DOBBINS COO	(i) (ii)	291,822 0	29,614 0	3,515 0	78,250 0	34,626 0	437,827 0	0 0
DAVID ABRAMS EXEC DIRECTOR (SHROEDER INST)	(i) (ii)	353,255 0	35,170 0	24,016 0	38,250 0	29,287 0	479,978 0	0 0
ERIC ASCHE CMO	(i) (ii)	258,967 0	25,625 0	1,230 0	38,250 0	30,084 0	354,156 0	0 0
AMBER BULLOCK EVP, PROG DEV	(i) (ii)	225,240 0	22,000 0	1,674 0	37,488 0	36,649 0	323,051 0	0 0
DONNA VALLONE SVP, RESEARCH & EVALUATION	(i) (ii)	231,616 0	0 0	8,962 0	36,028 0	31,517 0	308,123 0	0 0
WILLIAN FURMANSKI SVP, COLLABORATION & OUTREACH	(i) (ii)	236,131 0	0 0	9,610 0	36,320 0	10,618 0	292,679 0	0 0
ROBIN KORNHABER SVP, DEVELOPMENT UNTIL 01/28/14	(i) (ii)	252,817 0	0 0	9,874 0	38,250 0	35,433 0	336,374 0	0 0
RAYMOND NIAURA ASSOC DIRECTOR OF SCIENCE	(i) (ii)	294,439 0	0 0	2,422 0	38,250 0	20,200 0	355,311 0	0 0

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
AMERICAN LEGACY FOUNDATION

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Employer identification number
91-1956621

Part I

Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A DISTRICT OF COLUMBIA	53-6001131	2548392L6	03-01-2008	28,000,000	PURCHASE OF NEW BUILDING		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired								
2	Amount of bonds legally defeased								
3	Total proceeds of issue	28,000,000							
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds								
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	28,000,000							
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion	2008							
		Yes	No						
14	Were the bonds issued as part of a current refunding issue?		X						
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III

Private Business Use

				A		B		C		D	
				Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?				X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?				X						

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 %							
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 %							
6	Total of lines 4 and 5	0 %							
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X						

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X							
b	Exception to rebate?		X						
c	No rebate due?		X						
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X							
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X							
b	Name of provider	BANK OF AMERICA							
c	Term of hedge	30 000000000000							
d	Was the hedge superintegrated?		X						
e	Was the hedge terminated?		X						

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X						
7	Has the organization established written procedures to monitor the requirements of section 148?		X						

Part V

Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
	X							

Part VI

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization
AMERICAN LEGACY FOUNDATION

Employer identification number

91-1956621

Return Reference	Explanation
FORM 990, PART I PART VI, AND PART VII - BOARD COUNT	A TOTAL OF THIRTEEN PERSONS SERVED ON THE BOARD OF DIRECTORS DURING THE FISCAL YEAR THOSE THIRTEEN ARE SHOWN IN PART VII OF FORM 990 AS OF JUNE 30, 2014 THERE WERE A TOTAL OF ELEVEN VOTING BOARD MEMBERS SERVING THE ORGANIZATION AS DISCLOSED IN PART VI, LINES 1A & 1B, AND PART I, LINES 3 & 4

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE NATIONAL GOVERNORS ASSOCIATION, NATIONAL ASSOCIATION OF ATTORNEYS GENERAL, AND NATIONAL CONFERENCE OF STATE LEGISLATURES EACH HAVE THE AUTHORITY TO APPOINT TWO CLASS A DIRECTORS

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	PURSUANT TO BOARD RESOLUTION, THE BOARD OBSERVES THE FOLLOWING PROCEDURES IN THE FOLLOWING ORDER FIRST, THE AUDIT COMMITTEE REVIEWS AND APPROVES THE DRAFT FORM 990, SECOND, THE APPROVED FORM 990 IS ELECTRONICALLY ROUTED TO ALL BOARD MEMBERS, THIRD, THE FORM IS FILED WITH THE IRS AND POSTED TO THE FOUNDATION'S WEB SITE

