			. ** PU	BLIC DIS	CLOSURE C	COPY *	*	
	0	90	Return of Org	janizatior	n Exempt	From	Income Tax	OMB No. 1545-0047
Forr	n J	30	Under section 501(c), 527, or			-		
Depa	rtment	of the Treasury	Do not enter soc	-		-	-	Open to Public
Intern	al Reve	enue Service	Go to www.irs.					Inspection
			ar year, or tax year beginning	SEP 1,	ZUZI and	d ending	AUG 31, 2022	
B C a	heck if pplicab	le: C Name o	forganization				D Employer identifie	cation number
	Addre		CY YOUTH TENNIS	AND EDUC	ΑΨΤΟΝ ΤΝ	īC.		
	Name Chang		usiness as				23-17470	32
	Initial return	U	and street (or P.O. box if mail is no	ot delivered to stree	et address)	Room/suite		
	Final Final	1812	RIDGE AVENUE			1100m/Joung		
	termir	n-	own, state or province, country,	and ZIP or foreic	n postal code		G Gross receipts \$	3,788,474.
	Amen	ded PHIL	ADELPHIA, PA 19	129			H(a) Is this a group re	
	Applie tion	^{ca-} F Name a	nd address of principal officer:J	AMES SHI	NEHOUSE ,	BOARD	for subordinates	
	pendi	SAME	AS C ABOVE				H(b) Are all subordinates in	cluded? Yes No
		empt status:) 🗲 (insert no	o.) 🗌 4947(a)(1)) or 📃 52 [°]	7 If "No," attach a	list. See instructions
			LEGACYYTE.ORG				H(c) Group exemption	
			X Corporation Trust	Association	Other 🕨	L Yea	r of formation: 1954 🛛	State of legal domicile: PA
Pa	rt I							
ĕ	1	Briefly describ	e the organization's mission or r	most significant a	activities: SEE	SCHED	ULE O	
Governance								
/ern			x 🕨 🛄 if the organization d				I I	
30	3		ting members of the governing b	,	,			25 25
	4	Number of inc	204					
ties		5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)						204
Activities &			of volunteers (estimate if necess					0.
Ac			d business revenue from Part VI					0.
	a	Net unrelated	business taxable income from F	orm 990-1, Part	I, IINE I I	<u> </u>	Prior Year	Current Year
	8	Contributions	and grants (Bart VIII line 1b)				1,976,961.	1,685,417.
Revenue	9		and grants (Part VIII, line 1h) ce revenue (Part VIII, line 2g)				1,363,787.	1,694,680.
evel		•	come (Part VIII, column (A), lines				114,428.	98,665.
R			e (Part VIII, column (A), lines 5, 60				-3,012.	39,887.
			- add lines 8 through 11 (must e				3,452,164.	3,518,649.
			nilar amounts paid (Part IX, colu				16,781.	27,729.
			to or for members (Part IX, colum				0.	0.
s			r compensation, employee bene				2,479,006.	2,810,234.
Expenses			undraising fees (Part IX, column				0.	0.
kpe			ng expenses (Part IX, column (D		182,8	339.		
Ш	17	Other expense	es (Part IX, column (A), lines 11a	11d, 11f-24e)			861,951.	1,043,440.
	18	Total expense	s. Add lines 13-17 (must equal F	Part IX, column (A	A), line 25)		3,357,738.	3,881,403.
	19	Revenue less	expenses. Subtract line 18 from	ı line 12			94,426.	-362,754.
Net Assets or Fund Balances						В	eginning of Current Year	End of Year
sset: Jalar		Total assets (I	, , ,				10,141,229.	9,703,748.
et As	21						522,841.	902,978.
N ^{III}	22		fund balances. Subtract line 21	from line 20			9,618,388.	8,800,770.
	nrt II							1 1 1 1 1 1 1 1 1 1
			I declare that I have examined this re					/ knowledge and belief, it is
true,	corre	ct, and complete	Declaration of preparer (other than	omicer) is based or	n all information of w	vnich prepare	er nas any knowledge.	
		Cignotur	of officer				Data	

Sign	Signature of of	fficer		D	Date							
Here RONALD NANO, PRESIDENT & CEO												
	Type or print n	name and title		_								
	Print/Type preparer'	's name	Preparer's signature	Date	Check	PTIN						
Paid	JENNIFER S	SOLOT	JENNIFER SOLOT			P00749373						
Preparer		BBD, LLP		F	irm's EIN ▶ 23	-2896692						
Use Only	Firm's address 👞	1835 MARKET STRE	ET, 3RD FLOOR									
	PHILADELPHIA, PA 19103 Phone no. 215-567-7770											
May the IF	RS discuss this retu	urn with the preparer shown abo	ove? See instructions			X Yes No						

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2021)

	1 990 (2021) LEGACY YOUTH TENNIS AND EDUCATION, INC. 23-1747032 Pagert III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: PREPARING YOUTH FOR SUCCESS THROUGH OUR INCLUSIVE COMMUNITY, USING
	TENNIS, EDUCATION AND CHARACTER PROGRAMMING.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:)(Expenses \$ 3,117,733. including grants of \$ 27,729.) (Revenue \$ 1,694,680 LEGACY YOUTH TENNIS AND EDUCATION NOW PROVIDES QUALITY TENNIS,
	EDUCATION, LIFE SKILLS, FITNESS AND LEADERSHIP DEVELOPMENT TO OVER
	3,500 YOUNG PEOPLE IN MORE THAN 40 PUBLIC, CHARTER AND PAROCHIAL
	ELEMENTARY AND MIDDLE SCHOOLS AND RECREATION CENTERS IN NEIGHBORHOOD
	SITES THROUGHOUT GREATER PHILADELPHIA AND AT OUR CENTER IN EAST FALLS. WE PROVIDE QUALIFIED INSTRUCTORS, SPORTS EQUIPMENT, AND POSITIVE
	OPPORTUNITIES TO MORE CHILDREN AND YOUTH, MOST OF WHOM PARTICIPATE AT
	LITTLE OR NO COST THROUGH OUR INDOOR AFTER-SCHOOL AND COMMUNITY
	PROGRAMS AND THE NATIONAL JUNIOR TENNIS AND LEARNING'S (NJTL) OUTDOOR SUMMER PROGRAM. USING TENNIS AS THE PRIMARY MOTIVATOR, THE PROGRAMS
	TEACH POSITIVE, REWARDING LESSONS, BUILD CONFIDENCE, AND PROVIDE A
	FRAMEWORK OF PERSONAL DISCIPLINE.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
A -1	Other program convices (Decevite on Schedule O.)
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 3,117,733.
3200	2 12-09-21
	3

Form	990	(2021)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		_X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		х
~	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		- 23
'	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	-		
Ŭ	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 donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-	х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	~~~~	
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	120		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b		u		<u> </u>
~	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		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			37
_	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	~		х
12000	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 Form	990	2021)
132000	3 12-09-21			CUCI)

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132003 12-09-21

17080707 793760 4256 2021.06000 LEGACY YOUTH TENNIS AND EDU 4256___1

Form	990	(2021)
	330	

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	x	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	x	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			37
	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			v
~~	"Yes," complete Schedule L, Part IV	28c		X X
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete Schedule N, Part II</i>	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? 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?			x
07	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37		
50	Note: All Form 990 filers are required to complete Schedule O	38	x	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 16			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
132004	12-09-21	Form	990	(2021)
	5			

17080707 793760 4256 2021.06000 LEGACY YOUTH TENNIS AND EDU 4256___1

2021)	LEGACY	YOUTH	TENNIS	AND	EDUCATION,	INC.
Statements	Regarding C	other IRS	Filings and	d Tax (Compliance (contin	nued)

Form 990 (2021)

