# Form **990**

# **Return of Organization Exempt From Income Tax**

ection 501(c) 527 or 4047(a)(1) of the Internal Pevenue Code (except private foundations)

OMB No. 1545-0047

Open to Public

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

<u>A</u>	For the	2023 calend	<u>dar year, or tax year begini</u>				1,2023, a	and endi	ing	06	/30,20 24		
В	Check if a	pplicable:	C Name of organization	LEGACY	COALITION	1				D Employ	yer identification number		
П	Address o	• •	Doing business as							83-	1093725		
$\exists$			·	, if mail is not d	alivored to otreet address.			Deem/eui	14.0		one number		
	Name cha Initial retu	•	Number and street (or P.O. box P O BOX 24211		envered to street address)	l		Room/sui	ite		1)471-8425		
	Final retur	n/terminated	City or town, state or province,							<b>G</b> Gross	receipts		
	Amended	return	Little Rock,	AR 72	223					<b>\$ 1</b>	,244,357.		
	Applicatio	n pending	F Name and address of principal						H(a) Is this a g	roup return fo	or subordinates? Yes X No		
			LARRY FOWLER	₹	C/O P O BOX 24:	2115 LITTLE	ROCK, AR 7	2223	H(b) Are all s	ubordinates	s included? Yes No		
	Tax-exem		501(c)(3) 501(c) (	) (insert n	o.) 4947(a)(1) o	r 527	7		If "No," a	attach a list.	. See instructions		
J	Website:	LEGAC	YCOALITION.COM	4					H(c) Group e	xemption nu	umber		
		rganization: X	Corporation Trust Ass	ociation	Other	L,	Year of formation	on: <b>20</b> 1	<b>L8</b> м s	tate of lega	Il domicile: AZ		
Pa	art I	Summar	•										
	1		ribe the organization's miss					~					
4			LPS CHURCHES I										
Governance		ENLIS.	TING CHRISTIAN	N GRAN	DPARENTS I	O FUL	RIPP J	LHETE	K BIRL	TCAL	ROLE.		
rus		-											
Š			oox if the organization d							1 1	11		
رى م	3		oting members of the gove							3	11		
Activities &	4		ndependent voting member	_						4	7		
į	5	Total number	er of individuals employed in	n calendar y	ear 2023 (Part V, lir	ne 2a)				5	1		
į	6	Total number	er of volunteers (estimate if	necessary)						6	120		
⋖	7a	Total unrelat	ted business revenue from	Part VIII, co	olumn (C), line 12 .					7a	0.		
	b	Net unrelate	ed business taxable income	from Form	990-T, Part I, line 11	1 <u>.</u>				7b	0.		
									Prior Year		Current Year		
	8	Contribution	ns and grants (Part VIII, line	1h)					719,6	02.	741,312.		
ě	9	Program service revenue (Part VIII, line 2g)								67.	487,700.		
en	10	-	income (Part VIII, column (A							93.	15,345.		
Revenue	11												
_	12	2 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)								62.	1,244,357.		
	13		similar amounts paid (Part I										
	14												
	15	Salaries, oth	ner compensation, employe	e benefits (	Part IX, column (A),	lines 5-10)					62,026.		
Expenses	16a	Professional	I fundraising fees (Part IX, o	column (A),	line 11e)								
ens	b	Total fundra	ising expenses (Part IX, col	lumn (D), lir	ne 25)	34,90	3.						
х	17	Other expen	nses (Part IX, column (A), lir	nes 11a-11	d, 11f-24e)			1,	,208,4	65.	898,526.		
_			ses. Add lines 13-17 (must					1,	,208,4	65.	960,552.		
	19	Revenue les	ss expenses. Subtract line	18 from line	12				14,9	97.	283,805.		
								Begir	nning of Currer	nt Year	End of Year		
tso	20	Total assets	(Part X, line 16)						308,1	15.	593,233.		
Net Assets or	21	Total liabilitie	es (Part X, line 26)								1,313.		
Š	22	Net assets of	or fund balances. Subtract li	ine 21 from	line 20				308,1	15.	591,920.		
Pa	art II	Signatu	re Block										
			clare that I have examined this return					of my know	ledge and belie	f, it is			
true	e, correct, a	and complete. De	claration of preparer (other than offic	cer) is based or	i ali iniormation di which pr	reparer nas any	r knowledge.						
Sig	jn	Signature of offi								Date	J		
He	re	RICHA	RD LEONARD, TH	REASUR	ER								
		Type or print na	me and title										
_		Print/Type pre	eparer's name	Preparer's sig	gnature	Ţ	Date	_	Check	if I	PTIN		
Pai	id	Craig	D Bryson						self-emp		P01200833		
Pre	eparer	Firm's name	Christian Res	source	Managemen	nt		F	irm's EIN	95	-2843357		
	e Only				<del>-</del>				hone no.				
	,		13875 Buckski	in Tra	il Dr Cor	cona,	CA 928	I .		(95	1)471-8425		
May	the IRS	discuss this	s return with the preparer sh					-					
									_				

