### TAX RETURN FILING INSTRUCTIONS

PENNSYLVANIA FORM BCO-10

#### FOR THE YEAR ENDING

AUGUST 31, 2018

Prepared for	LEGACY YOUTH TENNIS AND EDUCATION, INC. 4842 RIDGE AVENUE PHILADELPHIA, PA 19129			
Prepared by	BBD, LLP 1835 MARKET STREET, 3RD FLOOR PHILADELPHIA, PA 19103			
Amount due or refund	BALANCE DUE OF \$250.00			
Make check payable to	COMMONWEALTH OF PENNSYLVANIA			
Mail tax return and check (if applicable) to	BUREAU OF CHARITABLE ORGANIZATIONS 207 NORTH OFFICE BUILDING HARRISBURG, PA 17120			
Return must be mailed on or before	PLEASE MAIL AS SOON AS POSSIBLE.			
Special Instructions	THE REPORT SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S).			
	A COMPLETED AND SIGNED COPY OF FEDERAL FORM 990 (AND ALL APPLICABLE ATTACHMENTS) MUST BE INCLUDED WITH FORM BCO-10.			

Mail to:

Pennsylvania Department of State Bureau of Corporations and Charitable Organizations 207 North Office Building Harrisburg, PA 17120

See www.dos.pa.gov/charities for more information

# **Charitable Organization Registration Statement**

BCO-10 (rev. 8/2017)

Fee: See instructions

Read all instructions prior to completing form.

Certifi	cate number: 6385 (N/A if initial registration)	If this is a voluntary registration, check and complete the applicable box(es). For a registration to be voluntary, at
	, ,	least one of the following must apply:
Fiscal	year ended: 08/31/2018  MM DD YYYY	Organization is exempt from registration because
FEIN:	23-1747032	Organization does not solicit contributions in
		Pennsylvania
1.	Legal name of organization: LEGACY YOUTH TENI	NIS AND EDUCATION, INC.
	Check if name change and give previous name	
2.	All other names used to solicit contributions:	
3.	Contact person: AMIT PARIKH	Contact's E-mail: APARIKH@LEGACYYTE.ORG
4.	Physical address of organization:	Mailing address: (If different than physical)
	4842 RIDGE AVENUE	
	PHILADELPHIA	
	PA 19129	
	County: PHILADELPHIA	Phone number: 215-487-3477
	800 number:	Fax number:
	Email (if different than Contact's email):	
	Website: WWW.LEGACYYTE.ORG	
5.	Type of organization (e.g. non-profit corporation, unincorpor NON-PROFIT CORPORATION	rated association, etc.):
	Where established: PHILADELPHIA	Date established:* 08/28/1954

\*Initial registrants must submit copies of organizational documents such as charter, articles of incorporation, constitution or other organizational instrument and by-laws.

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#### LEGACY YOUTH TENNIS AND EDUCATION, INC.

6. Name and addresses of all offices, chapters, branches, auxiliaries, affiliates or other subordinate units located in Pennsylvania, which share in the contributions or other revenue raised in the Commonwealth: (Attach a separate sheet if necessary) MAIN OFFICE 4842 RIDGE AVENUE, PHILADELPHIA, PA 19129 215-487-3477 7. Short form registration applicability - Specified types of charitable organizations described in 1/4 62.7(a) of the Act may file a short form registration, which permits the organization to register without filing a financial report. Check the section that describes the organization. If the organization does not meet any of the criteria below for short form registration, check "Not Applicable": §162.7(a)(1) - Persons or organizations which solicit contributions for the relief of a specific individual, when all of the contributions collected are turned over to the named beneficiary for his/her use without any deductions and provided that all contributions collected shall be held in trust §162.7(a)(2) - Organizations which only solicit within the membership of the organization by other members of the organization. The term "membership" shall not include those persons who are granted a membership solely upon making a contribution as the result of solicitation. "Member" means a person having membership in a nonprofit corporation, or other organization, in accordance with the provisions of its articles of incorporation, bylaws or other instruments creating its form and organization and having bona fide rights and privileges in the organization such as the right to vote, to elect officers and directors, to hold office or position as ordinarily conferred on members of such organizations. §162.7(a)(3) - Organizations which receive gross contributions of no more than \$25,000 per fiscal year whose fundraising activities are carried on only by volunteers, members, officers or permanent employees and only permanent employees are compensated for those fundraising activities §162.7(a)(4) - Veterans organizations chartered under Federal law, organizations of volunteer firemen, ambulance associations, rescue squad associations and their auxiliaries or affiliates, which are not exempt from registration, did not receive gross contributions in excess of \$100,000 and did not use a professional solicitor. X Not Applicable Charitable organizations which check boxes §162.7(a)(1) - §162.7(a)(4) are not required to file a financial report with this registration. If "Not Applicable" is checked, the charitable organization must submit financial reports which are audited, reviewed, compiled or internally prepared. See Instructions. Items 8 and 9 are required to be completed by initial registrants only **8.** Date organization first solicited contributions from Pennsylvania residents: MM DD YYYY Other \_\_\_\_ 9. If organization solicited Pennsylvania residents and received gross\* contributions totaling more than \$25,000 in any given fiscal year, provide the date the organization first received contributions totaling more than \$25,000. DD Other \*Includes contributions received both within and outside Pennsylvania before any deductions or expenses.

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10.	Has the organization been granted IRS tax-exempt status? X Yes No
	A. If "Yes," under which IRS code section: 501(C)(3) and attach a copy of the IRS exemption letter if not previously submitted.
	B. Has the organization's tax-exempt status ever been denied, revoked or modified? Yes X No (If "Yes," attach a copy of the denial, revocation or modification and subsequent reinstatement, if any, and if not previously submitted.
11.	Was the organization required to file any type of IRS 990 return, including 990, 990EZ, 990PF or 990N and applicable schedules, for its most recently completed fiscal year?
	(If "Yes," attach a copy of the most recently filed 990, 990EZ, 990PF or 990N and include all schedules. If "No," attach an explanation of why the organization is exempt from filing an IRS 990 return. An organization that is not required to file an IRS 990 return or an organization that files a 990N, 990EZ or 990PF, must file a Pennsylvania public disclosure form (BCO-23).)
12.	Manner in which contributions are solicited (e.g. direct mail, telephone, internet, etc.):
	DIRECT MAIL AND SPECIAL FUNDRAISING EVENTS.
13.	A clear description of the specific programs for which contributions are used or will be used, and a statement describing whether such programs are planned or in existence.
	CONTRIBUTIONS ARE USED TO SUPPORT THE TENNIS AND EDUCATION PROGRAMS CONDUCTED BY LEGACY YOUTH TENNIS AND EDUCATION.
14.	Is the organization registered to solicit contributions in any other state or municipality?
• ••	Yes X No (If "Yes," list all states and municipalities. Attach a separate sheet if necessary.)
15.	Is any person compensated, or does the organization intend to compensate any person, who solicits contributions in
	Pennsylvania, including, but not limited to, employees of the organization and professional solicitors? (Do not check "Yes" if the organization only uses or intends to only use a professional fundraising counsel.)  Yes X No
	If "Yes," give the date the person or entity started or will start soliciting contributions from Pennsylvania residents:
16.	Names, addresses, and telephone numbers of all professional solicitors the organization uses or intends to use to
	solicit contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates Pennsylvania residents were first solicited, or will be solicited: (Attach a separate sheet if necessary)
	SEE STATEMENT 1

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	LEGACY YOUTH TENNIS AND EDUCATION, INC.					
17.	Names, addresses, and telephone numbers of all professional fundraising counsel the organization uses or intends to use to provide services with respect to the solicitation of contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates services began, or will begin, with respect to soliciting contributions from Pennsylvania residents: (Attach a separate sheet if necessary)					
	SEE STATEMENT 2					
18.	Names, addresses, and telephone numbers of any commercial coventurers under contract with the organization: (Attach a separate sheet if necessary)					
	N/A					
19.	If the registering charity is a parent organization located in Pennsylvania, does the organization elect to file a combined registration covering all of its Pennsylvania affiliates?  (See note "Affiliate and Parent Organization") Yes No X Not Applicable					
	If "Yes," give all names and certificate numbers of the affiliate organizations: (Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.)					
20.	Is the registering charity a Pennsylvania affiliate of a parent organization, which elected to file a combined registration on the registering charity's behalf? (See note "Affiliate and Parent Organization")  Yes No X Not Applicable					
	If "Yes," provide the name and, if available, certificate number of the parent organization.  (Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.)					
	Legal name of parent organization Pennsylvania certificate number					
21.	Provide the names and addresses of all officers, directors, trustees and principal salaried executive staff officers. (Attach separate sheet if necessary. A reference to the 990 or the BCO-23 is not sufficient.)					
	SEE STATEMENT 3					

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#### LEGACY YOUTH TENNIS AND EDUCATION, INC.

22. Names of the individuals or officers of the organization who: (Attach a separate sheet if necessary)

A. Are in charge of solicitation activities: RONALD NANO, PRESIDENT AND CEO C/O THE ORGANIZATION'S ADDRESS B. Have final responsibility for the custody of contributions: RONALD NANO, PRESIDENT AND CEO C/O THE ORGANIZATION'S ADDRESS C. Have final responsibility for final distribution of contributions: RONALD NANO, PRESIDENT AND CEO C/O THE ORGANIZATION'S ADDRESS D. Are responsible for custody of financial records: RONALD NANO, PRESIDENT AND CEO C/O THE ORGANIZATION'S ADDRESS 23. Are any officers, directors, trustees, or employees related by blood, marriage, or adoption to: Yes X No A. Any other officer, director, trustee, or employee? B. Any officer, agent, or employee of any professional fundraising counsel or solicitor under contract with Yes X No organization? \*\* C. Any officers, agents or employees of any supplier or vendor providing goods or services? \*\* Yes X No \*\*(this includes any officer, director, trustee, or employee of the charitable organization who is also an officer, director, trustee, employee or owner of a professional fundraising counsel, professional solicitor, supplier or vendor) If "Yes" is checked to any of the above, attach a list of related individuals including names, business, and residence addresses of related parties. 24. Has the organization or any of its present officers, directors, executive personnel or trustees ever: A. Been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions or currently has such proceedings pending in this or any other Yes X No jurisdiction? B. Had its registration or license to solicit contributions denied, suspended, or revoked by any governmental agency? Yes X No C. Entered into any legally enforceable agreement (such as a consent agreement, an assurance of voluntary compliance or discontinuance or any similar agreement) with any district attorney, Office of Attorney General, or other local or state governmental agency? Yes (If "Yes" is checked in response to any of the above, attach a written explanation, including the reasons for actions, and copies of all relevant documents.)

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#### LEGACY YOUTH TENNIS AND EDUCATION, INC.

**Certification -** This registration statement must be signed by two different officers of the organization, one of whom shall be the chief fiscal officer or the equivalent.

I certify that the information provided in this registration, including all statements and attached documentation, is true and correct to the best of my knowledge, information and belief. I understand that the falsification of any statement or documentation made is subject to the penalties of 18 Pa.C.S. §4904 (relating to unsworn falsification to authorities) and 10 P.S. §162.17 (relating to administrative enforcement and penalties).

Signature of Chie	of Fiscal Officer	Date
JAMES SH	INEHOUSE, TREASURER	
Type or print nar	ne and title of Chief Fiscal Officer	
Signature of Oth	er Authorized Officer	Date
RONALD N	ANO, PRESIDENT & CEO	
Type or print nar	ne and title of Other Authorized Officer	
Checklist for	registration:	
X Comp	leted registration statement properly signed and dated.	
X A cop	y of the IRS 990/990EZ/990PF/990N Return and required	schedules,
	d and dated by an authorized officer	,
Public	: Disclosure Form BCO-23 (if required)	
X Applic	cable Financial Statements (audited, reviewed, compiled or	internally prepared)
X Regist	tration fee and any late filing fees	
Initial by-law	Registrants Only: IRS determination letter, articles of incorps.	poration or charter and
See Instruct	ions for more information on completing this form and atta	chments

FORM BCO-10	ALL PROFESSIONAL SOLICITORS	STATEMENT 1
NAME AND ADDRESS		PHONE NUMBER
N/A		
CONTRACT BEGIN DATE	CONTRACT END DATE SOLICIT DATE	

FORM BCO-10	PROFESSIONAL FUNDRAISIN	NG COUNSELS	STATEMENT 2
NAME AND ADDRESS			PHONE NUMBER
N/A			
CONTRACT BEGIN DATE	CONTRACT END DATE SEF	RVICE DATE	

FORM BCO-10	OFFICERS,	DIRECTORS,	TRUSTEES	AND EXECUTIVES STATEMENT 3
NAME AND ADDRESS				TITLE
RONALD NANO 4842 RIDGE AVENUE PHILADELPHIA, PA				PRESIDENT AND CEO
NAME AND ADDRESS				TITLE
GARY WILLIAMS 4842 RIDGE AVENUE PHILADELPHIA, PA				CHAIRMAN OF THE BOARD
NAME AND ADDRESS				TITLE
ALEXANDER HAMILTON 4842 RIDGE AVENUE PHILADELPHIA, PA				VICE CHAIRMAN
NAME AND ADDRESS				TITLE
ALAN LINDY 4842 RIDGE AVENUE PHILADELPHIA, PA				TREASURER
NAME AND ADDRESS				TITLE
JAMES SHINEHOUSE				BUDGET AND FINANCE COMMITTEE
4842 RIDGE AVENUE PHILADELPHIA, PA				С