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	LEGACY REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY BY REQUIRING ANNUAL REVIEW OF POLICY AND WRITTEN DISCLOSURES BY ALL DIRECTORS, SENIOR STAFF AND RESEARCH INVESTIGATORS WHICH ARE COLLECTED AND REVIEWED BY THE GENERAL COUNSEL, REQUIRING UPDATED FILINGS AS NECESSARY BY DIRECTORS AND COVERED STAFF, REQUIRING CONTEMPORANEOUS DISCLOSURES OF ALL CONFLICTS AND POTENTIAL CONFLICTS NOT DISCLOSED IN THE ANNUAL FILINGS, BY ALL DIRECTORS AND STAFF, REQUIRING ALL RESEARCH INVESTIGATORS WHO PARTICIPATE IN NIH-FUNDED RESEARCH TO COMPLY WITH NIH'S FINANCIAL CONFLICT OF INTEREST (FCOI) REGULATION AND TO ANNUALLY COMPLETE THE NIH TUTORIAL ON CONFLICTS OF INTEREST, AND PLACING ADMINISTRATIVE RESPONSIBILITY FOR TRAINING AND COMPLIANCE WITH THE GENERAL COUNSEL.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE PROCESS FOR DETERMINING THE COMPENSATION OF THE CEO AND TOP MANAGEMENT INCLUDES REVIEW AND APPROVAL BY INDEPENDENT PERSONS, COMPARATIVE DATA AND CONTEMPORANEOUS SUBSTANTIATION. THE BOARD REGULARLY RETAINS AN INDEPENDENT CONSULTING FIRM TO EVALUATE THE COMPENSATION OF THE CEO AND TOP MANAGEMENT AGAINST THE COMPETITIVE MARKET, INCLUDING COMPARABLE POSITIONS AMONG SIMILARLY SITUATED ORGANIZATIONS AS WELL AS BROADER, RELEVANT MARKET SURVEYS. BASED ON THAT ANALYSIS AND PERFORMANCE ASSESSMENTS AND THE REVIEW AND RECOMMENDATION OF THE BOARD'S COMPENSATION COMMITTEE, THE FULL BOARD SETS THE CEO'S COMPENSATION AND APPROVES OR AMENDS THE CEO'S RECOMMENDATION FOR THE COMPENSATION OF THE CFO, COO, GC, CHIEF MARKETING OFFICER AND EXECUTIVE DIRECTOR OF THE SCHROEDER INSTITUTE. THE CEO MAKES COMPENSATION DECISIONS FOR OTHER KEY EMPLOYEES, UPON RECOMMENDATION OF THE COO.

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	LEGACY'S FINANCIAL STATEMENTS ARE AVAILABLE ON ITS CORPORATE WEBSITE, WWW.LEGACYFORHEALTH.ORG. ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	TEMPORARY SERVICES PROGRAM SERVICE EXPENSES 16,866 MANAGEMENT AND GENERAL EXPENSES 31,519 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 48,385 CONSULTING PROGRAM SERVICE EXPENSES 246,998 MANAGEMENT AND GENERAL EXPENSES 128,701 FUNDRAISING EXPENSES 3,706 TOTAL EXPENSES 379,405 CONTRACT SERVICES PROGRAM SERVICE EXPENSES 28,638,851 MANAGEMENT AND GENERAL EXPENSES 188,441 FUNDRAISING EXPENSES 47,508 TOTAL EXPENSES 28,874,800 BOND FEES PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 51,100 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 51,100

Return Reference	Explanation
FORM 990, PART XI, LINE 9	UNREALIZED GAIN ON SWAPS 923,565