Part V

2a							No
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			204			
	filed for the calendar year ending with or within the year covered by this return					x	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax re				2b		
• -	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instruction				0-		x
					3a		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedu				3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or oth				4-		x
h	financial account in a foreign country (such as a bank account, securities account, or other financial of the foreign country	aracc	oun	U?	4a		- 23
D	If "Yes," enter the name of the foreign country	1 1 0 0 0	unt				
50	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financia				Ea		x
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year				5a 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter tran				50 50		- 13
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?				50		
за	Does the organization have annual gross receipts that are normally greater than \$100,000, and did		-		6.		x
h	any contributions that were not tax deductible as charitable contributions?				6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contribute			•	Ch		
7	were not tax deductible?				6b		
	Organizations that may receive deductible contributions under section 170(c).	convior	10 01	ovided to the power?	70	x	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and If "Yes," did the organization patify the depert of the yelf the goods or services provided?				7a 7b	X	┢
	If "Yes," did the organization notify the donor of the value of the goods or services provided?				0		┢
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it to file Form 8282?				7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year				10		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benef	·	_	?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit co				7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file				7g	N/	A
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organ				7h	N/	-
3	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintain						
	sponsoring organization have excess business holdings at any time during the year?			NT / N	8		
)	Sponsoring organizations maintaining donor advised funds.						
	Did the sponsoring organization make any taxable distributions under section 4966?			N/A	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			/ _	9b		
	Section 501(c)(7) organizations. Enter:						
	Section 501(c)(7) organizations. Enter:	10					
а	Initiation fees and capital contributions included on Part VIII, line 12N/A	10	_				
a b	Initiation fees and capital contributions included on Part VIII, line 12 N/A Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	· –	_				
a b	Initiation fees and capital contributions included on Part VIII, line 12 <u>N/A</u> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter:	10	b				
a b a	Initiation fees and capital contributions included on Part VIII, line 12 N/A Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders N/A	10	b				
a b a	Initiation fees and capital contributions included on Part VIII, line 12N/A Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholdersN/A Gross income from other sources. (Do not net amounts due or paid to other sources against	. <u>10</u>	b a				
a b a b	Initiation fees and capital contributions included on Part VIII, line 12 <u>N/A</u> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders <u>N/A</u> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	10 11 11	b a b		12a		
a b a b	Initiation fees and capital contributions included on Part VIII, line 12 <u>N/A</u> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders <u>N/A</u> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	10 . 11 . 11 . 11 . 104	b a b 41?		12a		
a b a b 2a b	Initiation fees and capital contributions included on Part VIII, line 12 N/A Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders N/A Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Fo If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	10 . 11 . 11 . 11 . 104	b a b 41?		12a		
a b 1 a b 2a b 3	Initiation fees and capital contributions included on Part VIII, line 12N/A Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilitiesSection 501(c)(12) organizations. Enter: Gross income from members or shareholdersN/A Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Fo If "Yes," enter the amount of tax-exempt interest received or accrued during the yearN/A. Section 501(c)(29) qualified nonprofit health insurance issuers.	. 11 . 11 . 11 . 11 . 12	b b 41? b	 			
a b 1 a b 2a b 3	Initiation fees and capital contributions included on Part VIII, line 12N/A Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilitiesSection 501(c)(12) organizations. Enter: Gross income from members or shareholdersN/A Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Fo If "Yes," enter the amount of tax-exempt interest received or accrued during the yearN/A. Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	. 11 . 11 . 11 . 11 . 12	b b 41? b	N/A	12a 13a		
a b 1 a b 2 a b 3 a	Initiation fees and capital contributions included on Part VIII, line 12 N/A Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders N/A Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Fo If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A. Section 501(c)(29) qualified nonprofit health insurance issuers. 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.	. 11 . 11 . 11 . 11 . 12	b b 41? b	N/A			
a b a b a b a b a a	Initiation fees and capital contributions included on Part VIII, line 12 N/A Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders N/A Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Fo If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A. Section 501(c)(29) qualified nonprofit health insurance issuers. 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. Enter the amount of reserves the organization is required to maintain by the states in which the	10 11 11 11 104 12	b b 41? b	N/A			
ab ab ab ab ab	Initiation fees and capital contributions included on Part VIII, line 12 <u>N/A</u> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders <u>N/A</u> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Fo If "Yes," enter the amount of tax-exempt interest received or accrued during the year <u>N/A</u> . Section 501(c)(29) qualified nonprofit health insurance issuers. 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. 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	10 11 11 11 10 12	b a b 41? b	N/A			
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a b 1 a b 2 a b c 4 a b	Initiation fees and capital contributions included on Part VIII, line 12 N/A Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders N/A Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Fo If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A. Section 501(c)(29) qualified nonprofit health insurance issuers. 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. 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 Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Sche</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remu	10 11 11 11 11 10 11 10 12 13 13 13 dule C inerati	b b b b b c c c c	Dr	13a 14a 14b		
a b 1 a b 2 a b c 4 a b	Initiation fees and capital contributions included on Part VIII, line 12 N/A Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders N/A Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Fo If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A. Section 501(c)(29) qualified nonprofit health insurance issuers. 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. 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 Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Sche</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remu excess parachute payment(s) during the year?	10 11 11 11 11 10 11 10 12 13 13 13 dule C inerati	b b b b b c c c c	Dr	13a 13a 14a		
ab 1 ab 2 ab 3 ab 4 ab 5	Initiation fees and capital contributions included on Part VIII, line 12 N/A Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders N/A Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Fo If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A. Section 501(c)(29) qualified nonprofit health insurance issuers. 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. 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 Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Sche</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remu excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	10 11 11 11 10 12 12 13 13 13 13 0ule C inerati	a b 41? 3b 41? 3b 3c 3c 3c	Dr	13a 14a 14b 15		x
ab1 ab 2ab3 a b c1ab5	Initiation fees and capital contributions included on Part VIII, line 12 N/A Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders N/A Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Fo If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A. Section 501(c)(29) qualified nonprofit health insurance issuers. 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. 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 Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Sche</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remu excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investments	10 11 11 11 10 12 12 13 13 13 13 0ule C inerati	a b 41? 3b 41? 3b 3c 3c 3c	Dr	13a 14a 14b		x
ab 1 ab 2 b3 ab 4 ab 5 6	Initiation fees and capital contributions included on Part VIII, line 12 N/A Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders N/A Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Fo If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A. Section 501(c)(29) qualified nonprofit health insurance issuers. 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. 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 Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Sche</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remu excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investm If "Yes," complete Form 4720, Schedule O.	10 11 11 11 11 10 11 10 10 11 10 10	b a b 41? b ib ic ion con con	Dr	13a 14a 14b 15		x
ab 1 ab 2 b3 ab 4 b5 6	Initiation fees and capital contributions included on Part VIII, line 12 N/A Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders N/A Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Fo If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A. Section 501(c)(29) qualified nonprofit health insurance issuers. 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. Enter the amount of reserves the organization is required to maintain by the states in which the organization sicensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Sche</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remu excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investm If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage	. 11 . 11 rm 104 . 12 . 13 . 13 . 13 . 13 . 13 	a a b 41? b ib ic ic	or ne?	13a 14a 14b 15 16		
a b 1 a b 2 a b 3 a b c 1 a b 5 6	Initiation fees and capital contributions included on Part VIII, line 12 N/A Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders N/A Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Fo If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A. Section 501(c)(29) qualified nonprofit health insurance issuers. 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. 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 Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Sche</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remu excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investm If "Yes," complete Form 4720, Schedule O.	. 11 . 11 rm 104 . 12 . 13 . 13 . 13 . 13 . 13 	a a b 41? b ib ic ic	or ne?	13a 14a 14b 15		x

Form 990 (2021)

LEGACY YOUTH TENNIS AND EDUCATION, INC. 23-17

23-1747032 Page 6

Part VI	Go	vernance, Management, and Disclosure. For each	"Yes" response to lines 2 through 7b below, ar	nd for a "No" response
	to lii	ne 8a, 8b, or 10b below, describe the circumstances, processes	, or changes on Schedule O. See instructions.	

	Check if Schedule O contains a response or note to any line in this Part VI					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	1a	25						
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.								
b	Enter the number of voting members included on line 1a, above, who are independent								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	ip with	any other						
	officer, director, trustee, or key employee?			2		X			
3	Did the organization delegate control over management duties customarily performed by or under the	ne dire	ct supervision						
	of officers, directors, trustees, or key employees to a management company or other person?			3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	as filed?	4		Х			
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		Х			
6	Did the organization have members or stockholders?			6		X			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a								
	more members of the governing body?			7a		X			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	stockh	olders, or						
	persons other than the governing body?			7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year								
а	The governing body?			8a	X				
b	Each committee with authority to act on behalf of the governing body?			8b	X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					37			
0	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	levenu	e Code.)						
10-				10-	Yes	No X			
	Did the organization have local chapters, branches, or affiliates?			10a					
b	If "Yes," did the organization have written policies and procedures governing the activities of such c and branches to ensure their operations are consistent with the organization's exempt purposes?			10b					
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a	х				
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	ay ber		114					
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>			12a	х				
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X	<u> </u>			
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Y								
	on Schedule O how this was done			12c	х				
13	Did the organization have a written whistleblower policy?			13	Х				
14	Did the organization have a written document retention and destruction policy?			14	Х				
15	Did the process for determining compensation of the following persons include a review and approv								
	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 on Schedule O. See instructions.								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	vith 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								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nizatio	n's						
	exempt status with respect to such arrangements?			16b					
	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright PA				<u>,</u>	<u></u>			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 99	0-1 (section 501(c)(3)s only) availa	able			
	for public inspection. Indicate how you made these available. Check all that apply.		bodulo O						
19	L Own website Another's website L Upon request Other (explain Describe on Schedule O whether (and if so, how) the organization made its governing documents, c			d fina	acial				
19	statements available to the public during the tax year.	Juniol	or interest policy, al	u iiidi	icial				
20	State the name, address, and telephone number of the person who possesses the organization's bo	noks a	nd records						
	THE ORGANIZATION - 215-487-3477								
	4842 RIDGE AVENUE, PHILADELPHIA, PA 19129								
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LEGACY YOUTH TENNIS AND EDUCATION, INC. 23-1747032