	<u> </u>
NAME AND ADDRESS	TITLE
JONATHAN SPERGEL	CHAIR OF DEVELOPMENT AND M
4842 RIDGE AVENUE PHILADELPHIA, PA 19129	
NAME AND ADDRESS	TITLE
MIKAL HARDEN	CHAIR OF HUMAN RESOURCES
4842 RIDGE AVENUE PHILADELPHIA, PA 19129	
NAME AND ADDRESS	TITLE
DAVID BROIDA	CHAIR OF FACILITIES COMMIT
4842 RIDGE AVENUE PHILADELPHIA, PA 19129	
NAME AND ADDRESS	TITLE
GRANT PALMER	CHAIR OF GOVERNANCE AND NO
4842 RIDGE AVENUE PHILADELPHIA, PA 19129	
NAME AND ADDRESS	TITLE
MARIA MCGARRY	CHAIR OF PROGRAM COMMITTEE
4842 RIDGE AVENUE PHILADELPHIA, PA 19129	
NAME AND ADDRESS	TITLE
MARK ARRINGTON	CHAIR OF STRATEGIC LONG-TE
4842 RIDGE AVENUE PHILADELPHIA, PA 19129	
NAME AND ADDRESS	TITLE
TREVOR MCANDREW	INVESTMENT SUB-COMMITTEE CHAIR
4842 RIDGE AVENUE	OMITA
PHILADELPHIA, PA 19129	
NAME AND ADDRESS	TITLE
MONICA MILLER BAILEY 4842 RIDGE AVENUE	DIRECTOR
PHILADELPHIA, PA 19129	
NAME AND ADDRESS	TITLE
JONATHAN BARI	DIRECTOR
4842 RIDGE AVENUE PHILADELPHIA, PA 19129	

<del></del>	
NAME AND ADDRESS	TITLE
TERRY BOOKER 4842 RIDGE AVENUE PHILADELPHIA, PA 19129	DIRECTOR
NAME AND ADDRESS	TITLE
NED BOROWSKY 4842 RIDGE AVENUE PHILADELPHIA, PA 19129	DIRECTOR
NAME AND ADDRESS	TITLE
KRIS CASABON 4842 RIDGE AVENUE PHILADELPHIA, PA 19129	DIRECTOR
NAME AND ADDRESS	TITLE
CAMILLE Z. CHARLES 4842 RIDGE AVENUE PHILADELPHIA, PA 19129	DIRECTOR
NAME AND ADDRESS	TITLE
BRUCE FICKEN 4842 RIDGE AVENUE PHILADELPHIA, PA 19129	DIRECTOR
NAME AND ADDRESS	TITLE
SIDNEY GULLEDGE 4842 RIDGE AVENUE PHILADELPHIA, PA 19129	DIRECTOR
NAME AND ADDRESS	TITLE
MARION HALLIDAY 4842 RIDGE AVENUE PHILADELPHIA, PA 19129	DIRECTOR
NAME AND ADDRESS	TITLE
DANIEL HAYES 4842 RIDGE AVENUE PHILADELPHIA, PA 19129	DIRECTOR
NAME AND ADDRESS	TITLE
CYDNEY IRVING 4842 RIDGE AVENUE PHILADELPHIA, PA 19129	DIRECTOR

NAME AND ADDRESS	TITLE
MARY ELLEN KROBER 4842 RIDGE AVENUE PHILADELPHIA, PA 19129	DIRECTOR
NAME AND ADDRESS	TITLE
LARRY LEDERER 4842 RIDGE AVENUE PHILADELPHIA, PA 19129	DIRECTOR
NAME AND ADDRESS	TITLE
STEPHANIE MAYS-BOYD 4842 RIDGE AVENUE PHILADELPHIA, PA 19129	DIRECTOR
NAME AND ADDRESS	TITLE
ADAM MEINSTEIN 4842 RIDGE AVENUE PHILADELPHIA, PA 19129	DIRECTOR
NAME AND ADDRESS	TITLE
DONNA M. MURASKO, PH.D. 4842 RIDGE AVENUE PHILADELPHIA, PA 19129	DIRECTOR
NAME AND ADDRESS	TITLE
NED RAHN 4842 RIDGE AVENUE PHILADELPHIA, PA 19129	DIRECTOR
NAME AND ADDRESS	TITLE
ORLANDO RENDON 4842 RIDGE AVENUE PHILADELPHIA, PA 19129	DIRECTOR
NAME AND ADDRESS	TITLE
LEE RUDY 4842 RIDGE AVENUE PHILADELPHIA, PA 19129	DIRECTOR
NAME AND ADDRESS	TITLE
STEVEN C. SAVRAN 4842 RIDGE AVENUE PHILADELPHIA, PA 19129	DIRECTOR

#### EXTENDED TO JULY 15, 2019

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public. Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning SEP 1, 2017 and ending AUG 31,

Inspection

OMB No. 1545-0047

A	For the	2017 calendar year, or tax year beginning $SEP\ 1$ , $2017$ and ending	AUG 31, 201	8
			D Employer ident	ification number
_	Check if applicable:	The state of the s		
	Address change	LEGACY YOUTH TENNIS AND EDUCATION, INC.		
	Name	Doing business as	<b>─</b>	1747032
	change Initial	9	uite <b>E</b> Telephone numl	
	return Final	4842 RIDGE AVENUE		-487-3477
	return/ termin-		_	
	ated Amende	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	2,443,506.
	return	PHILADELPHIA, PA 19129	H(a) Is this a group	
	Applica- tion pending	,	for subordinat	
		SAME AS C ABOVE	H(b) Are all subordinate	s included? Yes No
		······································	527 If "No," attach	a list. (see instructions)
		x ► WWW.LEGACYYTE.ORG	H(c) Group exempt	
			ear of formation: $1954$	M State of legal domicile: PA
Р		Summary		
ø	, 1 🛭	Briefly describe the organization's mission or most significant activities: ${ t PREPARIN}$	G YOUTH FOR	SUCCESS
Governance	]	THROUGH OUR INCLUSIVE COMMUNITY, USING TENNI	S, EDUCATION	AND
ern e	2 (	Check this box if the organization discontinued its operations or disposed of n	nore than 25% of its net	
Š	3 1	lumber of voting members of the governing body (Part VI, line 1a)	<u></u> 3	31
ه ص	4 1	lumber of independent voting members of the governing body (Part VI, line 1b)		31
		otal number of individuals employed in calendar year 2017 (Part V, line 2a)		130
Ϋ́	6 Т	otal number of volunteers (estimate if necessary)	[6	135
Activities	7a⊺	otal unrelated business revenue from Part VIII, column (C), line 12		a 0.
4	' b N	let unrelated business taxable income from Form 990-T, line 34		b 0.
			Prior Year	Current Year
a)	8 0	Contributions and grants (Part VIII, line 1h)	897,724	. 821,093.
Revenue	9 F	Program service revenue (Part VIII, line 2g)	1,253,405	. 1,048,617.
eve	10 li	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	111,595	. 155,424.
8	11 0	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	12,956	-46,575.
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,275,680	. 1,978,559.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	30,663	9,628.
		Benefits paid to or for members (Part IX, column (A), line 4)	0	. 0.
Ŋ		Coloring other companyation ampleyes handita (Dort IV column (A) lines 5 10)	1,994,811	. 1,659,628.
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)	0	
e De	ьт	otal fundraising expenses (Part IX, column (D), line 25)   209, 236.		
ŭ	17 C	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	855,096	. 855,178.
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,880,570	
		Revenue less expenses. Subtract line 18 from line 12	-604,890	
J.C		invertide 1635 experises. Oubtract line 10 front line 12	Beginning of Current Yea	
Net Assets or	일 절 <b>20</b> T	otal assets (Part X, line 16)	10,460,210	
ASS	21 T	otal assets (Part X, line 16)  otal liabilities (Part X, line 26)	278,758	
let.	22 N	let assets or fund balances. Subtract line 21 from line 20	10,181,452	
	Part II	Signature Block	10,101,101	7//22/0020
_		ies of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements and to the best of	my knowledge and helief it is
	-	, and complete. Declaration of preparer (other than officer) is based on all information of which prep		my knowledge and belief, it is
	, 0011001,	L	aror nao any knowledge:	
Çi,	an	Signature of officer	Date	
Sign   Signature of officer   Date  Here   RONALD NANO, PRESIDENT & CEO				
116	16	Type or print name and title		
_	+	Print/Type preparer's name  Preparer's signature	Date Check	PTIN
Pa		JENNIFER SOLOT	7/9/19 if	000740272
	-	Firm's name BBD, LLP	self-emp	23-2896692
	-	Firm's address 1835 MARKET STREET, 3RD FLOOR	I IIIII 5 LIIV	25 2050052
03	S Silly	PHILADELPHIA, PA 19103	Dhone no 2	15-567-7770
<u></u>	av the ID	S discuss this return with the preparer shown above? (see instructions)	[ FIIUII 110.4	X Yes No

Form 990 (2017)

including grants of \$

1,756,641.

732002 11-28-17

Total program service expenses

#### 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)?		х	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Λ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
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			. v
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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			x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	111	21	
IZa	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	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 for any			<u>-</u> _
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			7.7
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	ا ا		v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	Х	
19	1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18	41	-
13	complete Schedule G, Part III	19		х
	1 -1 -1 -1			

Form **990** (2017)

#### Part IV Checklist of Required Schedules (continued)

			Yes	No
<b>20</b> a	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		
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		Х
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	Х	
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	Х	
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		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			37
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			v
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			Х
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	v	Λ
29	Did the organization receive more than \$25,000 in non-cash 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			Х
	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?			х
00	If "Yes," complete Schedule N, Part I	31		Λ
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	20		Х
22	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		21
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
J <del>-1</del>		34		Х
35a	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	55a		
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	300		
50	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
0,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

