



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



Form **990-EZ****Short Form****Return of Organization Exempt From Income Tax**

OMB No. 1545-1150

2014**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.

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

A For the 2014 calendar year, or tax year beginning , 2014, and ending , 20

B Check if applicable:

☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
Legacy Family Ministries
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
7574 FM 1123
 City or town, state or province, country, and ZIP or foreign postal code
Belton, Texas 76513

D Employer identification number
74-2736222

E Telephone number
254-933-2300

F Group Exemption Number ▶

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

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

I Website: ▶ www.legacyfamily.org

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

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

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

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☐

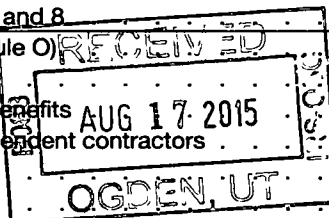
Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1	133,666	18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	2	18,382	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)
3	Membership dues and assessments	3		20	Other changes in net assets or fund balances (explain in Schedule O)
4	Investment income	4	7,761	21	Net assets or fund balances at end of year. Combine lines 18 through 20
5a	Gross amount from sale of assets other than inventory	5a			
5b	Less: cost or other basis and sales expenses	5b			
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c			
6	Gaming and fundraising events				
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a			
6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b			
6c	Less: direct expenses from gaming and fundraising events	6c			
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d			
7a	Gross sales of inventory, less returns and allowances	7a			
7b	Less: cost of goods sold	7b			
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c			
8	Other revenue (describe in Schedule O)	8			
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	159,809		
10	Grants and similar amounts paid (list in Schedule O)	10	7,425		
11	Benefits paid to or for members	11			
12	Salaries, other compensation, and employee benefits	12	52,802		
13	Professional fees and other payments to independent contractors	13			
14	Occupancy, rent, utilities, and maintenance	14	8,323		
15	Printing, publications, postage, and shipping	15	1,730		
16	Other expenses (describe in Schedule O)	16	39,023		
17	Total expenses. Add lines 10 through 16 ▶	17	109,303		

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2014)

SCANNED SEP 02 2015



97-8

18

Part II Balance Sheets (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II ☐

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	182,373	22 233,045
23 Land and buildings		23
24 Other assets (describe in Schedule O)	1,145	24 700
25 Total assets	183,518	25 233,745
26 Total liabilities (describe in Schedule O)	747	26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	182,771	27 233,745

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III ☐

What is the organization's primary exempt purpose?

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

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 Individual Ministry - See Schedule 1		
(Grants \$ 3,425) If this amount includes foreign grants, check here ☐	28a	13,317
29 Couples Ministry - See Schedule 1		
(Grants \$) If this amount includes foreign grants, check here ☐	29a	56,600
30 Family Ministry - See Schedule 1		
(Grants \$ 4,000) If this amount includes foreign grants, check here ☐	30a	6,662
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here ☐	31a	
32 Total program service expenses (add lines 28a through 31a)	32	76,579

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Carla Weathersbee, President	20	30,433		
Kim Scott, Vice President				
Darrell Janecka, Secretary & Treasurer				
Byron Weathersbee, Director				
Cindy Janecka, Director				
Kevin Rhea, Director				
Leslie Rhea, Director				
Brad Wilson, Director				
Kendra Wilson, Director				

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

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		✓
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		✓
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		✓
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		✓
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		✓
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		
b Did the organization file Form 1120-POL for this year?		✓
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		✓
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		✓
41 List the states with which a copy of this return is filed ▶		
42a The organization's books are in care of ▶ <u>Lesa Wright</u> Telephone no. ▶ <u>254-933-2300</u> Located at ▶ <u>7475 FM 1123, Belton, Texas</u> ZIP + 4 ▶ <u>76513</u>		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶		✓
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶		✓
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
c Did the organization receive any payments for indoor tanning services during the year?		✓
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		✓
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		✓
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		✓

- 46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		☒

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

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

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

- 47** Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		☒

- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

	Yes	No
48		☒

- 49a** Did the organization make any transfers to an exempt non-charitable related organization?