Га	Object (Code of the Object tier and a 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 COALITION SEEKS TO HELP LOCAL CHURCHES START AND BUILD STRONG
	SUSTAINABLE GRANDPARENTING MINISTRIES THAT ENVISION, ENGAGE & ENLIST
	CHRISTIAN GRANDPARENTS TO FULFILL THEIR BIBLICAL ROLE.
	CINIBITAN GRANDFARENTS TO FURFILL THEIR DIDLICAL ROLE.
	Did the organization undertake any significant program services during the year which were not listed on the
2	prior Form 990 or 990-EZ?
	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
3	services?
	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.
	the total expenses, and revenue, if any, for each program control reported.
4a	(Code: ) (Expenses \$ 333,306. including grants of \$ ) (Revenue \$ 329,872.)
	SUMMIT CONFERENCE AND SEMINARS:
	LEGACY COALITION HOSTS A LIVE GRANDPARENTING SUMMIT THAT IS ALSO
	REBROADCAST TO OVER 130 CHURCHES, FEATURING MANY CHRISTIAN SPEAKERS
	WHO ENCOURAGE GRANDPARENTS, AS WELL AS TRAINING SESSIONS TO INITIATE,
	IMPROVE & MAINTAIN RELATIONSHIPS WITH ADULT CHILDREN AND
	GRANDCHILDREN. THE ESTIMATED IMPACT OF THE SUMMIT CONFERENCE
	IS ABOUT 7100 GRANDPARENTS. IN ADDITION, 12 LOCAL GRANDPARENTING
	SEMINARS WERE HELD AT DIFFERENT LOCATIONS THROUGHOUT THE COUNTRY.
4b	(Code:) (Expenses \$153,978. including grants of \$) (Revenue \$118,736.)
	RESOURCE DEVELOPMENT:
	LEGACY COALITION DEVELOPS AND PROVIDES RESOURCES FOR CHURCH GROUPS AND
	GRANDPARENTS TO STRENGTHEN THE RELATIONSHIPS WITH THEIR GRANDCHILDREN.
	IN THE PAST FISCAL YEAR, LEGACY COALITION DEVELOPED AND MAINTAINS
	FOUR ADDITIONAL RESOURCES FOR GRANDPARENTS: A YEARLY GRANDPARENTING
	PLANNER; A SERIES OF "LET'S TALK" CARDS; A SERIES OF SHORT VIDEO
	CLIPS PAIRED WITH GROUP DISCUSSION QUESTIONS FOR SMALL GROUPS; AND A
	CHILDREN'S BOOK ENTITLED "MY WISH OF ALL WISHES."
	120 206
4c	(Code:) (Expenses \$138,326. including grants of \$) (Revenue \$129,884.)
	CHURCH MINISTRY: LEGACY COALITION PROVIDES CHURCH STRATEGISTS TO EN-
	COURAGE AND SUPPORT LOCAL GRANDPARENTING MINISTRY LEADERS. TRAINING
	VIA QUARTERLY MEETINGS IS PROVIDED TO SUPPORT AND ENCOURAGE MINISTRY
	GROWTH. THESE STRATEGISTS ALSO CONDUCT LOCAL, ONSITE GRANDPARENTING
	AS WELL AS REPRESENTING LC AT CONFERENCES. AN OPPORTUNITY WITH A GLOBAL PARTNERS RESULTED IN ADDING A STRATEGIST WHO IS BUILDING
	RELATIONSHIPS WITH INDEPENDENT, LIKE-MINDED GRANDPARENTING ORGAN-
	IZATIONS IN 8 COUNTRIES. CHURCH MINISTRY OUTREACH INCLUDES PODCASTS,
	BLOGS, SOCIAL MEDIA POSTS & "GRAND MONDAY NIGHTS," A WEEKLY WEBINAR
	GATHERING, WHERE SPEAKERS WITH EXPERTISE IN FAMILY & GRANDPARENTING RELATIONSHIPS REACH ABOUT 3000 GRANDPARENTS EACH WEEK.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses 625,610.
<u>4e</u>	Total program service expenses 625,610.

### Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			3,5
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		x
_	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I			x
7	·	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"			
0	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	-		<del></del>
3	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
-	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			3,5
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			x
	Schedule D, Parts XI and XII	12a		
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If	125		x
13	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b 13		X
14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	144		
b	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	- 1.2		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
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? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule.H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		x
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		х
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit			┼
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part J	25a		х
<b>h</b>		ZJa		1
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?	051		x
	If "Yes," complete Schedule L, Part I	25b	$\vdash$	<u> </u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			<b>.</b>
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	$\vdash$	Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (See the Schedule			
	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part.IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part L	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		1
•	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			┼
J-1	or IV. and Part V. line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
		JJa		1
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	254		
••	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	$\vdash$	-
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			v
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	$\vdash$	Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			3,5
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and		l	
	19? Note: All Form 990 filers are required to complete Schedule Q	38	X	<u> </u>
Part				_
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<del></del>	
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			

1c X

reportable gaming (gambling) winnings to prize winners?

Par	t V	Statements Regarding Other IRS Filings and Tax Compliance (continued)			Yes	No
2a	Ente	r the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	State	ements, filed for the calendar year ending with or within the year covered by this return	2a 1			
b	If at I	least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
3a	Did t	he organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Ye	es," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b		
4a	At ar	ny time during the calendar year, did the organization have an interest in, or a signature or other authority o	ver,			
	a fina	ancial account in a foreign country (such as a bank account, securities account, or other financial account)	2	4a		X
b	If "Ye	es," enter the name of the foreign country				
	See	instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (F	BAR).			
5a	Was	the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did a	any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
С	If "Ye	es" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does	s the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	orga	nization solicit any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Ye	es," did the organization include with every solicitation an express statement that such contributions or				
	gifts	were not tax deductible?		6b		
7	Orga	anizations that may receive deductible contributions under section 170(c).				
а	Did t	he organization receive a payment in excess of \$75 made partly as a contribution and partly for goods				
	and	services provided to the payor?		7a		Х
b	If "Ye	es," did the organization notify the donor of the value of the goods or services provided?		7b		
С		he organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
		ired to file Form 8282?		7c		X
d		es," indicate the number of Forms 8282 filed during the year	· · ·	_		37
e		he organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?.		7e		X
f		he organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g		e organization received a contribution of qualified intellectual property, did the organization file Form 8899 a	·	7g		X
h 8		organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  nsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		7h		Λ
0	-	soring organization have excess business holdings at any time during the year?		8		
9		nsoring organizations maintaining donor advised funds.				
а	-	he sponsoring organization make any taxable distributions under section 4966?		9a		
b		he sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10		ion 501(c)(7) organizations. Enter:				
а	Initia	tion fees and capital contributions included on Part VIII, line 12	10a			
b	Gros	s receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Sect	ion 501(c)(12) organizations. Enter:				
а	Gros	s income from members or shareholders	11a			
b	Gros	s income from other sources. (Do not net amounts due or paid to other sources				
	agai	nst amounts due or received from them.)	11b			
12a	Sect	ion 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
b		es," enter the amount of tax-exempt interest received or accrued during the year	12b			
13		ion 501(c)(29) qualified nonprofit health insurance issuers.				
а		e organization licensed to issue qualified health plans in more than one state?		13a		
		: See the instructions for additional information the organization must report on Schedule O.	1 1			
b		r the amount of reserves the organization is required to maintain by the states in which	401			
_		organization is licensed to issue qualified health plans				
с 14а		he organization receive any payments for indoor tanning services during the tax year?	13c	14a		X
14a b		es," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q		14a 14b		
15		e organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		. 70		
. •		ss parachute payment(s) during the year?		15		x
		es," see the instructions and file Form 4720, Schedule N.		.,		
16		e organization an educational institution subject to the section 4968 excise tax on net investment income?		16		х
		es," complete Form 4720, Schedule O.				
17		ion 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities				
		would result in the imposition of an excise tax under section 4951, 4952, or 4953?		17		
		es." complete Form 6069.				