#### Part V Statements Regarding Other IRS Filings and Tax Compliance

The tritle number reported in Box 3 of Form 1096. Enter 0- if not applicable   1a   19		Check if Schedule O contains a response or note to any line in this Part V			Ш
b Enter the number of Forms W26 included in line 1a. Enter of 1 not applicable Option of 1 not 2 no				Yes	No
c Did the organization comply with backup withholding fulles for reportable gamming (gammling) winnings to prize winners?  2a Effect the number of employees reported on Form W/3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  b If at least one is reported on line 2a, did the organization lite all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a Did the organization have unreated business gross income of \$1,000 or more during the year?  3a X X  b If Yes, * has it filed a Form 980-T for this year? If *No,* to file 3b, provide an explanation in Schedule O  5b If Yes, * instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial account; or 11 filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5c If Yes, * to line 5a or 5b, did the organization that it was or is a party to a prohibited tax whether transaction?  5c If Yes, * to line 5a or 5b, did the organization file Form 8886 17?  6c If Yes, * to line 5a or 5b, did the organization file Form 8886 17?  6c If Yes, * to line 5a or 5b, did the organization file Form 8886 17?  6d If Yes, * to line 5a or 5b, did the organization file Form 8886 17?  6d If Yes, * to line 5a or 5b, did the organization file Form 8886 17?  6d If Yes, * to line 5a or 5b, did the organization file Form 8886 17?  6d If Yes, * indicate the number of tax deductible as charitable contributions and party for goods and services provided to the payor?  6d If Yes, * indicate the number of Forms 9282 filed during the year  6d If Yes, * indicate the number of Forms 9282 filed during the year  6d If Yes, * indicate the number of Forms 9282 filed during the year  6d If Yes, * indicate the number of Forms 9282 filed during the year  6d If Yes, * indicate the number of Forms 9282 filed during the year  6d If Yes, * indicate the number of Forms 9287 fi	1a	11			
gambling) winnings to prize winners?  a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  b I fall teast on is reported on line 2a, did the organization life all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-/file (see instructions)  a Did the organization have unrelated business gross income of \$1,000 or more during the year?  a Tany 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 accounts)?  b If Yea, "enter the name of the foreign country."  See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles of sharilable contributions?  6 b If Yea," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charilable contributions?  6 c John the organization sharily the donor of the value of the goods on services provided?  7 or organizations that may receive deductible contributions under section 170(c).  a If Yea," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charilable contributions?  6 b Je Yea," did the organization receive a payment in excess of \$75 made partly as a contribution of undersonable and partly for goods and services provided to the payor?  7 or granizations that may receive deductible contributions under section 170(c).  a If Yea, if we call	b				
2a Enter the number of employees reported on Form W/3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  b if at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a Dt the organization have unreaded business gross incrome of \$1,000 or more during the year?  3a X  b if "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O  3b A At any time during the calendary year, did the organization have an interest in, or a ginature or other authority over, a financial account in a foreign country; leuch as a bank account, securities account, or other financial account(?  4a At any time of the foreign country (such as a bank account, securities account, or other financial account(?  4b If "Yes," return the name of the foreign country.  5c Was the organization a party to a prohibited tax shelter transaction at your purpose that the security of a prohibited tax shelter transaction?  5c Was the organization a party to a prohibited file Yes," to line 5a or 5b, did the organization file Form 888-817  5c Was the organization read and party or purpose that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  5c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  5c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  5c If "Yes," did the organization netwo aparent in access of \$75 made party as a contribution and party for goods and services provided to the payor?  7a X  7b If "Yes," did the organization network payment in access of \$75 made party has a contribution or payment in access of \$75 made party h	С			37	
tiled for the calendary year ending with or within the year covered by this return.    130			1c	X	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a I Vit Yes, "has it filed a Form 990 T for this year? If "No," to fine 3b, provide an explanation in Schedule O  3b I "Yes," has it filed a Form 990 T for this year? If "No," to fine 3b, provide an explanation in Schedule O  3b I A at any time during the calendary 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)?  4a A tany time the the name of the foreign country   ▶  5c einstructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial account; (FBAR).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b I Was, "to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c C I "Yes," to line 5a or 5b, did the organization file Form 88861?  6a Does the organization has a manual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions?  6b I Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions?  6b I Yes," did the organization noticule with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organizations that many receive deductible contributions under section 170(c).  8d I I Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible.  8d I Yes, "I did the organization of the value of the goods or services provided?  7c I Vita I Yes," included on formation the contribution of the provided to the proparation of the provided to the prov	2a				
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a Dit the organization have unrelated business gross across more of \$1,000 or more during the year?  3b If 1'ves, "set lifted a Form 9801 for this year? If "No," to line \$50, provide an explanation in Schedule 0  3b If "Yes," enter the name of the foreign country, left as a bank account, a coronic count in a foreign country (such as a bank account, securities account, or other financial accountry)  4a X  5b If "Yes," enter the name of the foreign country, left seems as a bank account, securities account, or other financial accountry (such as a bank account, securities account, or other financial accountry (such as a bank account, securities account, or other financial accountry (such as a bank account as a bank account as a bank account as a securities account, or other financial accountry (such as a bank account as a bank account as a bank account as a such as a securities account, or other financial accountry (such as a bank account as a bank account as a bank account as a such as a bank account as a bank ac			-	37	
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year?  4b If Yes,* has if filed a Form 900-17 for this year, "I "\o," to line 3b, provide an explanation in Schedule 0  4c 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 all account)?  4c If Yes, "to line the foreign country   Such as a bank account, securities account, or other financial accounts (FBAR).  5b If Yes, "to line 5a or 5b, did the organization file Form 8886-17?  6c If Yes, "to line 5a or 5b, did the organization file Form 8886-17?  6d Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6d If Yes, "to line 5a or 5b, did the organization file Form 8886-17?  6d Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6d If Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6d If Yes, "did the organization neceive apyment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7d If Yes, "did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to lile Form 8282?  8d If Yes, "did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  9d If the organization received a contribution of qualified intellectual property, did the organization file a Form 1090-17 for N/A sponsoring organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1090-17 for N/A sponsoring organization have excess business holdings at any time durin	b		2b	Λ	
b If "Yes," has it flied a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country.   4a X  5b If "Yes," enter the name of the foreign country.   5c See instructions for filling requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?  5c If "Yes," to line 5a or 5b, did the organization the Form 888617?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax eductibles a charlable contributions:  6a X  5b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles?  7 Organizations that may receive deductible contributions under section 170(c).  a lid the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor?  7 To X  7 Organizations sell, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8882?  8 If "Yes," indicate the number of Forms 8282 filed during the year  9 If the organization, during the year, pay premiums, directly or indirectly, no a personal benefit contract?  7 To X  7 To			_		v
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, eventhes account, or other financial account)?  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  So Was the organization pay to a prohibited tax shelter transaction at any time during the tax year?  5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b X if "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5b LYS, if "Yes," to line 5a or 5b, did the organization that twas or is a party to a prohibited tax shelter transaction?  5c LYS, if "Yes," to line 5a or 5b, did the organization that the organization include with every solicitation and party to prohibited tax shelter transaction?  6a Des the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7 To X If "Yes," idiction organization notify the donor of the value of the goods or services provided?  8 If "Yes," idiction that the number of Forms 8282 filed during the year  9 Did the organization, during the year, pay premiums, directly or indirectly, or a personal benefit contract?  7 To X If the organization organization will always the distribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 108-C?  8 Sponsoring organization make express boddings at any time during the year?  9 Sponsoring organization make express holdings at any time					
trancial account in a foreign country (such as a bank account, securities account, or other financial account)?  b (if "Yes," enter the name of the foreign country: "See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization file Form 8886-17?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that twer not tax deductible as charitable contributions?  6a Z X  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions?  6b Z  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$575 made partly as a contribution and partly for goods and services provided to the payor?  7 If "Yes," did the organization notify the donor of the value of the goods or services provided?  7 Organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  7 If X If the organization have excess business holdings at any time during the year?  Sponsoring organization make any taxable distributions under section 4966?  N/A  sponsoring organization make any taxable distributions under section 4966?  N/A  9 Section 501(c)(7) organizations. Enter:  a linitiation fees and capital contributions included on Part VIII, line 12  N/A  10a			3b		
b If "Yes," enter the name of the foreign country:   See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions of filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  Section 501 (any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  Section 501, and the organization file Form 8886-17  Section 501 (bit the organization include with very solicitation an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  Bit the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  The section 501 (bit the organization notity the donor of the value of the goods or services provided?  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  The section 501 (bit the organization notity the donor of the value of the goods or services provided?  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  To idl the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  To idl the organization oreceive any funds, directly or indirectly, on a personal benefit contract?  Fe X or if the organization oreceive any funds, directly or indirectly, on a personal benefit contract?  Fe X or idl the organization oreceived a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Seption 501 (c) organization services and activation or advised funds.  Seption 501 (c) organization services and activation organization services and activation organizatio	4a		4-		v
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Sa X D Did any taxable party not a prohibited tax shelter transaction at any time during the tax year?  5a X D Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b X C If Yes,* 10 line 5a or 5b, did the organization file Form 88861?  6a Dess the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6b If Yes,* did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7 Organizations that may receive deductible contributions under section 170(c).  8 Did the organization receive any funds, directly, to pay premiums on a personal benefit contract?  9 Did the organization seceive any funds, directly, to pay premiums on a personal benefit contract?  9 Did the organization receive any funds, directly, to pay premiums on a personal benefit contract?  10 Did the organization receive any funds, directly, to pay premiums on a personal benefit contract?  11 Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-0?  12 Did the organization make any taxable distributions under section 4966?  13 Section 501(c)(7) organizations maintaining donor advised funds. Did a donor advised fund maintained by the spansoring organization make any taxable distributions under section 4966?  13 Section 501(c)(7) organizations. Enter:  14 Initiation fees and capital contributions included on Part VIII, line 12  15 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  16 Gross receipts, included on Form 990, Part VIII, line 12, for public use of cl	D				
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6 If "Yes," to line 5 aor 5b, did the organization file Form 8886-17  6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 Did the organization review a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7 If "Yes," did the organization notify the donor of the value of the goods or services provided?  8 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  9 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  9 If "Yes," indicate the number of Forms 8282 filed during the year  10 Did the organization receive any funds, directly or indirectly, on a personal benefit contract?  11 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8893 as required?  12 If the organization make any state of the surplement of the organization file Form 8893 as required?  13 Sponsoring organization make any staxeble distributions under section 4966?  14 Did the sponsoring organization make any staxeble distributions under section 4966?  15 Section 501(c)(12) organizations. Enter:  16 If Yes, "Intelligent the member or shareholders  17 January organization file form 500 form 500, Part VIII, line 12  18 Section 501(c)(12) organizations. Enter:  19 If Yes, "enter the amount of tax-exempt linerest received or accrued during the year "N/A" 10a  19 Gross recome from themse sources (Do not et amoun	E.		E		x
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b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  11 Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  13c  14a X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b					
11 Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders N/A 11a	_	, , , , , , , , , , , , , , , , , , , ,			
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b  13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 13c  14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b					
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state? N/A 13a  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a X  14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b					
amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			1		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state? N/A 13a  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b  c Enter the amount of reserves on hand 13c  14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	_				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b  Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state? N/A 13a  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b  c Enter the amount of reserves on hand 13c  14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	12a		12a		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a X  15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  16 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.					
a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b		Section 501(c)(29) qualified nonprofit health insurance issuers.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?  14a X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b	а	3T / 3	13a		
organization is licensed to issue qualified health plans 13b 13c 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15b 1f "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b		Note. See the instructions for additional information the organization must report on Schedule O.			
c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	b				
14aDid the organization receive any payments for indoor tanning services during the tax year?14aXbIf "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O14b					
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O					77
					X
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	_	000	(00:1-

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 in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year la			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 31			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a				
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶PA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	THE ORGANIZATION - 215-487-3477			
	4842 RIDGE AVENUE, PHILADELPHIA, PA 19129			

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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.

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

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

(A)	(B)			(C Pos		,		(D)	(E)	(F)		
Name and Title	Average hours per	box	not c , unle	heck ss pe	more rson	than is bot	h an	Reportable compensation	Reportable compensation	Estimated amount of		
	week (list any hours for related organizations below	stee or director	Institutional trustee	Officer Officer	Key employee	rector/trustee)  host compensated  apologe  mer		an sated		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) GARY WILLIAMS	line) 5 • 0 0	Ĕ	<u> </u>	₹	- S	불등	호					
CHAIRMAN OF THE BOARD	3,00	x		x				0.	0.	0.		
(2) ALEXANDER HAMILTON	5.00	<del> </del>						•	•			
VICE CHAIRMAN		х		х				0.	0.	0.		
(3) ALAN LINDY	5.00									<u> </u>		
TREASURER		х		х				0.	0.	0.		
(4) JAMES SHINEHOUSE	5.00											
BUDGET AND FINANCE COMMITTEE CHAIR		Х						0.	0.	0.		
(5) JONATHAN SPERGEL	5.00											
CHAIR OF DEVELOPMENT AND M		Х						0.	0.	0.		
(6) MIKAL HARDEN	5.00											
CHAIR OF HUMAN RESOURCES		Х						0.	0.	0.		
(7) DAVID BROIDA	5.00											
CHAIR OF FACILITIES COMMIT		Х						0.	0.	0.		
(8) GRANT PALMER	5.00											
CHAIR OF GOVERNANCE AND NO		Х						0.	0.	0.		
(9) MARIA MCGARRY	5.00							_	_	_		
CHAIR OF PROGRAM COMMITTEE		Х						0.	0.	0.		
(10) MARK ARRINGTON	5.00								_	_		
CHAIR OF STRATEGIC LONG-TE		Х						0.	0.	0.		
(11) TREVOR MCANDREW	5.00											
INVESTMENT SUB-COMMITTEE CHAIR		Х						0.	0.	0.		
(12) MONICA MILLER BAILEY	2.00	l										
DIRECTOR		Х						0.	0.	0.		
(13) JONATHAN BARI	2.00							_	_	•		
DIRECTOR	0.00	Х						0.	0.	0.		
(14) TERRY BOOKER	2.00							_	_	•		
DIRECTOR	1 2 2 2	Х						0.	0.	0.		
(15) NED BOROWSKY	2.00	Ψ,						_	^	^		
DIRECTOR (16) WDIG GAGARON	2 00	Х				_		0.	0.	0.		
(16) KRIS CASABON	2.00	X						0.	0.	0		
01RECTOR (17) CAMILLE Z. CHARLES	2.00	^	_	$\vdash$		$\vdash$	_	0.	0.	0.		
DIRECTOR	4.00	X						0.	0.	0.		
732007 11-28-17	1	Δ.					l	<u> </u>	0.	Form <b>990</b> (2017)		

732007 11-28-17 Form **990** (2017)

190,099.

Form 990 (2017) LEGA  Part VII Section A. Officers, Directo								CATION, INC.		032 Page <b>8</b>
(A)  Name and title	(B) Average hours per week (list any hours for	(do box offic		Posi heck ss pe	ition more rson i	than s bot r/trus	one h an tee)	(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-WII3C)	organization and related organizations
(18) BRUCE FICKEN	2.00	٠,,						0	0	
DIRECTOR	2.00	Х						0.	0.	0.
(19) SIDNEY GULLEDGE	2.00	X						0.	0.	0.
DIRECTOR (20) MARION HALLIDAY	2.00	^						0.	0.	<b>U.</b>
(20) MARION HALLIDAY DIRECTOR	2.00	X						0.	0.	0.
(21) DANIEL HAYES	2.00	^						0.	0.	0.
DIRECTOR	2.00	Х						0.	0.	0.
(22) CYDNEY IRVING	2.00							0.	•	•
DIRECTOR	2.00	x						0.	0.	0.
(23) MARY ELLEN KROBER	2.00	-								
DIRECTOR		x						0.	0.	0.
(24) LARRY LEDERER	2.00							•		
DIRECTOR		х						0.	0.	0.
(25) STEPHANIE MAYS-BOYD	2.00									
DIRECTOR		х						0.	0.	0.
(26) ADAM MEINSTEIN	2.00									
DIRECTOR		Х						0.	0.	0.
1b Sub-total							<b></b>	0.	0.	0.
c Total from continuation sheets to								190,099.	0.	0.
d. Total (add lines 1b and 1c)								190.099.	0.	0.

d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

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

#### **Section B. Independent Contractors**

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

(A) Name and business address NONE	<b>(B)</b> Description of services	(C) Compensation

\$100,000 of compensation from the organization SEE PART VII, SECTION A CONTINUATION SHEETS

Total number of independent contractors (including but not limited to those listed above) who received more than

Form 990 (2017)

732008 11-28-17

	OUTH TEI	NN.	LS	Αľ	ND	EI	200	CATION, INC.	23-174	7032
Part VII   Section A. Officers, Directors, Tru	ustees, Key Er	nplo	oyee	s, a	nd l	High	est	Compensated Employ	rees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Pos	ition	1		Reportable	Reportable	Estimated
	hours	(c	heck	all '	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week (list any	JO:				ployee		the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	direct				ma p		(W-2/1099-MISC)	(***2/1099****130)	organization
	related	tee or	ıstee			en sate		,		and related
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				organizations
	below	ividua	titutio	Officer	/emp	hesto	Former			
	line)	E E	lus	₩	ağ.	ı≟	윤			
(27) DONNA M. MURASKO, PH.D.	2.00									
DIRECTOR		Х						0.	0.	0.
(28) NED RAHN	2.00									0
DIRECTOR	0.00	Х						0.	0.	0.
(29) ORLANDO RENDON	2.00									0
DIRECTOR	0.00	Х						0.	0.	0.
(30) LEE RUDY	2.00								<u>,</u>	•
DIRECTOR	2 00	Х						0.	0.	0.
(31) STEVEN C. SAVRAN	2.00	٠,,							0	0
DIRECTOR	70 00	Х						0.	0.	0.
(32) RONALD NANO	70.00			x				100 000	0.	0.
PRESIDENT AND CEO				^				190,099.	0.	0.
		L	L	L	L	L	L			
								100 000		
Total to Part VII, Section A, line 1c								190,099.		