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	Position (do not check more than one					one	Reportable	Estimated	
	hours per	box	, unle	ss pe	rson	is bot pr/trus	h an	compensation	compensation	amount of
	week					1	(00)	from	from related	other
	(list any hours for	Individual trustee or director				-		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	ee or (stee			nsated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	ial tru		oyee	ompe		1099-NEC)	,	and related
	below	vidual	Institutional trustee	Ser	Key employee	Highest compensated employee	ner			organizations
	line)	Indi	Insti	Officer	Key	High emp	Former			
(1) RONALD NANO	40.00									•
PRESIDENT AND CEO				Х				252,046.	0.	0.
(2) SANJIN KUNOVAC	40.00							100 100		
VP OF TENNIS AND BUSINESS DEVELOPMEN						х		182,180.	0.	7,074.
(3) KATHRIN SOROKKO	40.00									4 9 6 7
SR DIR OPERATIONS						х		145,864.	0.	1,967.
(4) JONATHAN SPERGEL ESQ.	5.00									•
CHAIR OF THE BOARD		X		Х				0.	0.	0.
(5) EVAN BOOKER	5.00									0
VICE CHAIRMAN		X		Х				0.	0.	0.
(6) ALAN LINDY	2.00									0
DIRECTOR	– 00	X						0.	0.	0.
(7) JAMES SHINEHOUSE	5.00							0		0
BOARD TREASURER, CHAIR OF		X		X				0.	0.	0.
(8) DAVID BROIDA	2.00							0		0
DIRECTOR		X						0.	0.	0.
(9) HEATHER PALMER	2.00	37						0		0
CHAIR OF DEVELOPMENT COMMI	2 00	Х						0.	0.	0.
(10) MARIA MCGARRY	2.00	v						0.	0	0
CHAIR OF PROGRAM COMMITTEE	<u> </u>	Х						0.	0.	0.
(11) NED RAHN	5.00	x		x				0.	0.	0.
SECRETARY	2.00	^		^				0.	0.	0.
(12) ALEXANDER HAMILTON	2.00	x						0.	0.	0.
DIRECTOR (13) STEVEN C. SAVRAN	2.00	^						0.	0.	0.
(13) STEVEN C. SAVRAN DIRECTOR	2.00	x						0.	0.	0.
(14) BRUCE FICKEN	2.00	^						0.	0.	0.
DIRECTOR	2.00	x						0.	0.	0.
(15) LAUREN SHIPLEY	2.00	^						0.	0.	0.
DIRECTOR	2.00	x						0.	0.	0.
(16) DONNA M. MURASKO, PH.D.	2.00	<u>^</u>						0.	0.	0.
(16) DONNA M. MURASKO, PH.D. DIRECTOR	2.00	x						0.	0.	0.
(17) HENRY STURSBERG	2.00	~	-					0.	0.	<u> </u>
DIRECTOR	2.00	x						0.	0.	0.
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Form 990 (2021) LEGACY YC	UTH TE	NN I	٢S	AN	1D	EI	DUC	CATION, INC.	23-17	747	032	P	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ighe	st C	compensated Employe	es (continued)				
(A) Name and title	(B) Average hours per		not c	(C Posi heck i ss per	ition _{more}	than		(D) Reportable compensation	(E) Reportable compensatio	n		(F) stimate nount	
	week (list any hours for related organizations below line)	tee or director		Officer Officer	irecto		tee)	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MIS 1099-NEC)	ed other ons compensatio IISC/ from the			
(18) LEE RUDY DIRECTOR	2.00	x						0.		0.			0.
(19) MARY ELLEN KROBER ESQ. CHAIR OF GOVERNANCE AND NO	2.00	x						0.		0.			0.
(20) NED BOROWSKY CHAIR OF GOVERNANCE AND NOMINATING C	2.00	x		x				0.		0.			0.
(21) PETER ZILPER	2.00			- 23									
DIRECTOR (22) MARK ARRINGTON	2.00	X						0.		0.			0.
DIRECTOR (23) JELENA BATULA	2.00	X						0.		0.			0.
DIRECTOR (24) ERICA GUERS	2.00	x						0.		0.			0.
DIRECTOR		x						0.		0.			0.
(25) ABRAHAM MUNABI MD DIRECTOR	2.00	x						0.		0.			0.
1b Subtotal c Total from continuation sheets to Part VI								580,090.		0.		9,0	<u>41.</u> 0.
d Total (add lines 1b and 1c)								580,090.	000 of reportabl	0.		9,0	
2 Total number of individuals (including but n compensation from the organization ►		lose	iiste	eu ar	5006	e) wi	10 10	eceived more than \$10	0,000 of reportabl	e			3
3 Did the organization list any former officer,			-		-		-	-				Yes	No
line 1a? <i>If "Yes," complete Schedule J for s</i> 4 For any individual listed on line 1a, is the su											3		X
and related organizations greater than \$150Did any person listed on line 1a receive or a											4	X	
rendered to the organization? <i>If</i> "Yes," <i>com</i> Section B. Independent Contractors								•			5		Х
1 Complete this table for your five highest co										pens	ation	from	
the organization. Report compensation for t					vith	or w	rithir	(B)				C)	
Name and business	address	NC	ONE	5			_	Description of	services	0	ompe	ensatio	n
							_						
							-						
• Total number of index on the transformed ***				d + -	+1	<u></u>			novo tkara				
2 Total number of independent contractors (in \$100,000 of compensation from the organiz	•	iot lir	nite	a to		se li: 0	stec	above) who received r	nore than				
											Form	990 ()	2021)

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			LEGACY YOUTH	TENNIS A	ND EDUCATI	ON, INC.	23-1747	032 Page 9
Pa	rt \	/111						
			Check if Schedule O contains a response	or note to any li	ne in this Part VIII (A)	(B)	(C)	[]
					Total revenue	Related or exempt function revenue	Unrelated	Revenue excluded
nts its	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b]			
Am C		с	Fundraising events 1c	352,487.				
Gifi İlar		d	Related organizations 11					
ns, Simi			Government grants (contributions) 1e	960,547.				
er S		f	All other contributions, gifts, grants, and	280 202				
ið			similar amounts not included above 1f	372,383.	-			
L ou		-	Noncash contributions included in lines 1a-1f		1,685,417.			
<u>a O</u>		n	Total. Add lines 1a-1f	Business Code	1,005,41/.			
đ	2	а	YOUTH TENNIS PROGRAMS		1 694 680.	1,694,680.		
, vic	_	a b		011000				
Ser nue		c						
am eve		d						
Program Service Revenue		е						
Ϋ́		f	All other program service revenue					
		g	Total. Add lines 2a-2f		1,694,680.			
	3		Investment income (including dividends, inter					
			other similar amounts)		57,705.			57,705.
	4		Income from investment of tax-exempt bond j					
	5		Royalties	(ii) Personal				
	6	а			-			
			Less: rental expenses		1			
			Rental income or (loss) 6c					
			Net rental income or (loss)	>				
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a 298,974.	,				
		b	Less: cost or other basis					
evenue			and sales expenses		-			
eve			Gain or (loss) 7c 40,960.		10 060			40.060
Other R	•		Net gain or (loss)	>	40,960.			40,960.
Othe	8	а	Gross income from fundraising events (not including \$ 352,487. of					
U			contributions reported on line 1c). See					
			Part IV, line 18	42,292.				
		b	Less: direct expenses 8b	11,811.	-			
		с	Net income or (loss) from fundraising events	►	30,481.			30,481.
	9	а	Gross income from gaming activities. See					
			Part IV, line 19 9a					
			Less: direct expenses 9b					
			Net income or (loss) from gaming activities	>				
	10	а	Gross sales of inventory, less returns					
		h	and allowances		-			
			Net income or (loss) from sales of inventory	-				
		<u> </u>		Business Code				
Miscellaneous Revenue	11	а	MISCELLANEOUS REVENUE	900099	9,406.			9,406.
ane ∍nu(b						
cell ?eve		с						
Mis		d	All other revenue					
			Total. Add lines 11a-11d		9,406.			120 550
	12		Total revenue. See instructions	►	3,518,649.	1,694,680.	0.	,
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Form 990 (2021)

LEGACY YOUTH TENNIS AND EDUCATION, INC.

Part IX Statement of Functional Expenses

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

Dong	Check if Schedule O contains a response to include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		expenses	general expenses	experiede
	Grants and other assistance to domestic ndividuals. See Part IV, line 22	27,729.	27,729.		
c	Grants and other assistance to foreign organizations, foreign governments, and foreign ndividuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
5 (Compensation of current officers, directors, rustees, and key employees	245,729.	200,087.	36,807.	8,835
ŀ	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 (Other salaries and wages	2,308,136.	1,879,423.	345,724.	82,989
8	Pension plan accruals and contributions (include				
9	section 401(k) and 403(b) employer contributions)				
	Other employee benefits	44,836.	36,508.	6,716.	1,612
10	Payroll taxes	211,533.	172,243.	31,684.	7,606
	Fees for services (nonemployees):				
	Management				
	Professional fundraising services. See Part IV, line 17	24,884.		24,884.	
	nvestment management fees	24,004.		24,004.	
-	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)	82,171.	26,334.	54,657.	1 180
	Advertising and promotion	15,158.	6,214.	54,057.	1,180
	Office expenses	83,326.	67,849.	12,481.	2,996
	nformation technology	,	.,		_,
	Royalties				
	Decupancy	161,477.	129,181.	16,148.	16,148
	Travel	44,235.	40,073.	4,162.	
	Payments of travel or entertainment expenses	-	-		
	or any federal, state, or local public officials				
19 (Conferences, conventions, and meetings				
20	nterest	8,437.	6,749.	844.	844
21	Payments to affiliates				
22 [Depreciation, depletion, and amortization	315,059.	252,047.	31,506.	31,506
	nsurance	115,552.	92,442.	11,555.	11,555
2 2	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If ine 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
	MISCELLANEOUS EXPENSES	84,546.	72,259.	3,663.	8,624
~	SUPPLIES	66,398.	66,398.		
· · ·	SPECIAL PROGRAM	42,197.	42,197.		
d _					
	All other expenses	3,881,403.	3,117,733.	580,831.	182,839
	Total functional expenses. Add lines 1 through 24e	J,001,403.	5,117,755.	500,051.	102,039
	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	In tonowing SUP 98-2 (ASC 956-720)				Form 990 (202 ⁻

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Form **990** (2021)

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

		Check in Schedule O contains a response of hote to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	116,550.	1	218,498.
	2	Savings and temporary cash investments		2	210,407.
	3	Pledges and grants receivable, net		3	22,500.
	4	Accounts receivable, net			235,945.
	5	Loans and other receivables from any current or former officer, director,			
	ľ	trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
	ľ	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net		7	
set	8	Inventories for sale or use		8	
Assets	9	Prepaid expenses and deferred charges	16 278	9	66,471.
		Land, buildings, and equipment: cost or other		Ť	
	100	basis. Complete Part VI of Schedule D 10a 11,703,90	0.		
	b	Less: accumulated depreciation 10b 5,145,46	6. 6,753,693.	10c	6,558,434.
	11	Investments - publicly traded securities	2,695,176.	11	2,320,670.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	83,732.	15	70,823.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	10,141,229.	16	9,703,748.
	17	Accounts payable and accrued expenses	245,459.	17	266,255.
	18	Grants payable		18	
	19	Deferred revenue	76,850.	19	386,192.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
-iat		controlled entity or family member of any of these persons		22	
-	23	Secured mortgages and notes payable to unrelated third parties			250,531.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	902,978.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here ► X		26	902,970.
es		and complete lines 27, 28, 32, and 33.			
anc	27	Net assets without donor restrictions	9,009,344.	27	7,838,521.
Bal	28	Net assets with donor restrictions	609,044.		962,249.
pu	20	Organizations that do not follow FASB ASC 958, check here		20	
Fu		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
sets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ase	31	Retained earnings, endowment, accumulated income, or other funds		31	
Vet	32	Total net assets or fund balances		32	8,800,770.
~	33	Total liabilities and net assets/fund balances	4 0 4 4 4 0 0 0		9,703,748.