Return Reference	Explanation
<p>SCHEDULE A, PAGE 4, PART IV, FACTS AND CIRCUMSTANCES ANALYSIS</p>	<p>WE CONTINUE TO SUPPORT THE BECOMEANEX ORG WEB SITE AND THE EX COMMUNITY THROUGH EARNED MEDIA AND PAID ONLINE ADVERTISING FOR TAX YEAR 2013, THERE WERE MORE THAN 475,000 UNIQUE VISITORS TO THE WEBSITE. IN AN EFFORT TO AVOID THE HARMFUL EFFECTS OF SECOND-HAND SMOKE ON CHILDREN, LEGACY'S HEAD START TOBACCO CESSATION INITIATIVE, BEGUN IN 2004, PROVIDES STAFF TRAINING AND OTHER ASSISTANCE TO HEAD START PROGRAMS SO THEY CAN IDENTIFY TOBACCO USERS IN STUDENTS' HOMES AND REFER THEM TO STATE AND LOCAL CESSATION SERVICES, INCLUDING QUITLINES. LEGACY DEVELOPED A GUIDE FOR COMMUNITY HEALTH CENTERS AND PUBLIC CLINICS SETTING OUT A SYSTEMS-BASED APPROACH TO INTEGRATING CESSATION SERVICES FOR THEIR PATIENTS. WE PROVIDED THE GUIDE, WHICH IS ALSO AVAILABLE ON-LINE, TO EACH STATE TOBACCO CONTROL PROGRAM AND FEDERALLY QUALIFIED HEALTH CENTER. LEGACY'S YOUTH LEADERSHIP INSTITUTE PARTNERS WITH LOCALLY BASED PROGRAMS TO PROVIDE TRAINING AND TECHNICAL ASSISTANCE TO SUPPORT THE EFFORTS OF HIGH SCHOOL STUDENTS INVOLVED IN TOBACCO CONTROL. THE KENNETH E. WARNER LECTURE SERIES AT LEGACY, WHICH IS BROADCAST ON-LINE TO THOUSANDS OF STAKEHOLDERS EACH YEAR, ENCOURAGES A DIALOGUE AMONG PUBLIC HEALTH LEADERS ON KEY TOBACCO POLICY ISSUES. EACH YEAR LEGACY AWARDS THE DR. ALMA S. ADAMS SCHOLARSHIPS TO UNDERGRADUATE AND GRADUATE STUDENTS DEDICATED TO IMPROVING PUBLIC HEALTH AND TO RAISING AWARENESS ABOUT THE RISKS OF TOBACCO USE. LEGACY ALSO SUPPORTS AND CONDUCTS RESEARCH ON THE CAUSES OF TOBACCO ADDICTION AND METHODS FOR CONTROLLING TOBACCO USE, INCLUDING BY YOUNG PEOPLE, AND IT REGULARLY PUBLISHES SCHOLARLY STUDIES WHICH MAKE THE RESULTS OF THIS RESEARCH AVAILABLE THROUGHOUT THE PUBLIC HEALTH AND BROADER SCIENTIFIC COMMUNITIES. IN TAXABLE YEAR 2013 ALONE, LEGACY RESEARCHERS PUBLISHED 40 ARTICLES IN PEER-REVIEWED PUBLICATIONS. FROM 2009 TO 2012, LEGACY EXPERTS CONDUCTED AND/OR SUPPORTED RESEARCH LEADING TO THE PUBLICATION OF 85 ARTICLES IN PEER REVIEWED SCIENTIFIC, MEDICAL AND OTHER SCHOLARLY JOURNALS. THESE PUBLICATIONS AND JOURNALS HAVE INCLUDED THE AMERICAN JOURNAL OF PREVENTIVE MEDICINE, THE JOURNAL OF PEDIATRIC PSYCHOLOGY, THE JOURNAL OF SUBSTANCE ABUSE TREATMENT, PEDIATRICS, THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION (JAMA), PLOS ONE, THE AMERICAN JOURNAL OF DRUG AND ALCOHOL ABUSE, THE AMERICAN JOURNAL OF PUBLIC HEALTH, AND THE JOURNAL OF CARDIOPULMONARY REHABILITATION. RECENT LEGACY PUBLICATIONS INCLUDE PROMISE AND PERIL OF E-CIGARETTES: CAN DISRUPTIVE TECHNOLOGY MAKE CIGARETTES OBSOLETE? (JANUARY 2014), A COST-UTILITY ANALYSIS OF LUNG CANCER SCREENING AND THE ADDITIONAL BENEFITS OF INCORPORATING SMOKING CESSATION INTERVENTIONS (2013), TOBACCO CONTROL IN LGBT COMMUNITIES (DEC. 2012), PACIFIC PARTNERS FOR TOBACCO-FREE ISLANDS (MAY 2012), HEAD START TOBACCO CESSATION INITIATIVE (MAY 1012), A HIDDEN EPIDEMIC: TOBACCO USE AND MENTAL ILLNESS (JUNE 2011), AND TOBACCO CONTROL IN LOW SES POPULATIONS (SEPT 2010).</p>

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
AMERICAN LEGACY FOUNDATION

Employer identification number
91-1956621

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) M STREET HOLDINGS LLC 2030 M STREET NW WASHINGTON, DC 20036 91-1956621	PROPERTY RENTAL/MGMT	DE	2,655,392	31,201,199	AMERICAN LEGACY FOUNDATION

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

Part III

Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a		
b Gift, grant, or capital contribution to related organization(s)	1b		
c Gift, grant, or capital contribution from related organization(s)	1c		
d Loans or loan guarantees to or for related organization(s)	1d		
e Loans or loan guarantees by related organization(s)	1e		
f Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)	1g		
h Purchase of assets from related organization(s)	1h		
i Exchange of assets with related organization(s)	1i		
j Lease of facilities, equipment, or other assets to related organization(s)	1j		
k Lease of facilities, equipment, or other assets from related organization(s)	1k		
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
o Sharing of paid employees with related organization(s)	1o		
p Reimbursement paid to related organization(s) for expenses	1p		
q Reimbursement paid by related organization(s) for expenses	1q		
r Other transfer of cash or property to related organization(s)	1r		
s Other transfer of cash or property from related organization(s)	1s		

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII

Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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