Form 990 (2023) LEGACY COALITION 83-1093725 Page 6 Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on 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 11 1a 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 on Schedule O. 7 b Enter the number of voting members included in line 1a, above, who are independent . . . . . . . . . 1h 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 X 3 X 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . . . X 5 5 X 6 Did the organization have members or stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint X 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х 8a X Each committee with authority to act on behalf of the governing body?........... 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 on Schedule O. . . . . . . . 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a b If "Yes." did the organization have written policies and procedures governing the activities of such chapters. affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?...... 10b 11a X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?. . . b Describe on Schedule O the process, if any, used by the organization to review this Form 990. X 12a X Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." 12c X X 13 13 X 14 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X 15a 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)

17

18

(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Another's website X Own website X Upon request Other (explain on Schedule O)

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records. 20 CRM 13875 BUCKSKIN TRAIL DR CORONA, CA 92883

(951)471-8425

# 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees**that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

See instructions for the order in which to list the persons above.

Officer this box in ficialler the organization flor any fela				(C)		<u></u>			
(A)	(B)	(do n		Position	on e than one		(D)	(E)	(F)
Name and title	Average	'			n is both a		Reportable	Reportable	Estimated amount
	hours	offic	er and a	direct	or/trustee	)	compensation from the	compensation from related	of other compensation
	per week (list any						organization (W-2/	organizations (W-2/	from the
	hours for	or di	nstit	Key employee Officer		-ormer	1099-MISC/	1099-MISC/	organization and
	related	ecto	ution	Ψ	oyee	E E	1099-NEC)	1099-NEC)	related organizations
	organizations	or director	nstitutional trus		employee Key employee	3			
	below	tee	uste			000			
	dotted line)		Ф			P			
(1) LARRY FOWLER	40.00								
PRESIDENT		Х	2	Σ			46,219.		
(2) STEVEN BRADFORD	20.00								
VICE CHAIR/SECRETARY		Х	2	2			19,600.		
(3) RICHARD LEONARD	04.00								
TREASURER		X	2	2					
(4) VALERIE BELL	02.00								
DIRECTOR		X							
(5) JEAN CASTILLE	02.00								
DIRECTOR		X							
(6) TIMOTHY CURTIS	02.00								
DIRECTOR		X							
(7) EUGENE LEONG	02.00								
DIRECTOR		Х							
(8) SCOTT SCHOOLMEESTERS	02.00								
CHAIRMAN		Х							
(9) LORI SEED	02.00								
DIRECTOR		Х							
(10) MARCIA DEZONIA	20.00								
DIRECTOR OF FINANCE			2	ζ			19,600.		
(11) BRENDA PEITZMAN	20.00								
DIRECTOR OF RESOURCES	[		2	ζ			19,600.		
(12)									
(42)			$\vdash$	-		-			
(13)	<b> </b>								
(14)									

UYA Form **990** (2023)