Form **990** (2021)

Form	990 (2021) LEGACY YOUTH TENNIS AND EDUCATION, INC.	23-	1747032	Pa	ge 12
Par	t 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	3,518		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,881	L,4	03.
3	Revenue less expenses. Subtract line 2 from line 1	3	-362	2,7	54.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9,618		
5	Net unrealized gains (losses) on investments	5	-454	1,8	64.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	8,800),7	70.
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		Î.		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule				
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?			Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	,		
	consolidated basis, or both:				
	X 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				
	review, or compilation of its financial statements and selection of an independent accountant?			Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	dit		
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			000	

Form **990** (2021)

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SCH	IEDU	ILE	Α

Department of the Treasury

(Form 990)

Total

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.

OMB No. 1545-0047	
2021	
Open to Public Inspection	

Interna	arnev	enue	e Gervice		Go to www.irs.go	//Form990 for instruction	ons and th	ne latest i	nformation.		Inspection
Nam	ie of	f the	e organizat		.СҮ ҮОИТН Т	ENNIS AND ED	UCATI	ON, I	NC.		identification number $3 - 1747032$
Pa	rt I		Reason			(All organizations must c				ns.	
The	oraa	niza				For lines 1 through 12, c					
1	<u> </u>	1		-		on of churches described			I)(A)(i).		
2		1				Attach Schedule E (Form					
3		1				anization described in se		(h)(1)(A)(i	ii)		
4		1				njunction with a hospital				(Viii) Entor	the bosnital's name
-	L			-	ation operated in co	rijunction with a nospital	uescribed	a in Sectio	11 170(b)(1)(F		the hospital s hame,
-		1	ity, and sta	-							a al lia
5						llege or university owned	a or operation	led by a g	overnmental	unit descrit	
_		section 170(b)(1)(A)(iv). (Complete Part II.)									
6		1				nental unit described in s					
7						intial part of its support f	rom a gov	ernmental	unit or from	the general	public described in
		1			omplete Part II.)						
8		1				(1)(A)(vi). (Complete Parl					
9			An agricultu	ral research or	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	a land-grant	college
		C	or university	or a non-land-	grant college of agric	ulture (see instructions).	Enter the	name, city	/, and state o	of the colleg	e or
			iniversity:								
10	Х	A	An organizat	tion that norma	ally receives (1) more	than 33 1/3% of its sup	port from a	contributio	ons, members	ship fees, a	nd gross receipts from
		а	ctivities rela	ated to its exer	npt functions, subjec	ct to certain exceptions;	and (2) no	more that	n 33 1/3% of	its support	from gross investment
		ir	ncome and	unrelated busi	ness taxable income	(less section 511 tax) fro	om busine	sses acqu	iired by the o	rganization	after June 30, 1975.
		S	See section	509(a)(2). (Co	mplete Part III.)						
11		A	An organizat	tion organized	and operated exclus	ively to test for public sa	fety. See s	section 50)9(a)(4).		
12] A	An organizat	tion organized	and operated exclus	ively for the benefit of, to	perform t	the functio	ons of, or to c	arry out the	e purposes of one or
		n	nore publicl	y supported or	ganizations describe	ed in section 509(a)(1) o	r section &	509(a)(2).	See section	509(a)(3). (Check the box on
		li	nes 12a thr	ough 12d that	describes the type of	of supporting organizatio	n and corr	nplete lines	s 12e, 12f, ar	nd 12g.	
а			Type I. As	supporting orga	anization operated, s	supervised, or controlled	by its sup	ported org	ganization(s),	typically by	giving
						gularly appoint or elect a					
					complete Part IV, Se						
b						l or controlled in connec	tion with it	s support	ed organizati	on(s). bv ha	vina
						anization vested in the s					
				-	t complete Part IV,		I			5 1	Ĩ
с	Γ					g organization operated	in connec	tion with.	and function	ally integrate	ed with.
-	_			-		s). You must complete F					,
d	Г			-		porting organization oper				orted organi	zation(s)
u						zation generally must sat					
				-		nplete Part IV, Sections	•		-	ia an attorn	
е	Г		•			written determination fro					
Ũ						nally integrated supporti				s n, rype n	
f	En	tor					0 0				
י מ					n about the supporte						
9	1 10		Name of sup	-	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount c	of monetary	(vi) Amount of other
		.,	organizatio			(described on lines 1-10	in your governi Yes	No	support (see i	•	support (see instructions)
						above (see instructions))					
					1						1

Schedule A (Form 990) 2021 LEGACY YOUTH TENNIS AND EDUCATION, INC. 23-1747032 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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							
	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.						
	ction B. Total Support		•		•	•	•
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	, etc. (see instructi	ons)	•	•	12	
13	First 5 years. If the Form 990 is for th	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3)	
	organization, check this box and stop						
See	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2021 (line 6, column (f), d	divided by line 11,	column (f))		14	%
15	Public support percentage from 2020) Schedule A, Part	II, line 14			15	%
16 a	33 1/3% support test - 2021. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this be	ox and
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	t - 2021. If the orc	anization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the fact				-	VI how the organiz	zation
	meets the facts-and-circumstances te	•			•		
b	10% -facts-and-circumstances tes	t - 2020. If the orc	anization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the						. —
	organization meets the facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a		
						Schedule A	(Form 990) 2021

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Schedule A (Form 990) 2021 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.)

Sec	ction A. Public Support	/	,					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	821,093.	970,691.	1336354.	1976961.	1685417.	6790516.	
2	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	1048617.	1632676.	1338426.	1363787.	1694680.	7078186.	
3	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							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5	1869710.	2603367.	2674780.	3340748.	3380097.	13868702.	
7a	Amounts included on lines 1, 2, and							
	3 received from disqualified persons	140,000.	143,552.	127,752.	90,523.	171,742.	673,569.	
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.	
с	Add lines 7a and 7b	140,000.	143,552.	127,752.	90,523.	171,742.	673,569.	
	Public support. (Subtract line 7c from line 6.)						13195133.	
Sec	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
	Amounts from line 6	1869710.	2603367.	2674780.	3340748.	3380097.	13868702.	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	66,051.	61,847.	54,497.	54,408.	57,705.	294,508.	
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
	Add lines 10a and 10b	66,051.	61,847.	54,497.	54,408.	57,705.	294,508.	
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on			51,15,1				
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	177,637. 2113398.	173,305. 2838519.	38,777. 2768054.	37,220. 3432376.	-	478,637. 14641847.	
	Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the							
14	check this box and stop here	e organization S II	si, second, triird, '		year as a section s	oricito) organizat	ыл, ►	
Sec	ction C. Computation of Publ	ic Support Pe	rcentage		·····			
	Public support percentage for 2021 (I			column (f))		15	90.12 %	
16	Public support percentage from 2020					16	89.09 %	
	ction D. Computation of Invest						<u> </u>	
17	Investment income percentage for 20	21 (line 10c, colun	nn (f), divided by li	ne 13, column (f))		17	2.01 %	
18	Investment income percentage from					18	2.18 %	
19a	33 1/3% support tests - 2021. If the					3 1/3%, and line 1		
	more than 33 1/3%, check this box a	nd stop here. The	organization quali	fies as a publicly s	upported organiza	tion	► X	
b	33 1/3% support tests - 2020. If the	-						
	line 18 is not more than 33 1/3%, che		· ·	-		-		
20								
13202	23 01-04-22			16		Schedule A	A (Form 990) 2021	
000	707 702760 4256	202	01 06000 т				1056 1	

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Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Schedule A (Form 990) 2021 LEGA

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

Section A. All Supporting 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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 on 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 on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "*Yes*," *provide detail in* **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 line 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.)

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Schedule A (Form 990) 2021 LEGACY YOUTH TENNIS AND EDUCATION, INC. 23-1747032 Page 5 Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above?If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or	
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,	
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	L
2	Did the organization operate for the benefit of any supported organization other than the supported	

2 Did the organization operate for the benefit of any supported organization of en than the supported organization (s) that operated, supervised, or controlled the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C.	Type II Supporting Organizations	
		-

		-	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in 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 on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section 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).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** 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 governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- 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.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in 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.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- **a** 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? *If* "Yes" or "*No*" provide details in **Part VI.**
- **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.*

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3b | Schedule A (Form 990) 2021

2a

2b

За

Yes No

1

2

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Sche	edule A (Form 990) 2021 LEGACY YOUTH TENNIS AND			23-1747032 Page 6			
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Org	anizations				
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.						
	All other Type III non-functionally integrated supporting organizations must	comple	ete 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):						
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
C	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors						
	(explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,						
	see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

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Schedule A (Form 990) 2021

LEGACY YOUTH TENNIS AND EDUCATION, INC. 23-1747032 Page 7

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continue}	ed)	
Secti	on D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exe				
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	IS	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution: Pre-2021	s	(iii) Distributable Amount for 2021
_1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
C	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
	Breakdown of line 7:				
	Excess from 2017				
-	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
e	Excess from 2021				

Schedule A (Form 990) 2021

132027 01-04-22

Part VI Supplemental Information Part IV, Section A, lines 1, 2, 3b, 3 line 1; Part IV, Section D, lines 2 ar	ACY YOUTH TENNIS AND EDUCATION, INC. 23–1747032 Page 8 1. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Sc, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, nd 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
SCHEDULE A, PART III, L	INE 12, EXPLANATION FOR OTHER INCOME:
GROSS INCOME FROM FUNDRA	AISING EVENTS
2017 AMOUNT: \$ 139,343	3.
2018 AMOUNT: \$ 156,78	7.
2019 AMOUNT: \$ 31,760	•
2020 AMOUNT: \$ 23,883	•
2021 AMOUNT: \$ 42,292	•
MISCELLANEOUS INCOME	
2017 AMOUNT: \$ 38,294	•
2018 AMOUNT: \$ 16,518	•
2019 AMOUNT: \$ 7,017.	
2020 AMOUNT: \$ 13,337	•
2021 AMOUNT: \$ 9,406.	
132028 01-04-22	Schedule A (Form 990) 2021

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Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Employer identification number

LEGACY	YOUTH	TENNIS	AND	EDUCATION,	INC.	23-1747032

Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ 3 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not 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

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, 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; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* religious is received *nonexclusively* religious.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but 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 certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

ACY	YOUTH	TENNIS	A

LEGA ND EDUCATION, INC.

