Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Inspection

Open to Public

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

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

Go to www.irs.gov/Form990EZ for instructions and the latest information.

A I	For the	2022 calenda	ar year, or tax year beginning 01/01/2022 and ending	12/31	1/2022				
В	Check if ap	oplicable:	C Name of organization	D Employ	er identification number				
	Address c	dress change LIVING HER LEGACY			83-1940794				
Ц	Name cha	ange	E Telephone number						
=	Initial retur		970-217-4196						
=	Amended	n/terminated	City or town, state or province, country, and ZIP or foreign postal code	F Group	Exemption				
=	Application		Fort Collins, CO 80526	Numbe	er				
G	Account	ting Method:	✓ Cash Accrual Other (specify):	Check 🗹	f the organization is not				
I۱	N ebsite	www.livir	ngherlegacy.org r	required to	attach Schedule B				
JT	ax-exen	npt status (che	ck only one) — 🗹 501(c)(3) 🗌 501(c) () (insert no.) 🔲 4947(a)(1) or 🔲 527	(Form 990)).				
K	Form of	organization:	✓ Corporation ☐ Trust ☐ Association ☐ Other:						
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total						
			500,000 or more, file Form 990 instead of Form 990-EZ		\$ 36,154				
P	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the i		•				
		Check if	the organization used Schedule O to respond to any question in this Part I		<u>/</u>				
	1	Contribution	ons, gifts, grants, and similar amounts received		1 36,154				
	2	Program s	ervice revenue including government fees and contracts		2 0				
	3	Membersh	ip dues and assessments		3 0				
	4	Investment			4 0				
	5a	Gross amo	unt from sale of assets other than inventory 5a	0					
	b		or other basis and sales expenses	0					
	С		ss) from sale of assets other than inventory (subtract line 5b from line 5a)	5	o 0				
	6	Gaming and fundraising events:							
Revenue	а		ome from gaming (attach Schedule G if greater than	0					
Ş.	b		me from fundraising events (not including \$ 0 of contribution	าร					
æ			aising events reported on line 1) (attach Schedule G if the						
			th gross income and contributions exceeds \$15,000) 6b	0					
	C		t expenses from gaming and fundraising events 6c eor (loss) from gaming and fundraising events (add lines 6a and 6b and sub	0					
	d	line 6c)							
		,			id 0				
	7a		s of inventory, less returns and allowances	0					
	b		of goods sold	-	'c 0				
	8 8		nue (describe in Schedule O)		7c 0 8 0				
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	· · ·	9 36,154				
	10		I similar amounts paid (list in Schedule O)	I	10 0				
	11	Benefits pa		11 0					
Ś				12 0					
Se	13		ther compensation, and employee benefits		5,802				
be	14		/, rent, utilities, and maintenance	_	14 0				
Expenses	15	Printing, p		15 987					
	16	Other expe		21,745					
	17		enses (describe in Schedule O)		17 28,534				
S	18	Excess or	(deficit) for the year (subtract line 17 from line 9)	1	7,620				
set	19	Net assets	or fund balances at beginning of year (from line 27, column (A)) (must agree		,				
Ass			r figure reported on prior year's return)		5,468				
Net Assets	20	Other char	ges in net assets or fund balances (explain in Schedule O)	<u></u> [2	20 0				
Z	21		or fund balances at end of year. Combine lines 18 through 20		21 13,088				