Pa	rt V			or note to any li	no in this Dort VIII			
		Check if Schedule O c	ontains a response	e or note to any III	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	<ul> <li>a Federated campaigns</li> <li>b Membership dues</li> <li>c Fundraising events</li> <li>d Related organizations</li> <li>e Government grants (contributions, gifts, gamilar amounts not included a Noncash contributions included in Interest and I</li></ul>	1b 1c 1d butions) 1e rants, and above 1f		821,093.			
Program Service Revenue	1	b c d e All other program service r	evenue		1,048,617.	1,048,617.		
	3 4 5	g Total. Add lines 2a-2f Investment income (includ other similar amounts) Income from investment of Royalties	ing dividends, inter	rest, and proceeds	66,051.			66,051.
	I	a Gross rents b Less: rental expenses c Rental income or (loss)		(ii) Personal				
	7 :	<ul> <li>d Net rental income or (loss)</li> <li>a Gross amount from sales of assets other than inventor</li> </ul>	of (i) Securities	(ii) Other				
	•	<ul> <li>b Less: cost or other basis and sales expenses</li> <li>c Gain or (loss)</li> <li>d Net gain or (loss)</li> </ul>	89,3/3	•	89,373.			89,373.
Other Revenue		a Gross income from fundral including \$ 261 contributions reported on Part IV, line 18	<u>, 714 •</u> of ine 1c). See	139,343.				
0	9 ;	<ul> <li>c Net income or (loss) from f</li> <li>a Gross income from gaming Part IV, line 19</li> <li>b Less: direct expenses</li> </ul>	undraising events g activities. See a		-84,869.			-84,869.
	10 a	<ul> <li>c Net income or (loss) from g</li> <li>a Gross sales of inventory, lead allowances</li> <li>b Less: cost of goods sold</li> </ul>	gaming activities .ess returns a					
	11 :	c Net income or (loss) from s  Miscellaneous Reve a MISCELLANEOUS b	enue	Business Code 900099	38,294.			38,294.
	(	d All other revenue  e Total. Add lines 11a-11d  Total revenue. See instruction		<b>&gt;</b>	38,294. 1,978,559.		0.	108,849.

#### Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	0 620	0 620		
_	individuals. See Part IV, line 22	9,628.	9,628.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
4	individuals. See Part IV, lines 15 and 16  Benefits paid to or for members				
4 5	Compensation of current officers, directors,				
3	trustees, and key employees	134,478.	91,561.	30,638.	12,279
6	Compensation not included above, to disqualified	202/2/00	32,3021	30,0001	
Ü	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,377,970.	968,395.	324,042.	85,533.
8	Pension plan accruals and contributions (include	, ,,,,,,,,	,	,	,
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	39,126.	26,639.	8,914.	3,573.
10	Payroll taxes	108,054.	73,569.	24,618.	3,573. 9,867.
11	Fees for services (non-employees):				
а	Management				
b					
С	Accounting				
	Lobbying				
е	D ( ' ) (   ' ' ' ' O D   N   '   47				
f	Investment management fees	21,511.	21,511.		
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	75,858.	24,562.	51,296.	
12	Advertising and promotion	13,353.	6,347.	659.	6,347.
13	Office expenses	70,573.	36,837.	19,097.	14,639.
14	Information technology				
15	Royalties	120 020	104 551	6 5 4 5	10.610
16	Occupancy	130,938.	104,751.	6,547.	19,640.
17	Travel	68,076.	23,963.	44,113.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	306,957.	245,565.	30,696.	30,696.
22	Depreciation, depletion, and amortization	89,540.	71,632.	8,954.	8,954
23	Insurance	09,340.	11,032.	0,334.	0,334.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	MICCULIANDOUG DYDENGEG F	42,178.	15,487.	8,983.	17,708
a b	GIIDDI TEG	36,194.	36,194.		,,.
c		, = •	,		
d					
e					
25	Total functional expenses. Add lines 1 through 24e	2,524,434.	1,756,641.	558,557.	209,236.
<u> </u>	<b>Joint costs.</b> Complete this line only if the organization			· · ·	<u> </u>
	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

Ра	πχ	Balance Sheet					
		Check if Schedule O contains a response or not	e to ar	ny line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			3,640.	1	135,862.
	2	Savings and temporary cash investments			18,533.	2	130,806.
	3	Pledges and grants receivable, net		43,585.	3	64,000.	
	4	Accounts receivable, net		19,894.	4	18,571.	
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensa	ated er	nployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sect	ion 50	1(c)(9) voluntary			
ş		employees' beneficiary organizations (see instr).	lete Part II of Sch L		6		
Assets	7	Notes and loans receivable, net				7	
⋖	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges	17,447.	9	5,458.		
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	11,488,719.			
	b	Less: accumulated depreciation	10b	3,884,320.		10c	7,604,399.
	11	Investments - publicly traded securities		2,417,442.	11	2,134,516.	
	12	Investments - other securities. See Part IV, line 1			12		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11	77,032.	15	84,844.		
	16	Total assets. Add lines 1 through 15 (must equa			10,460,210.	16	10,178,456.
	17	Accounts payable and accrued expenses	63,223.	17	127,193.		
	18	Grants payable	42 400	18	120 140		
	19	Deferred revenue			43,102.	19	132,148.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
es	22	Loans and other payables to current and former					
Ħ		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L			170 422	22	107 422
_	23	Secured mortgages and notes payable to unrela		F	172,433.	23	197,433.
	24	Unsecured notes and loans payable to unrelated		Г		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	17-24	). Complete Part X of			
		Schedule D			278,758.	25	456,774.
	26	Total liabilities. Add lines 17 through 25			270,730.	26	450,774.
		Organizations that follow SFAS 117 (ASC 958		ck nere   A and			
ces		complete lines 27 through 29, and lines 33 an			9,586,564.	07	0 112 638
Fund Balances	27	Unrestricted net assets		594,888.	27	9,112,638.	
Ba	28	Temporarily restricted net assets	374,000.	28 29	000,044.		
ဋ	29			0) abaalabara 🔊		29	
		Organizations that do not follow SFAS 117 (A					
8	200	and complete lines 30 through 34.				20	
se	30	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or eq				30 31	
Net Assets or	31	Retained earnings, endowment, accumulated in				32	
Ne	33	Total net assets or fund balances			10,181,452.	33	9,721,682.
	34	Total liabilities and net assets/fund balances			10,460,210.	34	10,178,456.
	J 34	TOTAL HADIILIES AND HEL ASSELS/TUND DAIANCES			70, <del>4</del> 00, 210•	J4	

Form **990** (2017)

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		,97		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,52		
3	Revenue less expenses. Subtract line 2 from line 1	3		-54		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10	,18	1,4	52.
5	Net unrealized gains (losses) on investments	5		8	6,1	05.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	9	,72	1,6	82.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
	•				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.				
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	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	5,			
	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	e audi	t,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule (	Э.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Au	udit			
	Act and OMB Circular A-133?			За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired au	ıdit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2017)

#### **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.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization LEGACY YOUTH TENNIS AND EDUCATION, INC. 23-1747032 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 12, 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 (Form 990 or 990-EZ).) 3 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.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) 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: 10 X 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. J 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. ☐ 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. 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 I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

Total

Schedule A (Form 990 or 990-EZ) 2017 LEGACY YOUTH TENNIS AND EDUCATION, INC. 23-1747032 Page 2

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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						
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.						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
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	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is for	-			•		
<u> </u>	organization, check this box and stop	here	roomtogo				<b>&gt;</b>
	ction C. Computation of Publ			. (0)		1 1	
	Public support percentage for 2017 (I					14	<u>%</u>
15	Public support percentage from 2016					15	
Iba	33 1/3% support test - 2017. If the containing and life is						
h	stop here. The organization qualifies						
L.	33 1/3% support test - 2016. If the condition have						
170	and <b>stop here.</b> The organization qual <b>10%</b> -facts-and-circumstances tes						
17 a							
	and if the organization meets the "fact meets the "facts-and-circumstances"			-	· · · · · · · · · · · · · · · · · · ·	-	
h	10% -facts-and-circumstances tes						
Ď.	more, and if the organization meets the	_					
	organization meets the "facts-and-circ		•				
12	<b>Private foundation.</b> If the organization						
	Titate loundation. If the organization	ii ala not oncok a	DON OIT III IE 10, 10	a, 100, 17a, 01 17		dule A (Form 000	

Schedule A (Form 990 or 990-EZ) 2017 LEGACY YOUTH TENNIS AND EDUCATION, INC. 23-1747032 Page 3 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.)

	clow, picase comp	nete Fait II.)				
			-			
ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")	1485263.	1243265.	1303119.	897,724.	821,093.	5750464.
Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1065719.	1069682.	1261594.	1253405.	1048617.	5699017.
Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
furnished by a governmental unit to						
•	2550982.	2312947.	2564713.	2151129.	1869710.	11449481.
_						
3 received from disqualified persons				12,500.	140,000.	152,500.
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						0.
Add lines 7a and 7b				12,500.		
Public support. (Subtract line 7c from line 6.)						11296981.
tion B. Total Support						
ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties,	(a) 2013 2550982. 55,380.	(b) 2014 2312947. 66,585.	(c) 2015 2564713.	2151129.	1869710.	11449481.
Amounts from line 6 Gross income from interest, dividends, payments received on	2550982. 55,380.	66,585.	2564713. 64,794.	59,865.	1869710. 66,051.	312,675.
Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses	2550982.	2312947.	2564713.	2151129.	1869710.	11449481.
Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is	2550982. 55,380. 55,380.	2312947. 66,585. 66,585.	2564713. 64,794. 64,794.	59,865. 59,865. 247,078.	1869710. 66,051. 66,051.	312,675. 312,675. 481,555.
Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)	2550982. 55,380. 55,380. 12,857. 2619219.	2312947. 66,585. 66,585. 30,282. 2409814.	2564713. 64,794. 64,794. 13,701. 2643208.	2151129. 59,865. 59,865. 247,078. 2458072.	1869710. 66,051. 66,051. 177,637. 2113398.	312,675. 312,675. 312,675. 481,555. 12243711.
Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	2550982. 55,380. 55,380. 12,857. 2619219.	2312947. 66,585. 66,585. 30,282. 2409814.	2564713. 64,794. 64,794. 13,701. 2643208.	2151129. 59,865. 59,865. 247,078. 2458072.	1869710. 66,051. 66,051. 177,637. 2113398.	312,675. 312,675. 312,675. 481,555. 12243711.
Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here	2550982. 55,380. 55,380. 12,857. 2619219. The organization's	2312947. 66,585. 66,585. 30,282. 2409814. s first, second, thir	2564713. 64,794. 64,794.  13,701. 2643208. d, fourth, or fifth ta	2151129. 59,865. 59,865. 247,078. 2458072.	1869710. 66,051. 66,051. 177,637. 2113398. n 501(c)(3) organiz	312,675.  312,675.  481,555. 12243711.  cation,
Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for check this box and stop here	2550982. 55,380. 55,380. 12,857. 2619219. r the organization's	2312947. 66,585. 66,585. 30,282. 2409814. e first, second, thir	2564713. 64,794. 64,794.  13,701. 2643208. d, fourth, or fifth ta	59,865.  59,865.  247,078. 2458072.  ax year as a sectio	1869710. 66,051. 66,051. 177,637. 2113398. n 501(c)(3) organiz	312,675.  312,675.  481,555. 12243711.  cation,
Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here	2550982. 55,380. 55,380. 12,857. 2619219. r the organization's	2312947. 66,585. 66,585. 30,282. 2409814. e first, second, thir	2564713. 64,794. 64,794.  13,701. 2643208. d, fourth, or fifth ta	59,865.  59,865.  247,078. 2458072.  ax year as a sectio	1869710. 66,051. 66,051. 177,637. 2113398. n 501(c)(3) organiz	312,675.  312,675.  481,555. 12243711.  cation,  92.27 %
Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for check this box and stop here  Extion C. Computation of Publ Public support percentage from 2016	2550982.  55,380.  55,380.  12,857.  2619219.  Ithe organization's ic Support Permine 8, column (f) discondense A, Part	2312947. 66,585. 66,585. 30,282. 2409814. s first, second, thir	2564713. 64,794. 64,794.  13,701. 2643208. d, fourth, or fifth ta	59,865.  59,865.  247,078.  2458072.  ax year as a section	1869710. 66,051. 66,051. 177,637. 2113398. n 501(c)(3) organiz	312,675.  312,675.  481,555. 12243711.  ration,
Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for check this box and stop here  extion C. Computation of Publ Public support percentage for 2017 (I	2550982.  55,380.  55,380.  12,857.  2619219.  Ithe organization's ic Support Permine 8, column (f) discondense A, Part	2312947. 66,585. 66,585. 30,282. 2409814. s first, second, thir	2564713. 64,794. 64,794.  13,701. 2643208. d, fourth, or fifth ta	59,865.  59,865.  247,078.  2458072.  ax year as a section	1869710. 66,051. 66,051. 177,637. 2113398. n 501(c)(3) organiz	312,675.  312,675.  312,675.  481,555. 12243711.  cation,  92.27 % 94.95 %
Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for check this box and stop here  Extion C. Computation of Publ Public support percentage from 2016	2550982.  55,380.  55,380.  12,857.  2619219.  r the organization's ic Support Peline 8, column (f) di Schedule A, Part stment Income	2312947. 66,585. 66,585. 30,282. 2409814. e first, second, thir	2564713. 64,794. 64,794.  13,701. 2643208. d, fourth, or fifth ta	59,865.  59,865.  247,078.  2458072.  ax year as a section	1869710. 66,051. 66,051. 177,637. 2113398. n 501(c)(3) organiz	312,675.  312,675.  312,675.  481,555. 12243711.  2ation,  92.27 % 94.95 %  2.55 %
Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for check this box and stop here  ction C. Computation of Publ  Public support percentage for 2017 (I  Public support percentage from 2016  ction D. Computation of Investinest income percentage from 2016  Investment income percentage from 2016	2550982.  55,380.  55,380.  12,857. 2619219. The organization's the organization's street Incomposite Schedule A, Part street Incomposite (line 10c, colum 2016 Schedule A,	2312947.  66,585.  66,585.  30,282. 2409814.  a first, second, thir  centage  vided by line 13, contage  vided by line 15  e Percentage  nn (f) divided by line 17  Part III, line 17	2564713. 64,794. 64,794.  13,701. 2643208. d, fourth, or fifth ta	59,865.  59,865.  247,078.  2458072.  ax year as a section	1869710. 66,051. 66,051.  177,637. 2113398. n 501(c)(3) organiz	312,675.  312,675.  312,675.  481,555. 12243711.  cation,  92.27 % 94.95 %  2.55 % 2.44 %
Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for check this box and stop here  Etion C. Computation of Publ Public support percentage from 2016 extion D. Computation of Investion D. Computation of Investion D. Computation of Investine Investment income percentage for 20	2550982.  55,380.  55,380.  12,857. 2619219. The organization's the organization's street Incomposite Schedule A, Part street Incomposite (line 10c, colum 2016 Schedule A,	2312947.  66,585.  66,585.  30,282. 2409814.  a first, second, thir  centage  vided by line 13, contage  vided by line 15  e Percentage  nn (f) divided by line 17  Part III, line 17	2564713. 64,794. 64,794.  13,701. 2643208. d, fourth, or fifth ta	59,865.  59,865.  247,078.  2458072.  ax year as a section	1869710. 66,051. 66,051.  177,637. 2113398. n 501(c)(3) organiz	312,675.  312,675.  312,675.  481,555. 12243711.  tation,  227 % 94.95 %  2.55 % 2.44 %  17 is not
Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for check this box and stop here  ction C. Computation of Publ  Public support percentage for 2017 (I  Public support percentage from 2016  ction D. Computation of Investinest income percentage from 2016  Investment income percentage from 2016	55,380.  55,380.  55,380.  12,857. 2619219.  r the organization's ic Support Peline 8, column (f) dischedule A, Part stment Income 2016 Schedule A, organization did n	2312947.  66,585.  30,282.  2409814.  s first, second, thir  rcentage  vided by line 13, collil, line 15  e Percentage  nn (f) divided by lir  Part III, line 17  ot check the box of	2564713. 64,794. 64,794.  13,701. 2643208. d, fourth, or fifth ta	59,865.  59,865.  247,078.  2458072.  ax year as a section	1869710. 66,051.  177,637. 2113398. n 501(c)(3) organiz  15 16  17 18 3 1/3%, and line 1	312,675.  312,675.  312,675.  481,555. 12243711.  ration,  92.27 % 94.95 %  2.55 % 2.44 %  17 is not
Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for check this box and stop here  ction C. Computation of Publ Public support percentage from 2016  Total support percentage from 2016	2550982.  55,380.  55,380.  12,857.  2619219.  The organization's ic Support Period Schedule A, Part stment Incomposity (line 10c, column 17 (line 10c, column 2016 Schedule A, organization did not stop here. The organization did not stop here. The organization did not stop here.	30,282.  30,282.  2409814.  s first, second, thirm reentage wided by line 13, could lill, line 15 e Percentage on (f) divided by limpart III, line 17 ot check the box of organization quality of check a box on the country of the cou	2564713. 64,794. 64,794.  13,701. 2643208. d, fourth, or fifth ta column (f)) on line 14, and line ifies as a publicly s line 14 or line 19a	2151129.  59,865.  59,865.  247,078.  2458072.  ax year as a section  15 is more than 3 supported organizar, and line 16 is more	1869710. 66,051.  177,637. 2113398. n 501(c)(3) organiz  15 16  17 18 33 1/3%, and line 1 ation ore than 33 1/3%,	312,675.  312,675.  312,675.  481,555. 12243711.  2ation,  92.27 % 94.95 %  2.55 % 2.44 %  17 is not  Mand
	Indar year (or fiscal year beginning in)  Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  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 Gross receipts from activities that are not an unrelated trade or business under section 513  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization without charge  Total. Add lines 1 through 5  Amounts included on lines 1, 2, and 3 received from disqualified persons of the amount on line 13 for the year  Add lines 7a and 7b  Public support. (Subtract line 7c from line 6.)	ction A. Public Support  Indar year (or fiscal year beginning in)   Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  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  Gross receipts from activities that are not an unrelated trade or business under section 513  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization without charge  Total. Add lines 1 through 5  Amounts included on lines 1, 2, and 3 received from disqualified persons of 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 line 6.)  Ection B. Total Support	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  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 Gross receipts from activities that are not an unrelated trade or business under section 513  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization without charge  Total. Add lines 1 through 5  Amounts included on lines 1, 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 line 8.)  Cition B. Total Support	etion A. Public Support  Indar year (or fiscal year beginning in)    Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  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  Gross receipts from activities that are not an unrelated trade or business under section 513  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization without charge  Total. Add lines 1 through 5  Amounts included on lines 2 and 3 received from 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. (Subtractline 7c from line 6)  Etion B. Total Support	A Public Support  Indar year (or fiscal year beginning in) ►  Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  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. Gross receipts from activities that are not an unrelated trade or business under section 513  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization without charge  Total. Add lines 1 through 5  Amounts included on lines 2 and 3 received from 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 line 6.)  Etion B. Total Support	Are unitable do nits behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 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 of the fact of the year of the discount of the year of the points. Total Support    Add lines 7 a and 7b