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		\$50,399.	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
2		\$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
3	, , , , , , , , , , , , , , , , ,	\$10,500.	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
4		\$ <u></u> 20,000.	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
5		\$27,000.	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
<u> </u>	-21	\$57,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

Name of organization

23-1747032

Employer identification number

23

17080707 793760 4256

		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u> 8 </u>		\$17,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u> 10 </u>		\$73,224.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u> 12 </u>		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
123452 11-11-21	2	4	Schedule B (Form 990) (2021)
7080707 7937	60 4256 2021.06000 LEG	GACY YOUTH TENNIS AN	D EDU 42561

LEGACY YOUTH TENNIS AND EDUCATION, INC.

(b)

Name, address, and ZIP + 4

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Employer identification number

23-1747032

(d)

Type of contribution

(c)

Total contributions

Name of organization

Part I

(a)

No.

Page 2

	`	, (,	
Name of o	organizati	on		

LEGACY YOUTH TENNIS AND EDUCATION, INC.

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

23 - 1747032

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>13</u>		\$17,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>14</u>		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>15</u>		\$6,200.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>16</u>		\$7,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>17</u>		\$7,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$9,200.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I

Employer identification number

Page 2

LEGACY YOUTH TENNIS AND EDUCATION, INC.

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u> 19 </u>		\$12,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>20</u>		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
123452 11-11-21		\$	Person Payroll Occupied Part II for noncash contributions.)

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Name of organization

Part I

23 - 1747032

Employer identification number

Part II (a)	Noncash Property (see instructions). Use duplicate copies of Pa		
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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
3453 11-11	27		Schedule B (Form 990

Name of organization

Employer identification number 1 7 4 7 0 2 2 ~ ~

Schedule I	B (Form 990) (2021)			Page 4
Name of o	organization			Employer identification number
LEGAC	Y YOUTH TENNIS AND EDU	CATION, INC.		23-1747032
Part III		utions to organizations described in (a) through (e) and the following line e s, charitable, etc., contributions of \$1,000 o	ntry For organizations) that total more than \$1,000 for the yea
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Dese	cription of how gift is held
		(e) Transfer of g	 ift	
·	Transferee's name, address,	and ZIP + 4	Relationship of tra	ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Dese	cription of how gift is held
·		(e) Transfer of g	ift	
	Transferee's name, address,	and ZIP + 4	Relationship of tra	ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Dese	cription of how gift is held
		(e) Transfer of g	ift	
	Transferee's name, address,	and ZIP + 4	Relationship of tra	ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		(e) Transfer of g	ift	
·	Transferee's name, address,	and ZIP + 4	Relationship of tra	ansferor to transferee
123454 11-1	1-21	28		Schedule B (Form 990) (2021)

17080707 793760 4256 2021.06000 LEGACY YOUTH TENNIS AND EDU 4256___1

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form	990)
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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.



Name of the organization

LEGACY YOUTH TENNIS AND EDUCATION, INC.

Employer identification number 23-1747032

Pa	t I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lir		or Acc	ounts.Complete if the
	organization answered fes on Form 990, Part IV, in	(a) Donor advised funds	(b) E	unds and other accounts
	Total number at and of year		(6)	
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 Did the organization inform all donors and donor advisors in	uriting that the aparts hold in denor advis	ad funda	
5	-	-		Yes No
6	are the organization's property, subject to the organization's Did the organization inform all grantees, donors, and donor a			
6				
	for charitable purposes and not for the benefit of the donor impermissible private benefit?		Ũ	Yes No
Pa		nanization answered "Yes" on Form 990 F		
1	Purpose(s) of conservation easements held by the organizat	-	art iv, mic	
•	Preservation of land for public use (for example, recrea		a historica	lly important land area
	Protection of natural habitat	·		historic structure
	Preservation of open space		acentineu	
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conse	nyation easement on the last
-	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
h				
c c	Number of conservation easements on a certified historic st		·····	
	Number of conservation easements included in (c) acquired			,
u	listed in the National Register			.
3	Number of conservation easements modified, transferred, re			
Ū	year	included, example included by the	organizat	
4	Number of states where property subject to conservation ea	sement is located		
5	Does the organization have a written policy regarding the pe			
-	violations, and enforcement of the conservation easements			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting			
	►			3 ,
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conservat	tion easem	nents during the year
	► \$			C <i>J</i>
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170	(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes 🛛 No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense	statement	t and
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial stateme	ents that d	lescribes the
	organization's accounting for conservation easements.			
Pa	t III Organizations Maintaining Collections of		ther Sim	nilar Assets.
	Complete if the organization answered "Yes" on Forn	n 990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 99			
	of art, historical treasures, or other similar assets held for pu	blic exhibition, education, or research in fu	rtherance	of public
	service, provide in Part XIII the text of the footnote to its fina	ncial statements that describes these item	IS.	
b	If the organization elected, as permitted under FASB ASC 99	58, to report in its revenue statement and b	balance sh	eet works of
	art, historical treasures, or other similar assets held for publi	c exhibition, education, or research in furth	erance of	public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
				► \$
2	If the organization received or held works of art, historical tre		gain, prov	vide
	the following amounts required to be reported under FASB A			•
	Revenue included on Form 990, Part VIII, line 1			
-	Assets included in Form 990, Part X		🕨	• \$
	For Paperwork Reduction Act Notice, see the Instruction	IS TOR FORM 990.		Schedule D (Form 990) 2021
13205	10-28-21	29		

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2021.06000 LEGACY YOUTH TENNIS AND EDU 4256___1

		OUTH TENN			-		23-17			age 2
Par	t III Organizations Maintaining Co	ollections of Ar	t, Historical Tr	reasures,	or Othe	er Simil	ar Asse	ts(conti	nued)	
3	Using the organization's acquisition, accessio	n, and other records	s, check any of the	following that	at make s	significant	use of its			
	collection items (check all that apply):									
а	Public exhibition	d	Loan or exc	change progra	am					
b	Scholarly research	е	U Other							
С	Preservation for future generations									
4	Provide a description of the organization's col	lections and explain	how they further t	the organizati	on's exe	empt purp	ose in Par	t XIII.		
5	During the year, did the organization solicit or						_	-		-
	to be sold to raise funds rather than to be main						L	Yes		No
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Part		te if the organizatio	on answered	"Yes" on	n Form 99	0, Part IV,	line 9, o	r	
10			any for contribution	an ar athar ar	ooto pot	included				
Id	Is the organization an agent, trustee, custodia							Yes		No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII a						····· └──			
b			owing table.					Amoun	t	
<u> </u>	Beginning balance					1c		,	-	
	Additions during the year									
	Distributions during the year									
f	Ending balance					1f				
2a	Did the organization include an amount on Fo					···		Yes		No
	If "Yes," explain the arrangement in Part XIII.					• • • • • • •				
Par										
		(a) Current year	(b) Prior year	(c) Two yea	rs back	(d) Three	years back	(e) Fou	r years	back
1a	Beginning of year balance	1,033,246.	853,496.	. 78	2,307.	0	919,134.	1	,076,	534.
b	Contributions	233.		1	6,188.		28,896.		28,	335.
с	Net investment earnings, gains, and losses	-149,256.	179,750.	. 7	1,620.		3,781.		89,	034.
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs			1	6,619.	1	L69,504.		274,	,769.
f	Administrative expenses									
g	End of year balance	884,223.	1,033,246.		3,496.	•	782,307.		919,	134.
2	Provide the estimated percentage of the curre		e (line 1g, column (a)) held as:						
	Board designated or quasi-endowment 🕨 _	100	_%							
	Permanent endowment	%								
С	Term endowment %									
_	The percentages on lines 2a, 2b, and 2c shou									
3a	Are there endowment funds not in the posses	sion of the organiza	tion that are held a	and administe	ered for t	he organi	zation		Vee	Na
	by:								Yes	No X
	(i) Unrelated organizations							3a(i)		л Х
b	(ii) Related organizations		al an Cabadula DC	•••••				3a(ii)		
D	If "Yes" on line 3a(ii), are the related organizat							3 b		
Par	t VI Land, Buildings, and Equipme		wment lunds.							
I ui	Complete if the organization answered		Part IV line 11a 9	See Form 99() Part X	line 10				
	Description of property	(a) Cost or ot		t or other		ccumulat	ad l	(d) Boo	k valu	<u> </u>
	Description of property	basis (investm		(other)	.,	preciation		(u) B00	r valu	C
19	Land		,							
	Buildings		10.97	6,988.	4.4	450,9	27.	6,52	6,0	61.
	Leasehold improvements			.,	- /	, -		,	.,.	
	Equipment		52	27,013.		501,4	48.	2	5,5	65.
	Other			9,899.		193,0			<u>6,8</u>	
	Add lines 1a through 1e. (Column (d) must eq					, •		6,55		
			,							