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Page 2

Pa	Balance Sheets (see the instructions t	,				_
	Check if the organization used Schedule	O to respond to ar	ny question in this			
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			5,468	_	13,088
23	Land and buildings				23	0
24	Other assets (describe in Schedule O)		· · · · ·		24	0
25	Total assets			5,468	+ +	13,088
26	Total liabilities (describe in Schedule O)				26	0
27	Net assets or fund balances (line 27 of column	<u> </u>	,	5,468	27	13,088
rar	Statement of Program Service Accom Check if the organization used Schedule					Expenses
\//ha	t is the organization's primary exempt purpose?	<u> </u>	, ,	Part III	(Re	quired for section
						(c)(3) and 501(c)(4)
as m	ribe the organization's program service accompli- neasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	anner, describe the			"	anizations; optional fo ers.)
28	Historic Arts Project-Unveiling of second 4 portraits					
	(Grants \$ 0) If this amount	includes foreign gra	nts, check here .	🗆	288	3,821
29	Girls Role Model and Leadership Programs					
	(Grants \$ 0) If this amount	includes foreign gra	nts, check here .	🗆	298	1,641
30	Recognition of Honored Women					
		includes foreign gra			30a	779
31	Other program services (describe in Schedule O)					
	(Grants \$ 0) If this amount	includes foreign gra	nts, check here .	📙	318	
	Total program service expenses (add lines 28a					0/=
Par						
	Check if the organization used Schedule	O to respond to ar	y question in this	Partiv		
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC 1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensation	') Estimated amount of other compensation
Patti	Smith	0.00	0		0	0
	cutive Director					
Judi	th Barth	3.00	0		0	0
Pres	ident	1				
Chri	stopher McPhail	1.00	0		0	0
Trea	surer					
Jaso	n Smith	1.50	C		0	0
Vice	President					
Shel	ia Kolacz	1.50	0		0	0
Secr	etary					
Uju (Okeke	1.00	C)	0	0
Dire	ctor					
Joy	Enyinnaya	1.00	C)	0	0
Dire	ctor					
Barb	ara Lambert	1.00	C)	0	0
Dire	ctor					
		_				
		_				
		_				
		1		1		

Part V

	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part	۷.	
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		>
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		\
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		/
	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	35b		
С	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		/
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		~
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 0			
b	Did the organization file Form 1120-POL for this year?	37b		~
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		>
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	-		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
_	section 4911: 0; section 4912: 0; section 4955: 0			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		·/
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	700		
Ū	on organization managers or disqualified persons during the year under sections 4912,			
А	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
u	40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		~
41	List the states with which a copy of this return is filed: CO			
42a		970-21	7-4196	6
	Located at: 2519 South Shields Street - K1-132, Fort Collins, CO 80526 ZIP + 4		526	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		>
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country:	42c		/
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		/
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		٧
С	Did the organization receive any payments for indoor tanning services during the year?	44c		~
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
-	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		~
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-F7. See instructions	AEL.		

Other Information (Note the Schedule A and personal benefit contract statement requirements in the

Form 990	0-EZ (20	022)								F	Page 4
										Yes	No
		ne organization engage, directly or in									
		ndidates for public office? If "Yes," o		, Part I					46		'
Part \		Section 501(c)(3) Organizations				_					
		All section 501(c)(3) organization	s must answer que	stions 47–49b ar	nd 52,	and cor	nplete the	e tab	oles f	or lin	es
		50 and 51.									
		Check if the organization used Sch	nedule O to respond	to any question i	n this i	Part VI		<u></u>			<u>. </u>
47	D: -1 -11				. 4.1 1		la codica can Alba a	1		Yes	No
		he organization engage in lobbying 'If "Yes," complete Schedule C, Par		section 501(n) elec		епест с	luring the	tax	4-		
	•	· · ·						•	47		~
									48		~
		=		_					49a		~
		es," was the related organization a se						.	49b		ما ادما
		olete this table for the organization's oyees) who each received more than									
	empi	byees, who each received more than	T \$ 100,000 of compet	(c) Reportable					LGI IV	one.	
	(2)	Name and title of each employee	(b) Average hours per week	compensation		(d) Health I tributions t	o employee	(e) Es	stimate	d amo	unt of
	(a)	Traine and title of each employee	devoted to position	(Forms W-2/1099-MIS 1099-NEC)	SC/ ben		and deferred	oth	er com	pensa	tion.
None				1099-NEO)		compen	Sation				
None											
f	Total	number of other employees paid over	er \$100 000								
		olete this table for the organization'			ent con	tractors	who each	rece	pavia	more	tha
		,000 of compensation from the organ			JIII 001	iliaotoro	WIIO OUOI	1000	Jivou	111010	,
	(-)	Name and hysinass address of each independent	lant contractor	(b) Type of			(-)				
	(a)	Name and business address of each independ	lent contractor	(b) Type of	service		(C)	Comp	ensati	JII	
None											
				_							
				-							
	Tc+-'	number of other independent.	otovo ocele ve elekt	OVER \$100,000							
		number of other independent contra	=		• . –						
		the organization complete Schedu pleted Schedule A	ile A'? Note: All se	ection 501(c)(3) or	rganiza	tions m	ust attach	_	1 V		NI.
					• •				Yes		No
		of perjury, I declare that I have examined this rd complete. Declaration of preparer (other than						owled	ge and	belief	, it is
	. ,	,	,			7					
Sign		Signature of officer				 Date	!				
Here						Date					
		Judith Barth, President Type or print name and title									
		Print/Type preparer's name	Preparer's signature		Date				PTIN		
Paid		Type proparer smarrie	. 3				Check L	if			
Prepa		Firm's name				Firm	's EIN				
Use C	אווע	Firm's address					ne no.				
May th	e IRS	discuss this return with the preparer	shown above? See i	instructions					Yes		Nο

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

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.