UYA

rait VII	Jection A. Onicers, Directors, Th	usiees, ne	≠y ⊑II	ipic	Jye	<del>c</del> 5,	anu i	nıy	nest compens	aleu En	ipioyee	:5	(COIII	inuea)
	(A) Name and title		box	, unles	Pos eck m	rson is	nan one s both ar /trustee)		(D)  Reportable compensation from the	(E)  Reportable compensation from related organizations (W-2/		cor	(F) nated am of other mpensat	•
		(list any hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)		orga	rom the nization d organiz	
<u>(15)</u>														
<u>(16)</u>														
<u>(17)</u>														
<u>(18)</u>														
<u>(19)</u>														
<u>(20)</u>														
<u>(21)</u>														
(22)														
(23)														
<u>(24)</u>														
<u>(25)</u>														
1b Su	ıbtotal		<del></del>						105,019.					
с То	tal from continuation sheets to Part VII, Sect	ion A .												
	tal (add lines 1b and 1c)								105,019.					
	otal number of individuals (including but no		hose	liste	d al	oove	e) who	re	ceived more than	\$100,000	O of			
re	portable compensation from the organizati	ion												
3 Die	d the commitment is a list only former of the condition of												Yes	No
	d the organization list any <b>former</b> officer, direct aployee on line 1a? If "Yes," complete Schedul			-		-						3		x
	or any individual listed on line 1a, is the sum of													
org	ganization and related organizations greater th	an \$150,000	? If "Y	'es,"	con	nplet	e Sche	edul	le J for such					
	dividual											4		Х
	d any person listed on line 1a receive or accrue				-			-				_		X
	services rendered to the organization? If "Yes B. Independent Contractors	s, complete	Scried	uie J	1101	Suci	rperso	)/ I.	<u> </u>			5		22
	omplete this table for your five highest com	pensated in	ndepe	nde	ent c	ontr	actors	s th	at received more	than \$10	0,000 of			
co	empensation from the organization. Report	compensa	tion fo	r the	e ca	lend	dar ye	ar e	ending with or wit	hin the or	ganizatio	on's tax	k year	
	(A)								(B)			(C)		
	Name and business addres	ss							Description of service	es		Compens	ation	
	otal number of independent contractors (ind ceived more than \$100,000 of compensati	-					se liste	ed a	above) who					

Form 990 (2023) LEGACY COALITION
Part VIII Statement of Revenue

		Check if Schedule O contains a respons	e or note to any lir	ne in this Part VII	l		
			·	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
rvice Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Total. Add lines 1a-1f	63,145. 678,167. \$ Business Code 900099	741,312. 487,700.	487,700.		
Program Service Revenue	d e f	All other program service revenue		487,700.			
	3 4 5	Investment income (including dividends, interest other similar amounts)  Income from investment of tax-exempt bond pro Royalties	t, and ceeds	15,345.	15,345.		
	b	Gross rents	(ii) Personal				
	7a	Net rental income or (loss)  Gross amount from sales of assets other than inventory	(ii) Other				
Revenue	c d	and sales expenses					
Other Re		Gross income from fundraising events (not including \$					
	c 9a b	Net income or (loss) from fundraising events  Gross income from gaming activities. See Part IV, line 19 9: Less: direct expenses 9	а				
	10a b	Gross sales of inventory, less returns and allowances	b				
Miscellanous Revenue	11a b c	Net income or (loss) from sales of inventory	Business Code				
Misc	е	All other revenue		1,244,357.	503,045		

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 (A) Total expenses Do not include amounts reported on lines 6b, 7b, Management and general expenses Fundraising Program service expenses 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . 4 5 Compensation of current officers, directors, Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . . . 29,469. 62,026. 32,557. 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 10 11 Fees for services (nonemployees): 91,473. 64,946. 26,527. Legal...... h С Professional fundraising services. See Part IV, line 17. . е f Other, (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . 47,935. 47,935. Advertising and promotion . . . . . . . . . . . . . . . . 12 10,617. 10,617. 13 44,172. 44,172. 14 15 16 831. 831. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 333,306. 333,306. Conferences, conventions, and meetings . . . . . . . 19 20 21 22 Depreciation, depletion, and amortization . . . . . . 5,439. 5,439. 23 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) MERCHANDISE/MATERIALS 153,978. 153,978. 34,903. 34,903. FUND RAISING b 138,326. 138,326. CHURCH MINISTRY EXPS OTHER EXPS 37,546. 4,600. 32,946. Ы All other expenses е 960,552. 817,563. 108,086. 34,903. 25 Total functional expenses. Add lines 1 through 24e . . Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and

fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Part X **Balance Sheet** 

		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	157,428.	1	379,667.
	2	Savings and temporary cash investments	150,687.	2	213,566.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
ets	8	Inventories for sale or use		8	
Assets	9	Prepaid expenses and deferred charges		9	
`	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	308,115.	16	593,233.
	17	Accounts payable and accrued expenses	-	17	1,313.
	18	Grants payable		18	-
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ω l	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abil		controlled entity or family member of any of these persons		22	
Ϊ∣	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	<b>Total liabilities.</b> Add lines 17 through 25		26	1,313.
		Organizations that follow FASB ASC 958, check here			
s		and complete lines 27, 28, 32, and 33.			
)ce	27	Net assets without donor restrictions	261,668.	27	560,812.
alaı	28	Net assets with donor restrictions	46,447.	28	31,108.
Ö		Organizations that do not follow FASB ASC 958, check here			
ë		and complete lines 29 through 33.			
or F	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SSE	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	308,115.	32	591,920.
Ž	33	Total liabilities and net assets/fund balances	308,115.	33	593,233.

Pa	rt 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	1,24	4,35	57.
2	Total expenses (must equal Part IX, column (A), line 25)	2		0,55	
3	Revenue less expenses. Subtract line 2 from line 1	3		3,80	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	30	8,11	L5.
5	Net unrealized gains (losses) on investments	5			
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 on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	59	1,92	20.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>	
				Yes	No
1	Accounting method used to prepare the Form 990:  Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	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?		. <u>2</u> c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<u>3a</u>	+	Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		•		
UYA			For	m <b>990</b> (	(2023)

#### SCHEDULE A

(Form 990)

### **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.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Inspection

Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number Name of the organization LEGACY COALITION 83-1093725 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 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X 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.) A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 33 ½% 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 ½% of its 10 🔲 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . . . . Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 other support (see listed in vour governing support (see document? above (see instructions)) instructions) instructions) Yes (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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	<b>(e)</b> 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	335,968.	381,402.	590,403.	719,602.	741,312.	2,768,687.
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	335,968.	381,402.	590,403.	719,602.	741,312.	2,768,687.
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.						2,768,687.
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	<b>(e)</b> 2023	(f) Total
7	Amounts from line 4	335,968.	381,402.	590,403.	719,602.	741,312.	2,768,687.
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar						
	sources	407.	11.	16.	93.	15,345.	15,872.
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.)	167,991.	68,122.	439,106.	503,767.	487,700.	1,666,686.
11	<b>Total support.</b> Add lines 7 through 10						4,451,245.
12	Gross receipts from related activities, etc					12	
13	First 5 years. If the Form 990 is for the o						
	organization, check this box and stop he	re					<u> </u>
Secti	on C. Computation of Public Supportion Public Support percentage for 2023 (line	rt Percentag	je				
							62.20%
15	Public support percentage from 2022 Scl					15	59.80%
16a	33 1/3 % support test-2023. If the organ						
	box and <b>stop here.</b> The organization qua						
b	33 1/3 % support test-2022. If the organ						
	check this box and <b>stop here.</b> The organ	-					
17a	10%-facts-and-circumstances test-202	•					
	10% or more, and if the organization me						
	Part VI how the organization meets the fa			-	· · · · · · · · · · · · · · · · · · ·		·
	organization						
b	10%-facts-and-circumstances test-202	•					
	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization m				-	-	
	supported organization.						
18	Private foundation. If the organization of						
	instructions						

# Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

Secti	ion A. Public Support	didei tile te	313 H31CG DCN	ow, picase co	inplote r art		<del></del>
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	<b>(e)</b> 2023	(f) Total
1	Gifts, grants, contributions, and membership fees	(a) 2019	(6) 2020	(6) 2021	(u) 2022	(e) 2023	(i) i otai
•	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	<b>Total.</b> 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 Add lines 7a and 7b						
	Public support. (Subtract line 7c from						
8	• •						
Sooti	ine 6.)						
		(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	<b>(e)</b> 2023	(f) Total
Galei 9	ndar year (or fiscal year beginning in) Amounts from line 6	(a) 2019	(b) 2020	(6) 2021	(u) 2022	(e) 2023	(i) i otai
-	Gross income from interest, dividends,						
IVa	payments received on securities loans, rents,						
	royalties, and income from similar sources						
h	Unrelated business taxable income (less						
b	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 on 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 VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the or	ganization's f	irst, second, th	nird, fourth, or	fifth tax year a	s a section 501	1(c)(3)
	organization, check this box and stop here	e					
Secti	ion C. Computation of Public Support						
15	Public support percentage for 2023 (lin						%
16	Public support percentage from 2022	Schedule A,	Part III, line 1	15		. 16	%
Secti	on D. Computation of Investment In-						
17	Investment income percentage for 2023 (	•		-			%
18	Investment income percentage from 202					. 18	%
19a	331/3 % support tests-2023. If the organ						
	line 17 is not more than 331/3 %, check this I						
b	331/3 % support tests-2022. If the organize						
	line 18 is not more than 331/3%, check this b	_	-	-			
20	Private foundation. If the organization did	d not check a	box on line 14	, 19a, or 19b,	check this box	and see instru	ctions

#### Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organization	าร
--	----

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status	•		
_	7 11 7			
	under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported			
_	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the			
	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
-	supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
·	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
<b>5</b> 0		40		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action	_		
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
С	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?			
	If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons, as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI.</b>	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit			
·	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI.</b>	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section	50		
ıva	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer line 10b below.	10a		
		ıva		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	10h		
	determine whether the organization had excess business holdings.)	10b		

Part	Supporting Organizations (continued)			
44	Here the arganization appented a gift or contribution from any of the following paragraps?		Yes	No
11 a	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or memberships of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	. 30	140
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		Yes	No
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If</i> "Yes," <i>describe in</i> <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	struc	tions	s).
а	The organization satisfied the Activities Test. Complete line 2 below.			
c b	<ul> <li>☐ The organization is the parent of each of its supported organizations. Complete line 3 below.</li> <li>☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental e instructions).</li> </ul>	ntity (	see (	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
b	trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes" describe in Part VI. the role played by the organization in this regard</i>	3a		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O			
1 Check here if the organization satisfied the Integral Part Test as a qualifying			•
See instructions. All other Type III non-functionally integrated supporting of	orgar		
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional instructions).	ly in	tegrated Type III support	ing organization (see

UYA Schedule A (Form 990) 2023

	Type III New Typetienelly Interreted E00/eV/	2) Cummarting Organ	inations (souting	100	
Part		3) Supporting Organ	nizations (continu	iea)	
	on D - Distributions  Amounts paid to supported organizations to accomplish 6		4	Current Year	
1			1		
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purp	nizations	3		
4	Amounts paid to acquire exempt-use assets	<u> </u>		4	
5	Qualified set-aside amounts (prior IRS approval required	- provide details in Par	t VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	h the organization is res	sponsive		
	(provide details in <b>Part VI</b> ). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2023	ns	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required- explain in <b>Part VI</b> ). See instr.				
3	Excess distributions carryover, if any, to 2023				
	From 2018			$\dashv$	
<u>a</u> b	From 2019			$\dashv$	
	From 2020				
<u> </u>	From 2021				
	From 2022				
<u>e</u> f	Total of lines 3a through 3e			$\dashv$	
	Applied to underdistributions of prior years				
<u>g</u> h	Applied to 2023 distributable amount				
<u>'''</u>	Carryover from 2018 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section				
	D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2019				
b	Excess from 2020				
С	Excess from 2021				
d	Excess from 2022				

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

#### **SCHEDULE G** (Form 990)

Department of the Treasury

Internal Revenue Service

# Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Inspection

Name of the organization Employer identification number						
LEGACY COALITION					83-109372	5
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.						
1 Indicate whether the organization raise	· · · · · · · · · · · · · · · · · · ·			es. Check all that app	oly.	
a Mail solicitations		е 🗌	Solicitation	n of non-government	grants	
<b>b</b> Internet and email solicitations		f [	Solicitation	n of government gran	nts	
<b>c</b> Phone solicitations		g 🗌	Special fu	ndraising events		
d In-person solicitations						
2a Did the organization have a written or o	oral agreement wit	h any individu	al (including	officers, directors, to	rustees, or key employee	
listed in Form 990, Part VII) or entity in			_			☐ Yes ☐ No
<b>b</b> If "Yes," list the 10 highest paid individ		ındraisers) pu	rsuant to agi	reements under which	ch the fundraiser is to be	
compensated at least \$5,000 by the or	ganization.					
(i) Name and address of individual	(ii) Activity	(iii) Did fund	drainer have	(iv) Gross receipts	(v) Amount poid to	(vi) Amount paid to
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fund custody	or control of	from activity	(v) Amount paid to (or retained by)	(or retained by)
, ,		contr	ibutions?		fundraiser listed in col. (i)	organization
		Yes	No		001. (1)	
1				1		
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						
3 List all states in which the organizat	ion is registere	d or license	d to solicit	contributions or h	nas been notified it is	exempt from
registration or licensing.						