Schedule D (Form 990) 2021

132052 10-28-21

	(Form 990) 2021	LTADAL	IOOIU	TENNIS A		EDUCATION	INC.	23-1747032 _{Pag}
Part VII	Investments - C							
	Complete if the orga							
	tion of security or catego)ry (including name of	f security)	(b) Book valu	е	(c) Method of	valuation: Co	st or end-of-year market value
	held equity interests		······ –					
(3) Other								
(A)								
(B) (C)								
(D)								
(E)								
(F)								
(G)								
(H)								
	o) must equal Form 990,	Part X, col. (B) line	e 12.) 🕨					
	Investments - F							
	Complete if the orga		ed "Yes" or	n Form 990, Part	IV, line	11c. See Form 990	, Part X, line 1	13.
	(a) Description of ir	nvestment		(b) Book valu	е	(c) Method of	valuation: Co	st or end-of-year market value
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(1)								
(7)								
(8) (9) Total. (Col. (b	o) must equal Form 990,	Part X, col. (B) line	e 13.) >					
(8) (9)	Other Assets.							
(8) (9) Total. (Col. (b			ed "Yes" or		IV, line	11d. See Form 990	, Part X, line ⁻	
(8) (9) Total. (Col. (b	Other Assets.		ed "Yes" or	n Form 990, Part	IV, line	11d. See Form 990	, Part X, line ⁻	15. (b) Book value
(8) (9) Total. (Col. (b Part IX (1)	Other Assets.		ed "Yes" or		IV, line	11d. See Form 990	, Part X, line ⁻	
(8) (9) Total. (Col. (b Part IX (1) (2)	Other Assets.		ed "Yes" or		IV, line	11d. See Form 990	, Part X, line ⁻	
(8) (9) Fotal. (Col. (b Part IX (1) (2) (3)	Other Assets.		ed "Yes" or		IV, line	11d. See Form 990	, Part X, line ⁻	
(8) (9) Fotal. (Col. (b Part IX (1) (2) (3) (4)	Other Assets.		ed "Yes" or		IV, line	11d. See Form 990	, Part X, line ⁻	
(8) (9) Total. (Col. (b Part IX) (1) (2) (3) (4) (5)	Other Assets.		ed "Yes" or		IV, line	11d. See Form 990	, Part X, line ⁻	
(8) (9) Total. (Col. (b Part IX) (1) (2) (3) (4) (5) (6)	Other Assets.		ed "Yes" or		IV, line	11d. See Form 990	, Part X, line ⁻	
(8) (9) Fotal. (Col. (b Part IX) (1) (2) (3) (4) (5) (6) (7)	Other Assets.		ed "Yes" or		IV, line	11d. See Form 990	, Part X, line ⁻	
(8) (9) Fotal. (Col. (b Part IX (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets.		ed "Yes" or		IV, line	11d. See Form 990	, Part X, line ⁻	
(8) (9) Fotal. (Col. (b Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the orga	anization answere	ed "Yes" or (a) De	escription	IV, line	11d. See Form 990	, Part X, line ⁻	
(8) (9) Total. (Col. (b Part IX (1) (2) (3) (4) (5) (6) (7) (6) (7) (8) (9) Total. (Colur	Other Assets. Complete if the orga	anization answere	ed "Yes" or (a) De	escription	IV, line	11d. See Form 990	, Part X, line ⁻	
(8) (9) Total. (Col. (b Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the orga	rm 990, Part X, c S.	ed "Yes" or (a) De (a)	escription				(b) Book value
(8) (9) Fotal. (Col. (b Part IX (1) (2) (3) (4) (5) (6) (7) (6) (7) (8) (9) Fotal. (Colun Part X	Other Assets. Complete if the orga	anization answere rm 990, Part X, c S. anization answere	ed "Yes" or (a) De (a)	escription				(b) Book value
(8) (9) Fotal. (Col. (b Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colun Part X	Other Assets. Complete if the orga	rm 990, Part X, c S.	ed "Yes" or (a) De (a)	escription				(b) Book value
(8) (9) Fotal. (Col. (b Part IX (1) (2) (3) (4) (5) (6) (7) (6) (7) (8) (9) Fotal. (Colur Part X 1. (1) Fede	Other Assets. Complete if the orga	anization answere rm 990, Part X, c S. anization answere	ed "Yes" or (a) De (a)	escription				(b) Book value
(8) (9) Fotal. (Col. (b Part IX (1) (2) (3) (4) (5) (6) (7) (6) (7) (8) (9) Fotal. (Colur Part X 1. (1) Feda (2)	Other Assets. Complete if the orga	anization answere rm 990, Part X, c S. anization answere	ed "Yes" or (a) De (a)	escription				(b) Book value
(8) (9) Fotal. (Col. (b Part IX (1) (2) (3) (4) (5) (6) (7) (6) (7) (8) (9) Fotal. (Colur Part X 1. (1) Fedd (2) (3)	Other Assets. Complete if the orga	anization answere rm 990, Part X, c S. anization answere	ed "Yes" or (a) De (a)	escription				(b) Book value
(8) (9) Total. (Col. (b Part IX (1) (2) (3) (4) (5) (6) (7) (6) (7) (8) (9) Total. (Colun Part X 1. (1) Fedd (2) (3) (4)	Other Assets. Complete if the orga	anization answere rm 990, Part X, c S. anization answere	ed "Yes" or (a) De (a)	escription				(b) Book value
(8) (9) Fotal. (Col. (b Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colur Part X 1. (1) Fedd (2) (3) (4) (3) (4) (5)	Other Assets. Complete if the orga	anization answere rm 990, Part X, c S. anization answere	ed "Yes" or (a) De (a)	escription				(b) Book value
(8) (9) Fotal. (Col. (b Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colun Part X 1. (1) Fedu (2) (3) (4) (5) (6) (6)	Other Assets. Complete if the orga	anization answere rm 990, Part X, c S. anization answere	ed "Yes" or (a) De (a)	escription				(b) Book value
(8) (9) Fotal. (Col. (b Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colun Part X 1. (1) Fedu (2) (3) (4) (5) (6) (3) (4) (5) (6) (7) (6) (7)	Other Assets. Complete if the orga	anization answere rm 990, Part X, c S. anization answere	ed "Yes" or (a) De (a)	escription				(b) Book value
(8) (9) Fotal. (Col. (b) Part IX (1) (2) (3) (4) (5) (6) (7) (6) (7) (8) (0) Part X I. (1) Fedd (2) (3) (4) (2) (3) (4) (5) (6) (7) (6) (7) (8) (7) (8) (7) (8) (6) (7) (8) (7) (8) (7) (8) (7) (8) (7) (8) (7) (8) (7) (8) (7) (8) (7) (8) (7) (8) (7) (8) (7) (8) (7) (8) (7) (8) (7) (8) (7) (8) (7) (8) (7) (8) (7) (8) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9	Other Assets. Complete if the orga	anization answere rm 990, Part X, c S. anization answere	ed "Yes" or (a) De (a)	escription				(b) Book value
(8) (9) Total. (Col. (b Part IX (1) (2) (3) (4) (5) (6) (7) (6) (7) (8) (9) Total. (Colur Part X 1. (1) Fedd (2) (3) (4) (5) (6) (7) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the orga	anization answere rm 990, Part X, c S. anization answere scription of liabili	ed "Yes" or (a) Da	15.)	IV, line	11e or 11f. See For	m 990, Part >	(b) Book value

ule D (Form 990) 2021

132053 10-28-21

Sche	edule D (Form 990) 2021 LEGACY YOUTH TENNIS AND EI				1747032 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem	ents With R	evenue per R	eturi	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 123	a.			
1	Total revenue, gains, and other support per audited financial statements			1	3,050,712.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-454,864.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	-24,884.		
е	Add lines 2a through 2d			2e	-479,748.
3	Subtract line 2e from line 1			3	3,530,460.
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	-11,811.		
С				4c	-11,811.
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	3,518,649.
			-		
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten		Expenses per	Retu	ırn.
Pa	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
Ра 1		a.		Retu	ırn. 3,868,330.
_	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	a. 			
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	a. 			
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 122 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	a. 2a			
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 122 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	a. 2a 2b			
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	a. 			3,868,330.
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	a. 	11,811.		3,868,330.
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	a. 	11,811.	1	
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	a. 	11,811.	1 2e	3,868,330.
1 2 b c d 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 122 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	a. 	11,811.	1 2e	3,868,330.
1 2 6 6 8 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	a. 2a 2b 2c 2d 2d	11,811.	1 2e	3,868,330. 11,811. 3,856,519.
1 2 b c d e 3 4 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	a. 2a 2b 2c 2d 2d 4a 4b	11,811.	1 2e 3 4c	3,868,330. 11,811. 3,856,519. 24,884.
1 2 a b c d e 3 4 a b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	a. 2a 2b 2c 2d 2d 4a 4b	11,811.	1 2e 3	3,868,330. 11,811. 3,856,519.

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 AVERAGE BALANCE OF THE PRECEDING 20 MONTHS 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.