Opel

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public Inspection

Employer identification number

	NG HER LE						83-19		
Pai		eason for Public Char					<u> </u>	ons.	
The o	-	on is not a private founda		,		-	•		
1		ırch, convention of churcl					'0(b)(1)(A)(i).		
2		nool described in section			-	-			
3		spital or a cooperative hos						/:::\	
4		dical research organization ital's name, city, and state	•	onjunction with a nosp	oitai desc	ribea in s	section 170(b)(1)(A)	(III). En	ter the
5	☐ An or	ganization operated for to the control of the contr	the benefit of a	college or university	owned c	r operate	ed by a government	al unit	described in
6			•	montal unit described	l in coati	on 170/h	\/4\/A\/ ₆ \		
6 7									
8	☐ A cor	nmunity trust described in	n section 170(b)	(1)(A)(vi). (Complete	Part II.)				
9		gricultural research organi iversity or a non-land-gra rsity:							
10	receiț supp	ganization that normally rots from activities related ort from gross investment ired by the organization a	to its exempt fu income and uni	nctions, subject to ce related business taxal	rtain exc ble incon	eptions; a ne (less s	and (2) no more than ection 511 tax) from	331/39/	of its
11	☐ An or	ganization organized and	operated exclus	sively to test for public	c safety.	See sect	ion 509(a)(4).		
12	one o	ganization organized and or more publicly supported ox on lines 12a through 12	I organizations d	escribed in section 5	09(a)(1) o	r section	509(a)(2). See secti	ion 509	(a)(3). Check
а	th	ype I. A supporting organ re supported organization upporting organization. Yo	(s) the power to	regularly appoint or e	lect a ma	ijority of t			
b	C	ype II. A supporting organ control or management of the distribution of the distributi	the supporting o	rganization vested in	the same				
С		ype III functionally integs supported organization(ally inte	grated with,
d	th	ype III non-functionally i lat is not functionally integ equirement (see instruction	grated. The orga	nization generally mu	st satisfy	a distribu	ution requirement an		
е		heck this box if the organ inctionally integrated, or T						e II, Typ	oe III
f	Enter th	ne number of supported o	organizations .						
g	Provide	the following information	about the supp	orted organization(s).					
	(i) Name o	f supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	other	Amount of support (see structions)
					Yes	No	-		
(A)									
(B)									
(C)									
(D)									
(E)									
Tota	I								

Schedule A (Form 990) 2022 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Part II

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 **(e)** 2022 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge **Total.** Add lines 1 through 3 . . . 4 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) **Public support.** Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (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 Net income from unrelated business 9 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.) **Total support.** Add lines 7 through 10 11 Gross receipts from related activities, etc. (see instructions) 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) % Public support percentage from 2021 Schedule A, Part II, line 14 15 331/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18

Schedule A (Form 990) 2022 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.)

Secti	on A. Public Support				•		
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
•	received. (Do not include any "unusual grants.")	0	14,424	11,373	25,190	36,154	87,141
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
•	organization's tax-exempt purpose	0	0	0	0		0
3	Gross receipts from activities that are not an unrelated trade or business under section 513	_		_	_		
		0	2,738	0	0		2,738
4	Tax revenues levied for the organization's benefit and either paid to						
	or expended on its behalf	0	0	0	0		0
5	The value of services or facilities	0	0	0	0		
Ū	furnished by a governmental unit to the						
	organization without charge	0	0	0	0		0
6	Total. Add lines 1 through 5	0	17,162	11,373	25,190	36,154	89,879
7a	Amounts included on lines 1, 2, and 3		-				
	received from disqualified persons .	0	0	0	0		0
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	0	0	0		0
с 8	Add lines 7a and 7b	0	0	0	0	0	0
O	line 6.)						89,879
Secti	on B. Total Support						07,077
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	0	17,162	11,373	25,190	36,154	89,879
10a	Gross income from interest, dividends,	-	,	,	,		, , , , , , , , , , , , , , , , , , , ,
	payments received on securities loans, rents,						
	royalties, and income from similar sources .	0	0	0	0		0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975	0	0	0	0		0
C	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business activities not included on line 10b, whether						
	or not the business is regularly carried on	0	0	0	0		0
12	Other income. Do not include gain or	0	· ·	0	- U		
-	loss from the sale of capital assets						
	(Explain in Part VI.)	0	0	0	0		0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	0	17,162	11,373	25,190	36,154	89,879
14	First 5 years. If the Form 990 is for the	_			-		
<u> </u>	organization, check this box and stop he						
	on C. Computation of Public Suppor			10 1 (6)		45	122 0/
15 16	Public support percentage for 2022 (line 8		•			15	100 %
16 Secti	Public support percentage from 2021 Schon D. Computation of Investment In					16	100 %
17	Investment income percentage for 2022 (v line 13 colu	mn (f))	17	0 %
18	Investment income percentage for 2022 (-		18	0 %
19a	33 ¹ / ₃ % support tests—2022. If the organ						
	17 is not more than 33 ¹ / ₃ %, check this box						
b	331/3% support tests-2021. If the organiz	_	_	-		_	_
	line 18 is not more than 331/3%, check this l						
				40 401	heck this box		. –