#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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 **Part VI** when and how the organization made the determination.
- **c** 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.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c 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 Part VI 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **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 **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in 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 Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
	100	.,,,
1		
2		
3a		
3b		
3с	L	
4a		
4b		
4c		
5a		
5b	-	
5c		
6		
7		
8		
9a		
9b		
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10a		
iua		
10b		
	90-EZ	0047

	dule A (Form 990 or 990-EZ) 2017 LEGACY YOUTH TENNIS AND EDUCATION, INC. 23-17	<u>4703</u>	2 Pa	age <b>5</b>
Par	t IV   Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		162	INO
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
_	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's 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 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		
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			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
000	non of Type in 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		103	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
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			
	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 Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), 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? If "Yes," describe in Part VI the role the organization's			
C	supported organizations played in this regard.	3		
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)  The organization satisfied the Activities Test. Complete line 2 below.	•		
a b	The organization satisfied the Activities Test. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins.	tructions	3)	
2	Activities Test. Answer (a) and (b) below.	1	Yes	No
a	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 Part VI identify			
	those supported organizations and explain 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 in (a) 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 Part VI 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 (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	ı	

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Pa	Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	anizations	i ago o	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust o	n Nov. 20, 1970 (explain in	Part VI.) See instructions. Al	
	other Type III non-functionally integrated supporting organizations must co	mplete \$	Sections A through E.		
Sect	ion 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			
Sect	ion 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	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other				
	factors (explain in detail in <b>Part VI</b> ):				
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 1-1/2% 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 .035	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 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	y integra	ated Type III supporting org	ganization (see	
	instructions).				

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 LEGACY YOUTH TENNIS AND EDUCATION, INC. 23-1747032 Page 7

Par	t V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti		Distributions		,	Current Year
1	Amour				
2	Amour	nts paid to perform activity that directly furthers exemp			
	organi	zations, in excess of income from activity			
3	Admin	istrative expenses paid to accomplish exempt purpose	es of supported organization	IS	
4	Amour	nts paid to acquire exempt-use assets			
5	Qualifi	ed set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in Part VI). See instructions.			
7	Total	annual distributions. Add lines 1 through 6.			
8	Distrib	utions to attentive supported organizations to which the	ne organization is responsive	e	
	(provid	de details in <b>Part VI</b> ). See instructions.			
9	Distrib	utable amount for 2017 from Section C, line 6			
10	Line 8	amount divided by line 9 amount			
Secti	ion E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distrib	utable amount for 2017 from Section C, line 6			
2	Under	distributions, if any, for years prior to 2017 (reason-			
	able c	ause required- explain in <b>Part VI</b> ). See instructions.			
3	Exces	s distributions carryover, if any, to 2017			
а					
b	From 2	2013			
С	From 2	2014			
d	From 2	2015			
е	From 2	2016			
f	Total	of lines 3a through e			
g	Applie	d to underdistributions of prior years			
h	Applie	d to 2017 distributable amount			
i	Carryo	over from 2012 not applied (see instructions)			
j	Remai	nder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrib	utions for 2017 from Section D,			
	line 7:	\$			
а	Applie	d to underdistributions of prior years			
b	Applie	d to 2017 distributable amount			
С	Remai	nder. Subtract lines 4a and 4b from 4.			
5		ning underdistributions for years prior to 2017, if			
	-	ubtract lines 3g and 4a from line 2. For result greater			
		ero, explain in <b>Part VI.</b> See instructions.			
6		ning underdistributions for 2017. Subtract lines 3h			
	and 4b	o from line 1. For result greater than zero, explain in			
		I. See instructions.			
7		s distributions carryover to 2018. Add lines 3j			
	and 4				
8		down of line 7:			
		s from 2013			
		s from 2014			
		s from 2015			
		s from 2016			
_	-VCAC	s from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Schedule A	(Form 990 or 990 EZ) 2017 LEGACY YOUTH TENNIS AND EDUCATION, INC. 23-1/4/032 Page 8
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 B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Name of the organization

Employer identification number

LEGACY YOUTH TENNIS AND EDUCATION, INC.

23-1747032

Organization type (check one):						
Filers of	:	Section:				
Form 990	0 or 990-EZ	$\overline{\mathbf{X}}$ 501(c)( $3$ ) (enter number) organization				
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
		527 political organization				
Form 990	)-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
		covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special l	Rules					
	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.				
	year, total contribut	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for ruelty to children or animals. Complete Parts I, II, and III.				
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year				
but it <b>mu</b>	ution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to tify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

#### LEGACY YOUTH TENNIS AND EDUCATION, INC.

23-1747032

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ALAN LINDY  117 CHESTON LN  AMBLER, PA 19002-2753	\$ 112,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ALLFLEX PACKAGING PRODUCTS  100 RACE STREET  AMBLER, PA 19002	\$\$,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	ANTHONY RUGGER  126 PORTSMOTH CIRCLE  GLENN MILLS, PA 19342	5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	AXIS CONSTRUCTION MGMT LLC  215 WEST CHURCH ROAD SUITE 111  KING OF PRUSSIA, PA 19406-3200	7,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	BANK OF AMERICA  100 NORTH TRYON STREET  CHARLOTTE, NC 28255	- \$\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	BRYN MAWR TRUST COMPANY  801 LANCASTER AVE  BRYN MAWR, PA 19010	5,000.	Person X Payroll
723452 11-0	1-17	Schedule B (Form	990, 990-EZ, or 990-PF) (2017)

#### LEGACY YOUTH TENNIS AND EDUCATION, INC.

23-1747032

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ıl space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	PHILADELPHIA DEPARTMENT OF RECREATION  1515 ARCH STREET, #10  PHILADELPHIA, PA 19102	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	COMCAST CORPORATION  ONE COMCAST CENTER, 1701 JFK BOULEVARD  PHILADELPHIA, PA 19103-2838	\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	COZEN & O'CONNOR  ONE LIBERTY PLACE, 1650 MARKET STREET  PHILADELPHIA, PA 19103	\$5,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	DALE CONSTRUCTION  70 LIMEKILN PIKE  GLENSIDE, PA 19038	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	DRUMCLIFF FOUNDATION  1021 W HORTTER ST  PHILADELPHIA, PA 19119-3706	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	GRAHAM PARTNERS INC  3811 WEST CHESTER PIKE, BUILDING 2, SUITE 200  NEWTOWN SQUARE, PA 19073	\$8,000.	Person X Payroll
723452 11-0		Schedule B (Form	990, 990-EZ, or 990-PF) (2017)

# LEGACY YOUTH TENNIS AND EDUCATION, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	H. CHASE LENFEST  565 EAST SWEDESFORD ROAD, SUITE 303  WAYNE, PA 19087	\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	JULIAN A AND LOIS G BRODSKY FOUNDATION 1701 JOHN F KENNEDY BOULEVARD, 52ND FLOOR PHILADELPHIA, PA 19103	\$5,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	KENNETH BAKER  1034 RADCLIFF LANE  AMBLER, PA 19002	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	MERIDIAN CAPITAL GROUP  1 BATTERY PARK PLAZA, 25TH FLOOR  NEW YORK, NY 10004	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17	PECO ENERGY COMPANY  1310 POINT STREET, 18TH FLOOR  BALTIMORE, MD 21231	\$ 35,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	PHILADELPHIA INDEMNITY INSURANCE CO ONE BALA PLAZA STE 100 BALA CYNWYD, PA 19004	\$ <u>11,256.</u>	Person X Payroll

# LEGACY YOUTH TENNIS AND EDUCATION, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	THE 1830 FAMILY FOUNDATION  1650 MARKET STREET SUITE 1200  PHILADELPHIA, PA 19103	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	THE GLENMEDE CORPORATION  1650 MARKET STREET SUITE 1200  PHILADELPHIA, PA 19103	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21	THE PHILADELPHIA FOUNDATION  1835 MARKET STREET, SUITE 2410  PHILADELPHIA, PA 19103	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	THE SNIDER FOUNDATION  PO BOX 25088  PHILADELPHIA, PA 19147	\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23	UHS OF DELAWARE. INC  367 SOUTH GULPH ROAD  KING OF PRUSSIA, PA 19406-0958	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24	UNIFIED DOOR AND HARDWARE GROUP, LLC  1650 SUCKLE HIGHWAY  PENNSAUKEN, NJ 08110	\$5,000.	Person X Payroll

# LEGACY YOUTH TENNIS AND EDUCATION, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	USTA FOUNDATION INC.  70 WEST RED OAK LANE  WHITE PLAINS, NY 10604		Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26	USTA MIDDLE STATES  1288 VALLEY FORGE ROAD  PHOENIXVILLE, PA 19460		Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27	WILLIAM BUCK  274 HOTHORPE LANE  VILLANOVA, PA 19085		Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28	THE CREATIVE GROUP  1735 MARKET STREET, 25TH FLOOR  PHILADELPHIA, PA 19103	\$14,000.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29	ADAM MEINSTEIN  8035 SEMINOLE STREET  PHILADELPHIA, PA 19118		Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30	ENTERPRISE HOLDINGS FOUNDATION  600 CORPORATE PARK DRIVE  ST. LOUIS, MO 63105	\$5,000.	Person X Payroll