	Yes	No
49a		☒

- b** If "Yes," was the related organization a section 527 organization?

	Yes	No
49b		☒

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

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

- f** Total number of other employees paid over \$100,000 **None**

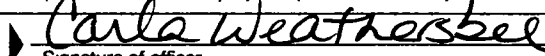
- 51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

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

- d** Total number of other independent contractors each receiving over \$100,000 **None**

- 52** Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations must attach a completed Schedule A ☒ **Yes** ☐ **No**

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

Sign Here  **Date** 8/11/15
 Signature of officer
Carla Weathersbee, President
 Type or print name and title

Paid Preparer Use Only

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Name of the organization

Legacy Family Ministries

Employer identification number

74-2736222

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	182,391	190,988	154,525	120,705	133,666	782,275
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	182,391	190,988	154,525	120,705	133,666	782,275
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						245,927
6 Public support. Subtract line 5 from line 4.						536,348

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	182,391	190,988	154,525	120,705	133,666	782,275
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	617	780	617	4,031	7,761	13,806
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						796,081
12 Gross receipts from related activities, etc. (see instructions)					12	103,344
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	67 %
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	70 %
16a 33 1/3% support test—2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► ☒		
b 33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐		
17a 10%-facts-and-circumstances test—2014. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► ☐		
b 10%-facts-and-circumstances test—2013. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► ☐		

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2014

**Open to Public
Inspection**

Name of the organization

Legacy Family Ministries

Employer identification number

74-2736222

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

See Schedule 4

Form 990-EZ, Page 1, Part I, Line 16 - Other Expenses \$39,023

See Schedule 3

Form 990-EZ, Page 1, Part I, Line 20 - Other Changes in Net Assets \$468

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

Form 990-EZ, Page 2, Part II, Line 24 - Other Assets \$700

See Schedule 2

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

See Schedule 1

Legacy Family Ministries
74-2736222
2014 Form 990-EZ
Schedule 1

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

Our Purpose: Why We Exist

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

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

Our Core Values: What We Believe

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

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

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

Our services: What we accomplished in 2014

The ministry to individuals in 2014 focused primarily on high school students, college students, and young adults. Carla Weathersbee met with approximately 5 individuals in informal settings for Bible study, mentorship, and support. Also, Mrs. Weathersbee met with 64 individuals in a formal Bible study. Mrs. Weathersbee utilized the resource *Before Forever: How do you know that you know* for seriously dating couples as needed.

The ministry to couples in 2014 was primarily comprised of premarital education classes. This *Countdown* class is based on the principle that it takes three for the two to become one. The class is designed to challenge engaged couples to develop their upcoming marital relationships on a foundation of biblical principles. Several local Waco area classes meet once a week for six weeks at a local home, then end with a weekend retreat at Summers Mill in Salado, TX. The total 2014 class enrollment was 62 individuals (Spring enrollment of 22 couples; Fall enrollment of 9 couples). The classes were taught by Byron & Carla Weathersbee, Ted & Gloria Lewis, Brandon & Elizabeth Oates, Jay & Lydia Mathis, and Blair & Jordan Browning.

The *Countdown* syllabus was compressed and provided as a *Weekender* for 42 individuals at Summers Mill (Spring enrollment of 8 couples; Summer enrollment of 7 couples; Fall enrollment of 6 couples). The Weekenders were led by the Weathersbees, Brownings, and Mathis. The Weathersbees and Lewis also covered the same material with 16 individuals in one-on-one sessions throughout the year.