Schedule A (Form 990) 2022 Page 4

Supporting Organizations Part IV

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

Se

Secti	on A. All Supporting Organizations			
			Yes	No
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.	1		
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).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in 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.	4c		
5а	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).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
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? <i>If "Yes," provide detail in Part VI.</i>			
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	6		
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
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.	10a		

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.)

10b

Schedule A (Form 990) 2022 Page 5 Part IV **Supporting Organizations** (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? a 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 c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c Section 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. 1 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No 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 Section 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 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 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 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete **line 2** below. The organization is the parent of each of its supported organizations. *Complete line 3 below.* С 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. Yes No Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b Did the activities described 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. 2b 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. 3a

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

3b

Schedule A (Form 990) 2022

	Tune III New Functionally Integrated 500(a)(2) Supporting Ora		-ations	rage C		
Part						
1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ					
Sect	Section A—Adjusted Net Income (A) Prior Year (optional)					
1	Net short-term capital gain	1		(Optional)		
_ <u>.</u>	Recoveries of prior-year distributions	2				
_ _ _	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
<u>.</u>	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				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors (explain in detail in 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-functional (see instructions)	ally i	ntegrated Type III suppor	rting organization		

Schedule A (Form 990) 2022 Page 7

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D-Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 5 Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 Distributable amount for 2022 from Section C, line 6 9 9 10 10 Line 8 amount divided by line 9 amount (ii) (iii) Section E—Distribution Allocations (see instructions) **Underdistributions Distributable Excess Distributions** Pre-2022 Amount for 2022 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2022 a From 2017 From 2018 **c** From 2019 **d** From 2020 **e** From 2021 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2022 distributable amount Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2022 from Section D, line 7: Applied to underdistributions of prior years Applied to 2022 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result 5 greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2023. Add lines 3j and 4c. Breakdown of line 7: Excess from 2018 . . . Excess from 2019 . . . Excess from 2020 . . . Excess from 2021 . . . Excess from 2022 . . .

Schedule A (Form 990) 2022 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part Part VI III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE 0 (Form 990)

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.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection Employer identification number

LIVING HER LEGACY	83-1940794
Form 990-EZ, Part I, Line 16 - Events & Fundraising \$13,639; Professional Dev. for Executive Director \$347	; Marketing \$1794; Board
Insurance \$681; Chamber Membership \$163; Office Expenses \$998; Software \$360; Sec. of State filings \$5	
Portrait Installations \$2321; Role Model Art Workshops \$497; Girls Leadership Programs \$144; Reimb. of s	
\$21745	
φ21/43	
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Schedule O, Statement 1 LIVING HER LEGACY

Form: Form 990-EZ (2022) EIN: 83-1940794

Page: 2 Part III

Primary Exempt Purpose

Primary Exempt Purpose

Living Her Legacy is a community, historic, public art/education exhibit that promotes awareness of local cultural and historic figures. This visual and digital exhibit will consist of portraits of notable women who have helped to create the fabric of our city. Living Her Legacy is also educating, engaging and connecting with girls and young women of today through role Model Art workshops, Girl Leaders Program, classes and courses at Poudre School District and Colorado State University. Our hope is to open their hearts and minds to the windows of possibility through real women examples: role models girls can learn from, mentors that can help young women dream bigger- women in our community to set an example of what it possible.