# LEGACY YOUTH TENNIS AND EDUCATION, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	IBEW LOCAL UNION 98  1701 SPRING GARDEN STREET  PHILADELPHIA, PA 19130	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32	JAMES M. FERNBERGER AND MARY C. WALTON  1156 MILL ROAD CIRCLE  RYDAL, PA 19046	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33	JAMES SHINEHOUSE  1835 MARKET STREET, SUITE 2950  PHILADELPHIA, PA 19103	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34	KOHN, SWIFT AND GRAF, PC  1 S. BROAD STREET, SUITE 2100  PHILADELPHIA, PA 19107-3304	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35	GLENMEDE INVESTMENT MANAGEMENT LP  1650 MARKET STREET SUITE 2100  PHILADELPHIA, PA 19103	\$5,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36	PA CONVENTION CENTER AUTHORITY  1101 ARCH STREET  PHILADELPHIA, PA 19107-2299	\$5,000.	Person X Payroll
723452 11-0	1 17	Schedule R (Form	990, 990-EZ, or 990-PF) (2017)

# LEGACY YOUTH TENNIS AND EDUCATION, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	LINDY FAMILY TRUST  309 OLD YORK ROAD, SUITE 211  JENKINTOWN, PA 19046	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38	RAYMOND JAMES  880 CARILLON PARKWAY  ST. PETERSBURG, FL 33716	\$5,250.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39	THE COZEN O'CONNOR FOUNDATION, INC.  ONE LIBERTY PLACE, 1650 MARKET STREET  PHILADELPHIA, PA 19103	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40	UNILOG CONTENT SOLUTIONS  985 OLD EAGLE SCHOOL ROAD, SUITE 510  WAYNE, PA 19087	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

# LEGACY YOUTH TENNIS AND EDUCATION, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Part I	I if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
28	PRODUCTION OF INVITATIONS AND BROCHURES		
			04/12/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
			990. 990-EZ. or 990-PF) (2017)

Name of orga	anization		Employer identification number
T.EGACV	YOUTH TENNIS AND EDUC	ATTON INC.	23-1747032
Part III	Exclusively religious, charitable, etc., cont the year from any one contributor. Complete (completing Part III, enter the total of exclusively religiou Use duplicate copies of Part III if addition	ributions to organizations describ columns (a) through (e) and the fol s, charitable, etc., contributions of \$1,000	bed in section 501(c)(7), (8), or (10) that total more than \$1,000 to ollowing line entry. For organizations
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of ç	gift
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—			
		(e) Transfer of ç	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No.			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, al	(e) Transfer of g	gift  Relationship of transferor to transferee
	- Transferee 3 Harrie, additess, an		Troutionship of transferor to transferee
(a) No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I	(b) Fur pose or grit	(c) Use of glit	(d) Description of now girt is field
		(a) Town of our C	
	Transferee's name, address, a	(e) Transfer of o	gift  Relationship of transferor to transferee

# **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

LEGACY YOUTH TENNIS AND EDUCATION, INC.

**Employer identification number** 23-1747032

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	ised funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferring
_	impermissible private benefit?		
Par			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizati		
	Preservation of land for public use (e.g., recreation or e	. —	torically important land area
	Protection of natural habitat	Preservation of a cer	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		
	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the	ne organization during the tax
	year >		
	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
_	violations, and enforcement of the conservation easements if		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	nservation easements during the year
_	• ————————————————————————————————————		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year
•	> \$		0/1-1/41/171/2
	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
	In Part XIII, describe how the organization reports conservati	•	
	include, if applicable, the text of the footnote to the organization appearation appearation	tion's imancial statements that describes	s the organization's accounting for
Par	conservation easements. t III   Organizations Maintaining Collections or	f Art Historical Treasures or C	Other Similar Assets
· u	Complete if the organization answered "Yes" on Form		Strict Cirmar Addets.
	If the organization elected, as permitted under SFAS 116 (AS		ement and halance sheet works of art
	historical treasures, or other similar assets held for public ext		
	the text of the footnote to its financial statements that descri		ance of public service, provide, in rare xiii,
h	If the organization elected, as permitted under SFAS 116 (AS		at and halance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed		
	relating to these items:	ducation, or research in fartherance of pr	able service, provide the following amounts
	(i) Revenue included on Form 990, Part VIII, line 1		<b>L</b> \$
			· · · · · · · · · · · · · · · · · · ·
2	If the organization received or held works of art, historical tre		
_		asuras, or other similar assets for financi	ial dain provide
			al gain, provide
	the following amounts required to be reported under SFAS 1 Revenue included on Form 990, Part VIII, line 1	16 (ASC 958) relating to these items:	

Schedule D (Form 990) 2017

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
<b>b</b> Buildings		10,807,376.	3,291,619.	7,515,757.
c Leasehold improvements				
<b>d</b> Equipment		481,444.	444,177.	37,267.
e Other		199,899.	148,524.	51,375.
Total. Add lines 1a through 1e. (Column (d) must equa	7,604,399.			

Schedule D (Form 990) 2017

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII 🔀

Schedule D (Form 990) 2017

20110 daile D (1 0	000, 2011						
Part XI R	econciliatio	n of Revenu	e per Au	dited Financial	Statements	With Revenue	per Return.

	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	2,269,395.	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	86,105.			
b	Donated services and use of facilities	2b	2,030.			
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d	-21,511.			
е	Add lines 2a through 2d			2e	66,624.	
3	Subtract line 2e from line 1			3	2,202,771.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b	-224,212.			
С	Add lines 4a and 4b			4c	-224,212.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,978,559.			
Da	Dort VII Decenciliation of Expanses new Audited Einensial Statements With Expanses new Deturn					

# Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

b Other (Describe in Part XIII.)

c Add lines 4a and 4b

	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	2,729,165.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	2,030.		
b	Prior year adjustments	2b			
С	Other losses	2c			
	Other (Describe in Part XIII.)	2d	224,212.		
	Add lines 2a through 2d			2e	226,242.
3	Subtract line 2e from line 1			3	2,502,923.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	21,511.		

# 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information.

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

#### PART V, LINE 4:

THE ENDOWMENT FUND HAS NOT BEEN RESTRICTED BY DONORS; HOWEVER, IT HAS BEEN DESIGNATED BY THE BOARD OF DIRECTORS TO BE USED AS AN ENDOWMENT WITH 5% OF THE 5-YEAR AVERAGE BALANCE BEING USED TO SUPPORT OPERATIONS.

#### PART X, LINE 2:

GAAP REQUIRES ENTITIES TO EVALUATE, MEASURE, RECOGNIZE AND DISCLOSE ANY

UNCERTAIN TAX POSITIONS. GAAP PRESCRIBES A MINIMUM THRESHOLD THAT A TAX

POSITION IS REQUIRED TO MEET IN ORDER TO BE RECOGNIZED IN THE FINANCIAL

STATEMENTS. THE ORGANIZATION BELIEVES THAT IT HAD NO UNCERTAIN TAX

POSITIONS AS DEFINED IN GAAP.

Schedule D (Form 990) 2017

21,511

2,524,434.

Schedule D (Form 990) 2017 LEGACY YOUTH TENNIS AND EDUCATION, INC. 23-1747032 Page 9  Part XIII Supplemental Information (continued)
Supplemental Information (continued)
PART XI, LINE 2D - OTHER ADJUSTMENTS:
INVESTMENT EXPENSES -21,511
<u> </u>
PART XI, LINE 4B - OTHER ADJUSTMENTS:
DIRECT SPECIAL EVENT EXPENSES -224,212
·
PART XII, LINE 2D - OTHER ADJUSTMENTS:
DIRECT SPECIAL EVENT EXPENSES 224,212

#### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

**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 the latest instructions.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

LEGACY YOUTH TENNIS AND EDUCATION, INC.

Employer identification number 23-1747032

	TOUTH TEMMIS AND E	סטע	<u> VIT</u>	ON, INC.	ZJ-1/4/	052				
<b>Part I</b> Fundraising Activities required to complete this part	<ul> <li>Complete if the organization answet.</li> </ul>	red "Y	'es" or	n Form 990, Part IV,	line 17. Form 990-EZ	I filers are not				
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.  a										
key employees listed in Form 990, P  b If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the	viduals or entities (fundraisers) pursu									
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iii) Did fundraiser have custody or control of contributions?		(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No							
<b>Fotal</b>			<u> </u>							
List all states in which the organizatio or licensing.	n is registered or licensed to solicit o	contrib	utions	s or has been notified	d it is exempt from re	egistration				
<del></del>										

732081 09-13-17

Schedule G (Form 990 or 990-EZ) 2017

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2017 LEGACY YOUTH TENNIS AND EDUCATION, INC. 23-1747032 Page 2

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events ANNUAL AXIS GOLF (add col. (a) through BENEFIT 2018|2018 col. (c)) (event type) (total number) (event type) 280,700. 77,200. 43,157. 401,057. 1 Gross receipts 177,499 65,550. 18,665. 261,714. 2 Less: Contributions 11,650. 103,201 24,492. 139,343. **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expense 6 Rent/facility costs 17,682. 17,682. 3,000. 50,681. 53,681. 7 Food and beverages 8 Entertainment 13,721. 17,248. 9 Other direct expenses 121,880. 152,849. 224,212. **10** Direct expense summary. Add lines 4 through 9 in column (d) -84,869. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue ..... 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs **5** Other direct expenses Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? No **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? \_\_\_\_\_ Yes \_\_\_\_ No **b** If "Yes," explain:

732082 09-13-17 Schedule G (Form 990 or 990-EZ) 2017

Sch	edule G (Form 990 or 990-EZ) 2017 LEGACY YOUTH TENNIS AND EDUCATION, INC. 23-1	L747032	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		, -
•	Enter the hame and address of the person this propares the organization of garming openial events been and records.		
	Name		
	Address >		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
h	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
	If "Yes," enter name and address of the third party:		
•	Troo, onto hame and address of the third party.		
	Name		
	Address ►		
16	Gaming manager information:		
	Name		
	Gaming manager compensation  \$		
	Description of services provided		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
	Mandatory distributions:		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	∴ L Yes	└── 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 > \$		
Pa	Tt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, I	ines 9, 9b, 10	b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
-			

Schedule G	(Form 990 or 990-EZ) <b>Supplemental Info</b>	LEGACY	YOUTH	TENNIS	AND	EDUCATION,	INC.	23-1747032	Page 4
Part IV	Supplemental Info	rmation (cont	tinued)						

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States** 

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

Attach to Form 990.

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

2017
Open to Public

Inspection

Name of the organization Employer identification number 23-1747032 LEGACY YOUTH TENNIS AND EDUCATION, INC. Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of (c) IRC section 1 (a) Name and address of organization (b) EIN (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant non-cash noncash assistance or assistance FMV, appraisal, assistance other) 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
CHOLARSHIP	1	9,628	. 0.	FMV	
Part IV   Supplemental Information. Provide the information re	equired in Part I, lin	e 2; Part III, columr	n (b); and any other a	dditional information.	
PART I, LINE 2:					
GRANTS ARE AWARDED IN THE FORM OF	SCHOLARS	HIPS TO PA	AY FOR COAC	HING AND	
OTHER NECESSITIES OF DESERVING IN	DIVIDUALS	IN THEIR	PURSUIT OF	SUCCESS BOTH	
ON AND OFF THE COURT.					

# **SCHEDULE J** (Form 990)

**Compensation Information** 

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

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

LEGACY YOUTH TENNIS AND EDUCATION, INC. Employer identification number 23-1747032

Pa	art I Questions Regarding Compensation				
			Yes	No	
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,				
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or charter travel  Housing allowance or residence for personal use				
	Travel for companions Payments for business use of personal residence				
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees				
	Discretionary spending account  Personal services (such as, maid, chauffeur, chef)				
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b			
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2			
•					
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's				
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to				
	establish compensation of the CEO/Executive Director, but explain in Part III.				
	Compensation committee  Independent compensation consultant  Written employment contract  Compensation survey or study				
	Through the form 990 of other organizations  Through the form 990 of other organizations  Through the form 990 of other organizations  Through the form 990 of other organization committee				
	Approvar by the board of compensation committee				
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
•	organization or a related organization:				
а	Receive a severance payment or change-of-control payment?	4a		Х	
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х	
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х	
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation				
	contingent on the revenues of:				
	The organization?	5a		X	
b	Any related organization?	5b		Х	
	If "Yes" on line 5a or 5b, describe in Part III.				
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation				
	contingent on the net earnings of:			v	
a	The organization?	6a		X	
b	Any related organization?	6b			
_	If "Yes" on line 6a or 6b, describe in Part III.				
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	_		Х	
0	not described on lines 5 and 6? If "Yes," describe in Part III	7		A	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		х	
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in				
J		9			
	Regulations section 53.4958-6(c)?	J			

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

Schedule J (Form 990) 2017

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

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

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

	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denenis	(6)(1)-(U)	reported as deferred on prior Form 990
(1) RONALD NANO	(i)	190,099.	0.	0.	0.	0.	190,099.	0.
PRESIDENT AND CEO	(ii)	0.	0.	0.	0.	0.		0.
	(i)							
	(ii)							
	(i)							
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	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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

## **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990. ► Go to www.irs.gov/Form990 for the latest information.

LEGACY YOUTH TENNIS AND EDUCATION, INC.