132054 10-28-21

Schedule D (Form 990) 2021 LEGA	CY YOUTH	TENNI	S AND	EDUCATI	ON, INC	. 23-174	17032	Page 5
	(continued)							
PART XI, LINE 2D - OTHER	ADJUSTME	NTS:						
INVESTMENT EXPENSES							-24	,884
PART XI, LINE 4B - OTHER	ADJUSTME	NTS:						
DIRECT SPECIAL EVENT EXP	ENSES						-11	,811
PART XII, LINE 2D - OTHE	R ADJUSTM	ENTS:						
DIRECT SPECIAL EVENT EXP	ENSES						11	,811
						Schedule	D (Form ^Q	990) 20:
132055 10-28-21			33			Concure	_ ,	201 202
080707 793760 4256	2021.0	6000		Y YOUTH	TENNIS	AND EDU	4256	1

SCHEDULE G (Form 990)							ing or Gaming Part IV, line 17, 18, o		ON	MB No. 1545-0047
(rm 990-EZ, line 6a.			2UZ I
Department of the Treasury Internal Revenue Service	•		Attach to							pen to Public
Name of the organizatio		to www.ir	s.gov/Form9	90 for instr	uction	s and	the latest informat			tification number
	LEGACY	YOUTH	TENNIS	AND E	DUC	ATI	ON, INC.	23-1		
	complete this par		if the organiz	ation answe	ered "Y	es" oi	n Form 990, Part IV,	line 17. Form 9	90-EZ	filers are not
c Phone solici d In-person so 2 a Did the organization	tions I email solicitations itations blicitations on have a written o ted in Form 990, P D highest paid indiv	r oral agree art VII) or e viduals or e	e f g ement with ar ntity in conne ntities (fundra	Solicita Solicita Special y individual	tion of tion of fundra (incluc	non-g gover iising ding o ional f	overnment grants nment grants events fficers, directors, tru undraising services?	istees, or ?] Yes	No No
(i) Name and addres or entity (fund			(ii) Activity		(iii) fundr have cu or con contribu	aiser Jstody trol of	(iv) Gross receipts from activity	(v) Amount p to (or retained fundraised listed in col.	by)	(vi) Amount paid to (or retained by) organization
					Yes	No				
Total										
3 List all states in wh or licensing.	ich the organizatio				contrib	utions	s or has been notifie	d it is exempt fi	rom reç	gistration
LHA For Paperwork R	eduction Act Not	ce, see th	e Instruction	s for Form	990 or	990-l	EZ.	Sch	edule	G (Form 990) 2021

LEGACY YOUTH TENNIS AND EDUCATION, INC. 23-1747032 Page 2

Part II 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-FZ lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gr	oss income on Form 990	-EZ, lines 1 and 6b. List	events with gross receip	ots greater than \$5,000
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				LEGACY ON	4	(add col. (a) through
			BENEFIT 2022		1	col. (c))
iue			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	360,213.	21,587.	12,979.	394,779
	2	Less: Contributions	317,921.	21,587.	12,979.	352,487
	3	Gross income (line 1 minus line 2)	42,292.			42,292
	4	Cash prizes				
6	5	Noncash prizes				
oense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages		5,890.	2,353.	8,243
Ē		Fatadainmant				
	8	Entertainment Other direct expenses			3,568.	3,568
		Direct expense summary. Add lines 4 through				11,811
		Net income summary. Subtract line 10 from I				30,481
Hevenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (d
č	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	í from line 1, column (d)			
	ls f	ter the state(s) in which the organization conducted the organization licensed to conduct gaming a	ctivities in each of these	states?		Yes I
b) If "	'No," explain:				
0a	We	ere any of the organization's gaming licenses re	evoked, suspended, or to	erminated during the tax	year?	Yes N
		'Yes," explain:				
1320	82 1	0-21-21			Sch	

35 2021.06000 LEGACY YOUTH TENNIS AND EDU 4256___1

Sch	edule G (Form 990) 2021	LEGACY	YOUTH	TENNIS	AND	EDUCATION	, INC.	23-1	747032	Page 3
11	Does the organization conduct ga	aming activities	with nonme	embers?					Yes	No
12	Is the organization a grantor, ben	eficiary or truste	ee of a trust	t, or a member	of a par	tnership or other ent	tity formed			
	to administer charitable gaming?								Yes	No No
13	Indicate the percentage of gamin									
	The organization's facility									%
	An outside facility								13b	%
14	Enter the name and address of th	e person who p	prepares the	e organization	s gaming	g/special events boo	oks and recor	ds:		
	Name									
	Address									
15a	Does the organization have a con	tract with a thir	d party fror	n whom the or	anizatio	on receives gaming r	evenue?		Yes	No No
					9	garmig i				
k	If "Yes," enter the amount of gam	ing revenue rea	ceived by th	e organization	▶\$		and the amo	unt		
	of gaming revenue retained by the				-					
c	If "Yes," enter name and address									
	Name 🕨									
	Address ►									
16	Coming manager information:									
10	Gaming manager information:									
	Name 🕨									
	Name									
	Gaming manager compensation	▶ \$								
	0 0 1									
	Description of services provided	▶								
		<u> </u>								
	Director/officer	Employee	9		endent c	ontractor				
47	Mandatory distributions									
	Mandatory distributions: Is the organization required under	r state law to m	ako charita	hla distribution	e from t	he asmina proceeds	to			
c	we take the state measure line is a solution of the second state o					ne gaming proceeds			Yes	
k	Enter the amount of distributions									
	organization's own exempt activit	•								
Pa	rt IV Supplemental Infor	mation. Prov	ide the exp	lanations requ	ired by F	Part I, line 2b, columr	ns (iii) and (v)	; and Pa	rt III, lines 9,	, 9b, 10b,
	15b, 15c, 16, and 17b, as	applicable. Als	so provide a	any additional i	nformati	ion. See instructions.				
1320	83 10-21-21							Schedu	Ile G (Form	990) 2021
					36					,

Schedule G (Form 990) Part IV Supplemental Inf	LEGACY	YOUTH	TENNIS	AND	EDUCATION,	INC.	23-1747032	Page 4
	ormation (cont	inuea)						
							Calcaded - O /	ores 0001
132084 11-18-21				25			Schedule G (F	orni 990)
				37				

17080707 793760 4256 2021.06000 LEGACY YOUTH TENNIS AND EDU 4256___1

SCHEDULE I (Form 990) Department of the Treas Internal Revenue Servic	-	Gov	rants and Oth vernments, an ete if the organizatio	nd Individua n answered "Yes" Attach to For	ls in the Ŭni ' on Form 990, Pa m 990.	ted States rt IV, line 21 or 22.		OMB No. 1545-0047		
			Go to www.ir	s.gov/Form990 fo	r the latest inforn	nation.				
Name of the orga		UTH TENNI	S AND EDUCA	TION, INC	•			Employer identification number $23 - 1747032$		
Part I General Information on Grants and Assistance										
	ganization maintain records t d to award the grants or assis		-							
2 Describe in	Part IV the organization's pro	ocedures for monit	oring the use of grant	funds in the Unite	d States.					
	ts and Other Assistance to ent that received more than \$	-				anization answered "א	/es" on Form 990, Par	t IV, line 21, for any		
	nd address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
3 Enter total r	number of section 501(c)(3) a number of other organizations work Reduction Act Notice	s listed in the line 1	I table	ne line 1 table				Schedule I (Form 990) 2021		

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Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
CHOLARSHIP	16	27,729.	0.		

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

PART I, LINE 2:

GRANTS ARE AWARDED IN THE FORM OF SCHOLARSHIPS TO PAY FOR COACHING AND

OTHER NECESSITIES OF DESERVING INDIVIDUALS IN THEIR PURSUIT OF SUCCESS BOTH

ON AND OFF THE COURT.