Part II

Page 2

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 (c)Other events (d) Total events (b) Event #2 (add col. (a) through TX DINNER DES MOINES DINNER 0 (total number) col. (c)) (event type) (event type) Revenue Gross receipts . . . . . . . 29,020. 34,125. 63,145. 1 2 Less: Contributions. . . . . 3 Gross income (line 1 minus line 2) . . . . . . . . . 29,020. 34,125. 63,145. Cash prizes . . . . . . . . . . 4 5 Noncash prizes . . . . . . . . . Direct Expenses 6 Rent/facility costs. . . . . . Food and beverages . . . . 7 8 Entertainment. . . . . . Other direct expenses . . . 9,780. 21,003. 9 30,783. 30,783. 10 32,362 11 Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more Part III than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (a) Bingo (c) Other gaming (d) Total gaming (add Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue . . . . . . Direct Expenses 2 Cash prizes . . . . . . . . . . Noncash prizes . . . . . . . . 3 Rent/facility costs. . . . . . 4 5 Other direct expenses . . . Yes ☐ Yes Yes No No 6 Volunteer labor . . . . . . . No 0. 7 Net gaming income summary. Subtract line 7 from line 1, column (d)........ 0. Enter the state(s) in which the organization conducts gaming activities:\_\_ **b** If "No," explain: 10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . . . . . . Yes .... No **b** If "Yes," explain:

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more

cneau	LEGACY COALLITION 83-1093/25	Page 3
11	Does the organization conduct gaming activities with nonmembers?	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity	<del></del>
	formed to administer charitable gaming? Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:	_
а	The organization's facility	%
b	An outside facility	%
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?	☐ 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 \$	_
С	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:	
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	
-	retain the state gaming license?	□No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$	ш -
Port		and
Part	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	

#### SCHEDULE O (Form 990)

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 Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization	Employer identification number
LEGACY COALITION	83-1093725
	•

Schedule O (Form 990) 2023 Page 2

Name of the organization	Employer identification number				
LEGACY COALITION	83-1093725				
Part VI Line 11b					
THE COMPLETED FORM 990 IS REVIEWED BY AN OFFICER OF THE					
	Part VI Line 11b				
CORPORATION, THEN SUBMITTED TO THE FULL BOARD OF DIRECTORS.					
Part VI Line 12c					
THE BOARD OF DIRECTORS REQUIRES ANNUAL AFFIRMATION AND D Part VI Line 12c	ISCLOSURE				
OF THE CONFLICT OF INTEREST POLICY TO ENSURE COMPLIANCE.					
Part VI Line 15a or b					
THE BOARD APPROVES THE COMPENSATION OF ALL EMPLOYEES AS	PART				
Part VI Line 15a or b					
OF ITS ANNUAL BUDGET REVIEW AND APPROVAL PROCESS.					
Part VI Line 18					
THE ORGANIZATION'S GOVERNING DOCUMENTS, FINANCIAL STATEM	ENTS AND				
Part VI Line 18					
COMPLETED FORMS990 ARE AVAILABLE TO THE GENERAL PUBLIC U	PON WRITTEN REQUEST				
Part VI Line 19					
THE ORGANIZATION'S GOVERNING DOCUMENTS, FINANCIAL STATEM	ENTS AND				
Part VI Line 19 COMPLETED FORMS990 ARE AVAILABLE TO THE GENERAL PUBLIC U	DON WDTTTEN DECITEST				
COMPLETED FORMS990 ARE AVAILABLE TO THE GENERAL FUBLIC U	PON WRITTEN REQUEST				

UYA Schedule O (Form 990) 2023