Employer identification number 23-1747032

Par	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of dei noncash contribu	•	unts	
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	2	3,621.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution - Historic structures							
14	Qualified conservation contribution - Other							_
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							_
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							_
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► (ANNUAL BENEFI)	X	10	24,920.	FMV			
26	Other ► (FOOD AND BEVE)	X	2	725.	FMV			
27	Other ( )							
28	Other ( )							
29	Number of Forms 8283 received by the organiz	ation during	g the tax year for c	contributions				
	for which the organization completed Form 828	33, Part IV, I	Donee Acknowled	gement <b>29</b>				
						Ye	s N	lo
30a	During the year, did the organization receive by	contribution	on any property rep	oorted in Part I, lines 1 throu	gh 28, that it			
	must hold for at least three years from the date	of the initia	al contribution, and	d which isn't required to be u	sed for			
	exempt purposes for the entire holding period?					30a	X	X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	oolicy that re	equires the review	of any nonstandard contribu	ıtions?	31		
32a	Does the organization hire or use third parties of	or related or	ganizations to soli	cit, process, or sell noncash				_
	contributions?					32a	Δ	Χ
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of propert	y for which column (a) is che	cked,			
	describe in Part II.							

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Schedule M (Form 990) 2017

Schedule M	(Form 990) 2017 LEGACY YOUTH TENNIS AND EDUCATION, INC. 23-1747032 Page 2
Part II	<b>Supplemental Information.</b> Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

732142 09-07-17

Schedule M (Form 990) 2017

# **SCHEDULE 0**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

LEGACY YOUTH TENNIS AND EDUCATION, INC. **Employer identification number** 23-1747032

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CHARACTER PROGRAMMING.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FINAL DRAFT OF THE FORM 990 IS MADE AVAILABLE FOR REVIEW BY ALL MEMBERS OF THE BOARD OF DIRECTORS FOR AT LEAST ONE WEEK PRIOR TO ISSUANCE.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY WHICH IT REQUIRES ALL BOARD MEMBERS TO COMPLETE AND SIGN.

FORM 990, PART VI, SECTION B, LINE 15A:

THE EXECUTIVE COMMITTEE OF THE BOARD REVIEWS AND APPROVES THE PRESIDENT'S COMPENSATION ANNUALLY BASED ON REVIEW OF COMPENSATION LISTED ON FORM 990 OF OTHER SIMILAR ORGANIZATIONS AND THE ACHIEVEMENT OF SPECIFIED GOALS.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS AN AUDIT AND FINANCE COMMITTEE WHICH IS CHARGED WITH OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND FOR THE SELECTION OF INDEPENDENT AUDITORS.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2017)

# Legacy Youth Tennis and Education, Inc.

Financial Statements Years ended August 31, 2018 and 2017



1835 Market Street, 3rd Floor Philadelphia, PA 19103

215/567-7770 | bbdcpa.com

# **CONTENTS**

IN	IDEPENDENT AUDITOR'S REPORT	1
F	NANCIAL STATEMENTS	
	Statements of Financial Position	2
	Statements of Activities	3
	Statements of Functional Expenses	4
	Statements of Cash Flows	6
	Notes to Financial Statements	7



#### INDEPENDENT AUDITOR'S REPORT

**Board of Directors Legacy Youth Tennis and Education, Inc.** 

We have audited the accompanying financial statements of Legacy Youth Tennis and Education, Inc. (a nonprofit organization), which comprise the statements of financial position as of August 31, 2018 and 2017, and the related statements of activities, functional expenses and cash flows for the years then ended, and the related notes to the financial statements.

#### Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with U.S. generally accepted accounting principles; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

## Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with U.S. generally accepted auditing standards. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

#### **Opinion**

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Legacy Youth Tennis and Education, Inc. as of August 31, 2018 and 2017, and the changes in its net assets and its cash flows for the years then ended in accordance with U.S. generally accepted accounting principles.

BBO, LLP

Philadelphia, Pennsylvania June 19, 2019

# STATEMENTS OF FINANCIAL POSITION

August 31, 2018 and 2017

	2018	2017
ASSETS		
Cash	\$ 138,372	\$ 22,173
Accounts receivable	18,571	19,894
Contributions receivable	64,000	43,585
Prepaid expenses and other	90,302	94,479
Investments	2,262,812	2,417,442
Property and equipment, net	7,604,399	7,862,637
Total assets	\$10,178,456	\$10,460,210
LIABILITIES		
Line of credit	\$ 197,433	\$ 172,433
Accounts payable and accrued expenses	127,193	63,223
Deferred revenue	132,148	43,102
Total liabilities	456,774	278,758
NET ASSETS		
Unrestricted	9,112,638	9,586,564
Temporarily restricted	609,044	594,888
Total net assets	9,721,682	10,181,452
Total liabilities and net assets	\$ 10,178,456	\$10,460,210

# STATEMENTS OF ACTIVITIES

Years ended August 31, 2018 and 2017

		2018			2017	
		Temporarily	_		Temporarily	_
	<u>Unrestricted</u>	Restricted	<u>Total</u>	<u>Unrestricted</u>	Restricted	<u>Total</u>
REVENUE AND SUPPORT						
Grants and contributions	\$ 534,909	\$ 26,500	\$ 561,409	\$ 539,696	\$ 20,050	\$ 559,746
Usage fees	1,048,617	-	1,048,617	1,253,405	-	1,253,405
Special event income	401,057	-	401,057	577,464	-	577,464
Investment income	220,018	-	220,018	195,634	-	195,634
Other income	38,294	-	38,294	11,732	-	11,732
Net assets released from restrictions	12,344	(12,344)		231,354	(231,354)	
Total revenue and support	2,255,239	14,156	2,269,395	2,809,285	(211,304)	2,597,981
EXPENSES						
Program services	1,735,130	-	1,735,130	1,989,915	-	1,989,915
Supporting services						
General and administrative	558,557	-	558,557	565,142	-	565,142
Fundraising	435,478		435,478	542,973		542,973
Total expenses	2,729,165		2,729,165	3,098,030		3,098,030
CHANGE IN NET ASSETS	(473,926)	14,156	(459,770)	(288,745)	(211,304)	(500,049)
NET ASSETS						
Beginning of year	9,586,564	594,888	10,181,452	9,875,309	806,192	10,681,501
End of year	<u>\$ 9,112,638</u>	\$609,044	\$ 9,721,682	\$ 9,586,564	\$ 594,888	<u>\$ 10,181,452</u>

# STATEMENT OF FUNCTIONAL EXPENSES

Year ended August 31, 2018 with comparative totals for 2017

		General and		To	tals
	<u>Program</u>	<b>Administrative</b>	<u>Fundraising</u>	2018	2017
Payroll and related expenses					
Payroll	\$1,059,731	\$354,605	\$142,125	\$ 1,556,461	\$ 1,813,663
Payroll taxes	73,569	24,618	9,867	108,054	141,206
Employee benefits	26,864	8,989	3,603	39,456	39,942
Total payroll and related					
expenses	1,160,164	388,212	155,595	1,703,971	1,994,811
Consulting services	17,143	10,369	-	27,512	5,963
Depreciation	245,565	30,696	30,696	306,957	308,258
Grants and scholarships	9,628	-	-	9,628	30,663
Insurance	71,632	8,954	8,954	89,540	84,416
Marketing	6,347	659	6,347	13,353	12,208
Meetings and travel	23,963	44,113	-	68,076	58,013
Professional fees	7,419	40,927	-	48,346	48,090
Special events	-	-	149,912	149,912	200,188
Special programs	2,010	-	-	2,010	588
Supplies	36,194	-	26,609	62,803	89,574
Telephone and office expense	36,837	19,097	15,264	71,198	85,323
Utilities and maintenance	104,751	6,547	19,640	130,938	136,632
Miscellaneous	13,477	8,983	22,461	44,921	43,303
Total expenses	\$1,735,130	\$558,557	\$435,478	\$2,729,165	\$3,098,030

# STATEMENT OF FUNCTIONAL EXPENSES

Year ended August 31, 2017

	<u>Program</u>	General and Administrative	Fundraising	<u>Total</u>
Payroll and related expenses	¢ 4 006 405	¢ 404 407	¢ 400 404	Ф 4 042 CC2
Payroll	\$ 1,226,135	\$404,127	\$ 183,401	\$ 1,813,663
Payroll taxes	95,463	31,464	14,279	141,206
Employee benefits	27,003	8,900	4,039	39,942
Total payroll and related expenses	1,348,601	444,491	201,719	1,994,811
Consulting services	-	5,963	-	5,963
Depreciation	246,606	30,826	30,826	308,258
Grants and scholarships	30,663	-	-	30,663
Insurance	67,533	8,441	8,442	84,416
Marketing	5,969	270	5,969	12,208
Meetings and travel	44,942	13,071	-	58,013
Professional fees	23,468	23,678	944	48,090
Special events	-	-	200,188	200,188
Special programs	588	-	-	588
Supplies	53,140	-	36,434	89,574
Telephone and office expense	46,108	22,910	16,305	85,323
Utilities and maintenance	109,307	6,831	20,494	136,632
Miscellaneous	12,990	8,661	21,652	43,303
Total expenses	\$1,989,915	\$ 565,142	\$542,973	\$3,098,030

# STATEMENTS OF CASH FLOWS

Years ended August 31, 2018 and 2017

	2049	2047
CASH FLOWS FROM OPERATING ACTIVITIES	<u>2018</u>	<u>2017</u>
Change in net assets	\$ (459,770)	\$ (500,049)
Adjustments to reconcile changes in net assets to net cash provided by (used for) operating activities	, ,	,
Depreciation  Net realized and unrealized gain on investments	306,957 (175,478)	308,258 (156,571)
(Increase) decrease in Accounts receivable Contributions receivable Prepaid expenses and other	1,323 (20,415) 4,177	2,832 192,589 8,017
Increase (decrease) in Accounts payable and accrued expenses Deferred revenue	63,970 89,046	(24,184) (46,191)
Net cash used for operating activities	(190,190)	(215,299)
CASH FLOWS FROM INVESTING ACTIVITIES  Net sale of investments  Purchase of property and equipment	330,108 (48,719)	125,076 (17,864)
Net cash provided by investing activities	281,389	107,212
CASH FLOWS FROM FINANCING ACTIVITIES  Net advances on line of credit	25,000	
Net change in cash	116,199	(108,087)
CASH Beginning of year	22,173	130,260
End of year	\$ 138,372	\$ 22,173
SUPPLEMENTAL DISCLOSURE OF CASH FLOW INFORMATION Interest paid	<u>\$ 13,310</u>	\$ 10,98 <u>5</u>

#### **NOTES TO FINANCIAL STATEMENTS**

#### August 31, 2018 and 2017

## (1) ORGANIZATION

Legacy Youth Tennis and Education, Inc. (the "Organization") is a nonprofit organization based in Philadelphia, Pennsylvania. The Organization's mission is to prepare youth for success through our inclusive community using tennis, education, and character programming. The Organization delivers programming at its flagship Legacy Youth Tennis and Education Center and in neighborhoods throughout the Philadelphia region. Legacy Youth Tennis and Education is recognized as a United States Tennis Association (USTA) National Junior Tennis and Learning (NJTL) Chapter.

#### (2) SIGNIFICANT ACCOUNTING POLICIES

#### Basis of Accounting

The financial statements have been prepared on the accrual basis of accounting whereby revenues are recognized when earned and expenses are recognized when incurred.

## **Basis of Presentation**

The Organization reports information regarding its financial position and activities according to the following three classes of net assets:

#### Unrestricted net assets

Net assets that are not subject to donor-imposed restrictions.

#### Temporarily restricted net assets

Net assets that are subject to donor-imposed restrictions that will be satisfied by actions of the Organization and/or the passage of time. When a restriction is satisfied, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as "net assets released from restrictions."

#### Permanently restricted net assets

Net assets that are subject to donor-imposed restrictions that such assets be maintained indefinitely. There were no permanently restricted net assets at August 31, 2018 and 2017.

#### **Use of Estimates**

Management uses estimates and assumptions in preparing financial statements. Those estimates and assumptions affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities, and the reported revenues and expenses. Actual results could differ from those estimates.

#### Concentrations of Credit Risk

Financial instruments which subject the Organization to concentrations of credit risk consist of cash, accounts receivable and contributions receivable. The Organization places its cash in high quality credit institutions. At times, cash balances may exceed federally-insured limits. The Organization has not experienced any losses on its deposits. Accounts receivable and contributions receivable are expected to be collected in fiscal year 2019.

#### **NOTES TO FINANCIAL STATEMENTS**

#### August 31, 2018 and 2017

#### Fair Value Measurements of Assets and Liabilities

Accounting principles generally accepted in the United States of America ("GAAP") define fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. GAAP establishes a fair value hierarchy for inputs used in measuring fair value that maximizes the use of observable inputs and minimizes the use of unobservable inputs by requiring that the most observable inputs be used when available. Observable inputs are those that market participants would use in pricing the asset or liability based on market data obtained from sources independent of the Organization. Unobservable inputs reflect the Organization's assumptions about the inputs market participants would use in pricing the asset or liability based on the best information available in the circumstances. The fair value hierarchies are categorized into three levels based on the inputs as follows:

**Level 1** – Valuations based on quoted prices in active markets for identical assets or liabilities that the Organization has the ability to access. Since valuations are based on quoted prices that are readily and regularly available in an active market, valuation of these assets and liabilities does not require a significant degree of judgment.

**Level 2** – Valuations based on quoted prices in markets that are not active for which all significant inputs are observable, either directly or indirectly.

**Level 3** – Valuations based on inputs that are unobservable, that is, inputs that reflect the Organization's own assumptions.

#### Accounts Receivable

The Organization records accounts receivable representing uncollected usage fees in the year usage fee income is recognized. The Organization writes off receivables to bad debt expense as they are determined to be uncollectible. The need for an allowance for doubtful accounts is evaluated based upon the accounts receivable aging and the Organization's history of bad debts. No allowance was required at August 31, 2018 and 2017. All receivables are due within one year.

#### **Investments and Investment Income**

Investments in debt and equity securities with readily determinable fair values are reported at fair value as determined by quoted market prices with gains and losses included in the statement of activities. Dividend and interest income is recorded as earned. Restricted investment income whose restrictions are satisfied in the same period are reported as unrestricted.