An additional 132 individuals completed the *Countdown* course as led by Legacy Family Ministry trained leaders in Huntsville, Texas; Washington DC; Waco, Texas; Tickfaw, Louisiana; Corpus Christi, Texas; Lewisville, Texas; Amarillo, Texas; Longview, Texas; Austin, Texas; Estes Park, Colorado; Tulsa, Oklahoma; Lake Jackson, Texas; Wichita Falls, Texas; and Pearsall, Texas. A total of 126 couples completed Legacy Family Ministry's pre-marital education course in 2014.

The Weathersbees hosted a ReUnion retreat for 40 individuals at Summers Mill in December. Byron Weathersbee also officiated 4 weddings, and the various Countdown leaders attended numerous weddings as well.

The ministry to families in 2014 consisted of informal encouragement of our Countdown alumni and other families.

Legacy Family Ministries
74-2736222
2014 Form 990-EZ
Schedule 2

Depreciation Report

Date Purchased	Description	Cost	Life	Method	A/D 13	Depr 14	A/D 14	Book Value @ 12/31/14 or Date Disposed
12/15/1995	File Cabinet	83.99	7	SL HY	83.99	-	83.99	-
12/31/1999	JBL Sound System	1,710.00	7	SL HY	1,710.00	-	1,710.00	-
7/31/2007	Office Chair	99.99	7	SL HY	99.99	-	99.99	-
9/27/2007	Office Chairs	159.98	7	SL HY	159.98	-	159.98	-
4/30/2009	Apple MacBook	3,274.51	5	SL HY	3,274.51	-	3,274.51	-
12/31/2012	Dell Inspiron 560	350.00	5	SL HY	140.00	70.00	210.00	140.00
5/1/2013	Office Desk	175.00	7	SL HY	75.00	25.00	100.00	75.00
5/25/2013	Office Desk	650.00	7	SL HY	185.72	92.86	278.58	371.42
11/24/2013	HP Color Office Jet Pro 8600	284.69	5	SL HY	113.88	56.94	170.82	113.87
Purchased in 2014		6,788.16			5,843.07	244.80	6,087.87	700.29
Disposed of in 2014								
10/31/2002	Dell Dimension 4500 P4 2GHz PC	1,486.86	7	SL HY	1,486.86	-	1,486.86	-
1/31/2004	Dell 15" Flat Panel monitor	322.59	5	SL HY	322.59	-	322.59	-
12/27/2007	HP Color LaserJet 1600	288.95	5	SL HY	288.95	-	288.95	-
Total Book Value of Assets 12/31/2014		6,788.16			5,843.07	244.80	6,087.87	700.29
Total Depreciation 2014						244.80		

Legacy Family Ministries

74-2736222

2014 For 990-EZ

Schedule 3

Page 1, Part I, Line 16 - Other Expenses

	Total	Program	Mangement and General	Fundraising
Bank Charges	\$3,305	\$3,004	\$301	
Child Care	\$150	\$150		
Development	\$215	\$123	\$93	
Dues & Subscriptions	\$1,013	\$586	\$426	
Event Expense	\$7,735	\$7,735		
Facilities Rental	\$17,531	\$17,531		
Fundraising	\$2,478			\$2,478
Meals & Catering	\$5,976	\$5,976		
Postage	\$620	\$569	\$50	
	<u>\$39,023</u>	<u>\$35,675</u>	<u>\$870</u>	<u>\$2,478</u>

Legacy Family Ministries

74-2736222

2014 Form 990-EZ

Schedule 4

Page 1, Part I, Line 10 - Grants Paid

	<u>Cash</u>	<u>Non-cash</u>
** Baylor University Baylor Bear Foundation One Bear Place Waco, TX 76798	\$ 2,325.00	\$ -
* First Woodway Baptist Church 101 Ritchie Rd. Woodway, TX 76712	\$ 100.00	-
* Kyle Lake Foundation PO Box 6776 Tyler, TX 75711	\$ 4,000.00	-
* Vertical Ministries PO Box 1472 Waco, TX 76703	\$ 1,000.00	-
	<u>\$ 7,425.00</u>	<u>\$ -</u>