(Form 990) For certain Officers_Dresctors, Trustees, Key Employees, and Highest Compensation answered "Yes" on Form 990, Part IV, line 23.	sc	CHEDULE J Compensation Information		OMB No.	1545-00)47		
Complete If the organization answerd "Vis" on Form 990, Part IV, line 23. Open to Public Inspection Inspec	(Fo	•	est	2021				
Dependent of the traver Description Description Description Name of the organization EG to www.irs.gov/Form800 for instructions and the latest information. Employer identification number LEGACY YOUTH TENNIS AND EDUCATION, INC. Employer identification number 23-1747032 Image: The organization Yes No. No. 23-1747032 Image: The organization of the organization provided any of the following to of ora person listed on Form 980. Yes No. Image: Taxel for compations Image: Taxel for compations Part NII. Personal services (such as maid, chauffeur, chef) Image: Taxel for compations Part NII. Personal services (such as maid, chauffeur, chef) Image: Taxel for compations Image: Taxel for compation: Taxel for compations Image: Taxel f	•	Compensated Employees		20		i		
Important Service Important Important Important Important Name of the organization LEGACY YOUTH TENNIS AND EDUCATION, INC. Employer identification number 23-1747032 Part II Questions Regarding Compensation Yes No Ia Check the appropriate box(es) if the organization provide any relevant information regarding these terms. Yes No Indicate which, Ia nai, Complete Part III to provide any relevant information regarding these terms. Yes No If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reintbursement or provision of all of the expenses described above? If "No", complete Part III to explain. 10 2 Indicate which, if any, of the following the organization follow a written policy regarding payment or reintbursement or provision of all of the expenses described above? If "No", complete Part III to explain. 2 3 Indicate which, if any, of the following the organization sole of the organization to estabilish checked on presensal residence, regarding the terms checked on line 1a? 2 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 subplanment from a supplanment in anagement? 4 X 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, di	Dena		e 23.					
LEGACY YOUTH TENNIS AND EDUCATION, INC. 23-1747032 Part I Questions Regarding Compensation Yes No Part I Outsions Regarding Compensation provide any of the following to or for a person listed on Form 990, Part VII, Section A, Ine 1a, Complete Part III to provide any relevant information regarding these terms. Yes No Part VII, Section A, Ine 1a, Complete Part III to provide any relevant information regarding these terms. Payments for business use of personal residence for personal use Discretionary spending account Payments for business use of personal residence for personal use Discretionary spending account Payments for business use of personal residence for personal residence for personal account in the are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses desorbed 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 terms checked on Ine 1a? 2 1b 3 Indicate which, if any, of the following the organization used to establish the compensation organization to establish compensation committee X 2 2 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 alteid organization. X 2 <tr< td=""><td></td><td></td><td></td><td>-</td><td></td><td></td></tr<>				-				
Part 1 Questions Regarding Compensation 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Pert VII, Section X, line 1a. Complete Part III to provide any relevant information regarding these items. First-takes or charter travel Ves No 1a Check the appropriate box(es) if the organization provided any relevant information regarding these items. First-takes or charter travel Personal services (such as maid, chauffeur, cheft) 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 abov? If 'No,' complete Part III to explain. 1b c Did the organization require asbustnition provide or leading 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 organization used to establish the compensation of the organization is CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation or the CEO/Executive Director, to tenghanian in Part III. 2 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: a Receive a severance aparment from an equity based compensation arrangement? 4a X 4b 4 During the year, did any person listed on	Nan					mber		
1a 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. Yes No 1a Check the appropriate box(es) if the organization provided any relevant information regarding these items. Housing allowance or residence for personal use of personal residence or personal sec of personal residence or personal sec of personal residence or personal sec or personal sec or relevance or residence or personal sec or personal sec or reinbursement or provision of all of the expenses described above? If 'No', 'Complete Part III to personal sectors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 1b 2 Indicate which, if any, of the following the organization losed bas ove? If 'No', 'Complete Part III to personal sectors, trustees, and officers, including the CEO/Executive Director, but explain in Part III. Compensation committee 2 3 Indicate which, if any, of the following the organization surgery or study Xe personal sectors bas of the organization to establish compensation committee 3 Approval by the board or 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 releated organization: 3a Approval by the board or 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 oral related org		•	23-	1/4/03	2			
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Pert VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First class or charter travel Housiness use of personal use of personal use of personal use of personal residence of personal use of personal residence of the travel of companions. Payments for business use of personal residence of the travel of the expenses described above? If "No," complete Part III to explain. In 2 bit 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. In 2 Did the organization requires ubstantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the organization output to be toreit or travel payments on the discover the travel by all directors, trustees, and officers, including the organization output to Director, but explain in Part III. Compensation committee Im 2 Indicate which, if any, of the following the organization used to establish the compensation or the CCO/Executive Director, but explain in Part III. Compensation committee Im 3 Indicate which, if any, of the following the organization to establish the compensation or the CCO/Executive Director, but explain in Part III. Compensation committee Im 4 During the year, did any person listed on Form 990, Part VII, S	Pa	art I Questions Regarding Compensation						
Part VII. Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: Comparison of Comparison of Comparison of Comparison of Comparison of Paryments for Dusiness use of personal residence Image: Comparison of Comp					Yes	No		
 First-class or charter travel First-class or charter travel Travel for companions First-class or charter travel Travel for companions Hany of the boxes on line 1 are checked, did the organization follow a written policy regarding payment or reintbursement or provision of all of the expenses described above? If "No," complete Part III to explain D If the oparization requires ubustantiation prior to reinbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? Indicate which, if any, of the following the organization used to establish the compensation of the CEO/Executive Director, the explain in Part III. Compensation committee Compensation committee Written employment contract Indicate which, if any, of the following the organization used to establish the compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Compensation committee Written employment contract Indicate which, if any of personal subtentiation and gravitability Director, but explain in Part III. Compensation committee Approval by the board or compensation committee Participate in or receive payment from an equity-based compensation arrangement? Free"to any of line 54 ac, 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) organization mat complete lines 5-9. For persons listed on Form 900, Part VII. Section A, line 1a, did the organization pay or accrue any compensation contingent on the resences of: Any related organization? For persons listed on Form 900, Part III. For persons listed on Form 900, Part III. For persons listed on Form 900, Part III. For persons listed on Form 900, Part III	1a		n Form 990,					
Travel for companions Payments for business use of personal residence Tax indemification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffour, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reinbursement or provision of all of the expenses described above? If "No," complete Part II 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 organization used to establish the compensation of the organization to establish compensation committee 2 Wining 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: 2 a Receive a severace payment from a supplemental nonqualified retirement plan? 4a X c Participate in or receive payment from a supplemental nonqualified retirement plan? 4b X c Participate in or receive payment from a supplemental nonqualified retirement plan? 4a X c Participate in or receive payment from a supplemental nonqualified retinement plan? 4b X								
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 incured 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 organization used to establish the compensation of the Organization's CEO/Executive Director, but explain in Part III. 2 Compensation committee X Written employment contract 2 Indicate which, if any of the following the organization X Written employment contract 2 Indigendent compensation consultant Compensation consultant Compensation committee 4 Vining the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization: 4 X Participate in or receive payment from an equity-based compensation arrangement? 4 X the ryset to any of lines 4ac, list the persons and provide the applicable amounts for each item in Part III. 5 5 Only section 501(c)(3), 501(c)(4), and 5			•					
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 10 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 letres checked on line 1a? 2 3 Indicate which, if any, of the following the 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 consultant 2 Compensation committee X Approval by the board or 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 arelated organization: 4a X b Participate in or receive payment from a equily-based compensation arrangement? 4a X b Participate in or receive payment from a equily-based compensation arrangement? 4b X c Participate in or receive payment from an equily-based compensation arrangement? 4a X b Participate in or receive payment from an equily-based compensation arrangement? 4a								
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reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	h	If any of the bayes on line 1a are checked, did the organization follow a written policy regarding payment	or					
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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 of the CEO/Executive Director, but explain in Part III. Compensation committee Compensation committee Compensation consultant Compensation or a related organizations Approval by the board or 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: Receive a severance payment or change-of control payment? Participate in or receive payment from a supplemental nonqualified retirement plan? Certain a complexibility or payment from a supplemental nonqualified retirement plan? Participate in or receive payment from an equity-based compensation arrangment? H'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. 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? 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: The organization? For persons listed on Form 990, Part VII, Section A, line 1a, did the orga								
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 of the CEO/Executive Director, but explain in Part III. Compensation committee Compensation committee Compensation consultant Compensation or a related organizations Approval by the board or 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: Receive a severance payment or change-of control payment? Participate in or receive payment from a supplemental nonqualified retirement plan? Certain a complexibility or payment from a supplemental nonqualified retirement plan? Participate in or receive payment from an equity-based compensation arrangment? H'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. 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? 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: The organization? For persons listed on Form 990, Part VII, Section A, line 1a, did the orga	3	Indicate which, if any, of the following the organization used to establish the compensation of the organization	ration's					
establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee X Compensation committee X Written employment contract Compensation committee Independent compensation consultant Compensation survey or study Compensation committee X Approval by the board or compensation committee X Approval by the board or 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: 4a X a Receive a severance payment from a supplemental nonqualified retirement plan? 4b X c Participate in or receive payment from a supplemental nonqualified retirement plan? 4c X d Dury 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: 5a X a The organization? 5a X f" Yes" on line 5a or 5b, describe in Part III. 5b X 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: 5a X								
□ Compensation committee Independent compensation consultant Independent compensation consultant Independent 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: 4a X a Receive a severance payment or change-of control payment? 4a X b Participate in or receive payment from a supplemental nonqualified retirement plan? 4a X c Participate in or receive payment from an equity-based compensation arrangement? 4c X if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 4a X Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5a X 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: 5a X a The organization? 5a X b Any related organization? 5a X if "Yes" on line 5a or 5b, describe in Part III. 6a X 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the reteamings of: 5a <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
Independent compensation consultant Compensation survey or study X Form 990 of other organizations X Approval by the board or compensation committee Approval by the board or 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: Aa X a Receive a severance payment or change-of-control payment? 4a X b Participate in or receive payment from an equity-based compensation arrangement? 4c X It "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Ac X 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: 5a X a The organization? 5a X X b Any related organization? 5a X if "Yes" on line 5a or 5b, describe in Part III. 6a X f 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: 6a X a The organization? 6a X X <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
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c Participate in or receive payment from an equity-based compensation arrangement? 4c X If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 0nly section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 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: 5a X a The organization? 5a X b Any related organization? 5b X 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: 5a X a The organization? 6a X b Any related organization? 6a X c The organization? 6a X b Any related organization? 6b X ff "Yes" on line 6a or 6b, describe in Part III. 7 X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not describe on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any a	а	Receive a severance payment or change-of-control payment?		4a				
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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: 5a X a The organization? 5b X b Any related organization? 5b X 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: 6a X a The organization? 6a X b Any related organization? 6a X contingent on the net earnings of: 6b X a The organization? 6a X b Any related organization? 6a X f "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 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 X 9 <t< td=""><td>С</td><td>Participate in or receive payment from an equity-based compensation arrangement?</td><td></td><td> 4c</td><td></td><td>X</td></t<>	С	Participate in or receive payment from an equity-based compensation arrangement?		4c		X		
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: 5a X a The organization? 5b X b Any related organization? 5b X 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: 6a X a The organization? 6a X b Any related organization? 6a X f""Yes" on line 6a or 6b, describe in Part III. 7 X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described 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 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9		If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
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: 5a X a The organization? 5b X b Any related organization? 5b X 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: 6a X a The organization? 6a X b Any related organization? 6a X f""Yes" on line 6a or 6b, describe in Part III. 7 X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described 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 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9								
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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: a The organization? b Any related organization? 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 not described on lines 5 and 6? If "Yes," describe in Part III. 7 K 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. 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?								
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: 6a X a The organization? 6a X b Any related organization? 6b X lf "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 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 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9	b			5b				
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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 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9	'			7		X		
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9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9	5			8		X		
Regulations section 53.4958-6(c)?	9							
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	LHA				n 990) 2021		

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	V-2 and/or 1099-MIS compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) RONALD NANO	(i)	230,446.	21,600.	0.	0.	0.	252,046.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	182,180.	0.	0.	0.	7,074.	189,254.	0.
VP OF TENNIS AND BUSINESS DEVELOPMEN	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
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	(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 J (Form 990) 2021

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

Employer identification number

OMB No. 1545-0047

23-1747032

INC.

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

PREPARING YOUTH FOR SUCCESS THROUGH OUR INCLUSIVE COMMUNITY, USING

LEGACY YOUTH TENNIS AND EDUCATION,

TENNIS, EDUCATION AND 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

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UPON REQUEST.

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

Schedule O (Form 990) 2021

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