Donated investments are recorded at fair value at the date of receipt.

The Organization invests in a professionally-managed portfolio that contains various types of securities (**See Note 3**). Such investments are exposed to market and credit risks. Due to the level of risk associated with such investments, and the level of uncertainty related to changes in the value of such investments, it is at least reasonably possible that changes in the near term would materially affect investment balances and the amounts reported in the financial statements.

# **Property and Equipment**

Purchased property and equipment are recorded at cost. Donated property and equipment are recorded at their estimated fair value at the time of donation. Depreciation is computed using the straight-line method over the estimated useful lives of the assets. Maintenance and repairs are expensed as incurred.

#### NOTES TO FINANCIAL STATEMENTS

#### August 31, 2018 and 2017

Donations of property and equipment are reported as unrestricted support unless the donor has restricted the donated asset to a specific purpose. Assets donated with explicit restrictions regarding their use and contributions of cash that must be used to acquire property and equipment are reported as restricted support. Absent donor stipulations regarding how long those donated assets must be maintained, the Organization reports expirations of donor restrictions when the donated or acquired assets are placed in service. The Organization reclassifies temporarily restricted net assets to unrestricted net assets at that time.

#### **Grants and Contributions**

Grants and contributions received are recorded as unrestricted, temporarily restricted or permanently restricted net assets depending on the absence or existence and nature of any donor restrictions. Donor-restricted grants and contributions whose restrictions are satisfied in the same period are reported as unrestricted.

Unconditional grants and contributions are recognized as revenue in the period the related promise to give is received. Conditional grants and contributions are recognized when the conditions are satisfied.

#### **Contributed Services**

The Organization receives significant amounts of time from individuals who perform various functions for the Organization without compensation. The financial statements do not reflect the value of these contributed services since the services do not meet the criteria for recognition.

#### Revenue

Usage fees are recognized in the year the tennis courts are used. Special event income is recognized in the year the event is held. Accordingly, revenue from these sources received in advance of the applicable year is included in deferred revenue in the accompanying statements of financial position.

#### Functional Allocation of Expenses

The costs of providing the program and supporting services have been presented on a functional basis in the statements of activities and functional expenses. Accordingly, certain costs have been allocated among the program and supporting services benefited, primarily based upon the relative time spent by the Organization's employees on each function.

#### Income Tax Status

The Organization qualifies as a tax-exempt organization under Section 501(c)(3) of the Internal Revenue Code, and no provision or liability for income taxes is included in the accompanying financial statements.

GAAP requires entities to evaluate, measure, recognize and disclose any uncertain tax positions. GAAP prescribes a minimum threshold that a tax position is required to meet in order to be recognized in the financial statements. The Organization believes that it had no uncertain tax positions as defined in GAAP.

#### (3) INVESTMENTS

Investments consisted of the following at August 31, 2018 and 2017:

	<u>2018</u>	<u>2017</u>
Money market funds Common stocks Mutual funds Exchange-traded funds U.S. government obligations Corporate bonds	\$ 128,296 965,308 790,793 114,924 140,002 	\$ 164,772 960,360 865,220 83,947 174,343 
	<u>\$2,262,812</u>	<u>\$2,417,442</u>

#### **NOTES TO FINANCIAL STATEMENTS**

#### August 31, 2018 and 2017

Investments are held in the following separate custodial accounts at August 31, 2018 and 2017:

	<u>2018</u>	<u>2017</u>
Goodstein Junior Leaders	\$ 908,812	\$ 820,014
Elizabeth Murdoch Family Foundation	17,462	16,352
Brassler fund	152,160	135,505
Endowment fund	919,134	1,076,534
Building maintenance fund	<u>265,244</u>	369,037
	<u>\$2,262,812</u>	\$2,417,442

A portion of the Goodstein Junior Leaders account is restricted for youth leadership initiatives which engage young people in the challenging work of nonprofit fund development.

The Elizabeth Murdoch Family Foundation account is restricted for the Organization's Special Serve program for special needs children.

The Brassler fund is unrestricted.

The endowment fund has not been restricted by donors; however, it has been designated by the Board of Directors to be used as an endowment with 5% of the 5-year average balance being used to support operations.

The building maintenance fund is not donor-restricted; however, in connection with the lease on the land on which the Organization's building is located, the Organization is required to maintain a separate investment account with a balance of \$250,000 and \$300,000 at August 31, 2018 and 2017, respectively, the income of which is to be used for building maintenance. The required balance in this account will decrease by \$50,000 in 2019.

Investment income consisted of the following for the years ended August 31, 2018 and 2017:

	<u>2018</u>	<u>2017</u>
Interest and dividends	\$ 66,051	\$ 59,865
Net realized gains	89,373	51,730
Net unrealized gains	86,105	104,841
Investment management fees	<u>(21,511)</u>	(20,802)
	<u>\$220,018</u>	<u>\$195,634</u>

# (4) PROPERTY AND EQUIPMENT

Property and equipment consisted of the following at August 31, 2018 and 2017:

<u>2018</u>	<u>2017</u>
\$10,807,376	\$10,807,376
168,333	168,333
227,955	227,955
205,139	193,796
<u>79,916</u>	42,540
11,488,719	11,440,000
(3,884,320)	(3,577,363)
<u>\$ 7,604,399</u>	\$ 7,862,637
	\$10,807,376 168,333 227,955 205,139 79,916 11,488,719 (3,884,320)

#### **NOTES TO FINANCIAL STATEMENTS**

#### August 31, 2018 and 2017

## (5) LINE OF CREDIT

The Organization had a \$200,000 bank line of credit. Advances under the line are due on demand, bear interest at the bank's prime rate plus 2.50% (6.2% at August 31, 2018 and 6.75% at August 31, 2017) and were secured by substantially all of the Organization's assets. Advances outstanding under this line were \$197,433 and \$172,433, respectively, at August 31, 2018 and 2017. Interest expense was \$13,310 for 2018 and \$10,985 for 2017. In March 2019, the line of credit was repaid in full using proceeds from the new line of credit described in the next paragraph.

In March 2019, the Organization obtained a \$600,000 line of credit with a different financial institution that expires February 2021. Advances under the line are due on demand, bear interest at the Wall Street Journal prime rate less 1.00% with a floor of 4.50% for the first six months and at the Wall Street Journal prime rate with a floor of 5.50% thereafter. The line is secured by substantially all of the Organization's assets.

#### (6) TEMPORARILY RESTRICTED NET ASSETS

Temporarily restricted net assets are available for the following purpose and periods:

	Balance August 31, 2017	Additions	<u>Releases</u>	Balance August 31, 2018
Goodstein Jr. Leaders program Special Serve program Excellence teams Munchkin Reading program	\$536,359 48,239 10,290  \$594,888	\$ - 25,000 <u>1,500</u> \$26,500	\$ - 3,722 8,622  \$12,344	\$536,359 44,517 26,668 1,500 \$609,044
	Balance August 31, 2016	Additions	<u>Releases</u>	Balance August 31, 2017
Goodstein Jr. Leaders program Special Serve program Chester program Change the Game program Excellence teams	\$554,459 50,000 55,000 146,733 - \$806,192	\$ - - - - 20,050 \$20,050	\$ 18,100 1,761 55,000 146,733 9,760 \$231,354	\$536,359 48,239 - - 10,290 \$594,888

#### (7) ENDOWMENT FUND

An accounting standard was issued which provides guidance on the net asset classification of donor-restricted endowment funds for a nonprofit organization that is subject to an enacted version of the Uniform Prudent Management of Institutional Funds Act ("UPMIFA"). The Organization is not subject to this guidance since Pennsylvania has not enacted a version of UPMIFA. The standard also requires additional disclosures about an organization's endowment funds (both donor-restricted endowment funds and board-designated endowment funds) whether or not the organization is subject to UPMIFA.

In accordance with Pennsylvania statutes, the Organization has adopted investment and spending policies for its endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowments while seeking to maintain the purchasing power of these endowment assets over the long-term. The Organization's spending and investment policies work together to achieve this objective. The investment policy establishes an achievable return objective through diversification of asset classes.

#### **NOTES TO FINANCIAL STATEMENTS**

#### August 31, 2018 and 2017

Annual distributions to support the Organization's operations equal to 5% of the average balance for the endowment portfolio's twenty preceding quarters are available to be made annually. The executive officers of the board of directors have discretion to adjust the annual distribution when necessary.

Changes in the board-designated endowment assets for the years ended August 31, 2018 and 2017 were as follows:

	<u>2018</u>	<u>2017</u>
Endowment assets, beginning of year	\$1,076,534	\$1,041,150
Contributions Investment income Withdrawals	28,335 89,034 <u>(274,769</u> )	- 101,384 <u>(66,000</u> )
Endowment assets, end of year	<u>\$ 919,134</u>	<u>\$1,076,534</u>

#### (8) COMMITMENTS

#### Land Lease

The Organization is party to a master lease with the Philadelphia Authority for Industrial Development, which is leasing the land on which the Organization's operating facilities are located from the City of Philadelphia Fairmount Park Commission (the "City") and subleasing this land to the Organization. The initial term of this agreement expires in December 2044. After the initial term, there are four successive ten-year automatic extensions. Annual rents due under this agreement are \$1. The value of this land lease is not included as income or expense in the accompanying financial statements, as the Organization is unable to estimate the amount. Under this agreement, the Organization is responsible for exterior maintenance and repairs of the facility including landscaping, snow removal, trash removal, and maintenance of picnic facilities. At the end of this lease, ownership of the Organization's facilities and land improvements will be transferred to the City.

In connection with this sublease, the Organization is required to maintain a trust account with a minimum balance of \$250,000 and \$300,000 at August 31, 2018 and 2017, respectively, with a reputable investment advisor. The required balance in this account will decrease by \$50,000 in 2019. The income from this fund is to be used to maintain, repair and replace the Organization's facilities. If the market value of this account drops below the required threshold, the Organization has ninety days to bring the account balance back to this threshold. Under certain circumstances, the principal from this account can be used for unanticipated capital repair and replacement costs; however, these funds must be returned to the trust account within three years of any such expenditure.

#### Solar Facilities Lease

The Organization entered into an agreement with UGI Development Company ("UGI"). Under this agreement, UGI subleases, at no cost to UGI, a portion of the roof at the Organization's facilities, for the installation, operation and maintenance of a solar electric generating system. The initial term of this agreement expires in August 2023 with one five-year renewal option. In conjunction with this agreement, the Organization signed a separate agreement requiring the Organization to purchase, from an affiliate of UGI, the electricity generated by the solar panels on the roof of the facility at 11 cents per kWh plus all applicable taxes through October 31, 2023.

#### **NOTES TO FINANCIAL STATEMENTS**

#### August 31, 2018 and 2017

#### (9) ASSETS MEASURED AT FAIR VALUE ON A RECURRING BASIS

The following is a summary of assets measured at fair value on a recurring basis and the valuation inputs used to value them:

August 31, 2018	<u>Total</u>	Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Contributions receivable Investments	\$ 64,000	) \$ -	\$ 64,000	\$ -
Money market funds	128,296	128,296	-	-
Common stocks	965,308	965,308	-	-
Mutual funds	790,793	790,793	-	-
Exchange traded funds U.S. Government	114,924	114,924	-	-
obligations	140,002	_	140,002	-
Corporate bonds	123,489		<u>123,489</u>	
	\$2,326,812	<u>\$1,999,321</u>	<u>\$327,491</u>	<u>\$ -</u>
August 31, 2017	Total	Quoted Prices in Active Markets (Level 1)	Observable Inputs	Significant Unobservable Inputs (Level 3)
August 31, 2017	<u>Total</u>	Active Markets (Level 1)	Observable Inputs (Level 2)	Unobservable Inputs (Level 3)
August 31, 2017 Contributions receivable Investments	<u>Total</u> \$ 43,585	Active Markets (Level 1)	Observable Inputs	Unobservable Inputs
Contributions receivable		Active Markets (Level 1)  \$ -	Observable Inputs (Level 2)	Unobservable Inputs (Level 3)
Contributions receivable Investments Money market funds Common stocks	\$ 43,585 164,772 960,360	Active Markets (Level 1)  5 - 164,772 960,360	Observable Inputs (Level 2)	Unobservable Inputs (Level 3)
Contributions receivable Investments Money market funds	\$ 43,585 164,772 960,360 865,220	Active Markets (Level 1)  5	Observable Inputs (Level 2)	Unobservable Inputs (Level 3)
Contributions receivable Investments Money market funds Common stocks	\$ 43,585 164,772 960,360 865,220	Active Markets (Level 1)  5	Observable Inputs (Level 2)	Unobservable Inputs (Level 3)
Contributions receivable Investments Money market funds Common stocks Mutual funds Exchange traded funds	\$ 43,585 164,772 960,360 865,220	Active Markets (Level 1)  5 - 164,772 960,360 865,220 83,947	Observable Inputs (Level 2)	Unobservable Inputs (Level 3)
Contributions receivable Investments Money market funds Common stocks Mutual funds Exchange traded funds U.S. Government	\$ 43,585 164,772 960,360 865,220 83,947	Active Markets (Level 1)  \$ - 164,772 960,360 865,220 83,947	Observable Inputs (Level 2) \$ 43,585	Unobservable Inputs (Level 3)

## (10) RETIREMENT PLAN

The Organization has a 403(b) plan which is available to substantially all employees. The employees may defer from federal income tax a percentage of their compensation. The plan does not provide for contributions from the Organization.

#### (11) RELATED PARTY TRANSACTIONS

During 2018, the Organization incurred consulting expenses of \$10,857 for services provided by an officer's spouse.

#### (12) SUBSEQUENT EVENTS

Management has evaluated subsequent events through June 19, 2019, the date on which the financial statements were available to be issued. Except as disclosed in Note 5, no material events have occurred since August 31, 2018 that require recognition or disclosure in the financial statements.