## Extended to May 15, 2024 Return of Organization Exempt From Income Tax

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.

OMB No. 1545-0047

Department of the Treasury

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

2023 A For the 2022 calendar year, or tax year beginning JUL 1, 2022 and ending JUN Check if applicable: C Name of organization D Employer identification number Address change New Legacy Charter School QALICB Name change 85-3151693 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 2091 Dayton Street 303-340-7880 182,068. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return 80010-1010 Aurora, CO H(a) Is this a group return Applica-tion pending F Name and address of principal officer: Steven Bartholomew Yes X No for subordinates? ..... same as C above **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) ( (insert no.) 4947(a)(1) or If "No," attach a list. See instructions J Website: newlegacycharter.org H(c) Group exemption number **K** Form of organization: **X** Corporation Other L Year of formation: 2020 M State of legal domicile: CO Trust Association Part I Summary Briefly describe the organization's mission or most significant activities: See Schedule O Activities & Governance 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 3 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b **Prior Year Current Year** 0. 0. Contributions and grants (Part VIII, line 1h) 8 ,700. 187,156. 181 Program service revenue (Part VIII, line 2g) 28. 368. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 11 182,068. 187,184, Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 417,545. 409,325. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 417,545. 409,325. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -230,361. -227,257. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 5,452,608. 5,249,680. Total assets (Part X, line 16) 5,827,943. 5,852,272 21 Total liabilities (Part X, line 26) 三年 -602,592 Net assets or fund balances. Subtract line 21 from line 20 ... Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign Steven Bartholomew, Executive Director Here Type or print name and title Date PTIN Preparer's signature Print/Type preparer's name 01/15/24 P00356968 Thomas G. Sistare Paid Thomas G. Sistare self-employed Firm's name Hoelting & Company, Inc. Firm's EIN 30-0514455 Preparer Firm's address 31 East Platte Avenue, Suite 300 Use Only Phone no. (719) 630-1091Colorado Springs, CO 80903 X Yes

May the IRS discuss this return with the preparer shown above? See instructions

. u	Check if Schedule O contains	a response or note to any line in this Parl	+ III		
1	Briefly describe the organization's mi				
		a supporting organiz	ation of the	New Legacy	Charter
		primarily pregnant			
2	Did the organization undertake any s	ignificant program services during the ye	ear which were not listed	on the	
					Yes X No
	If "Yes," describe these new services				
3		ng, or make significant changes in how it	conducts, any program	services?	Yes X No
_	If "Yes," describe these changes on s				
4		service accomplishments for each of its			
		izations are required to report the amour	nt of grants and allocation	ns to otners, the total (	expenses, and
	revenue, if any, for each program ser  (Code: ) (Expenses \$			) /p	181,700.)
4a	The Corporation is	a supporting organiz	ation of the	New Legacy	Charter
	School which serves	s primarily pregnant	students or	voling paren	ta.
	Benoot which belves	primarity pregnant	Beddelies of	young paren	CD •
	-				
	-				
	-				
	-				
	-				
	-				
4b	(O. d.) (F.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	including grants of \$		) (D	
40	(Code: ) (Expenses \$	including grants of \$		) (Revenue \$	)
	(0)			) /p	
4c	(Code: ) (Expenses \$	including grants of \$		) (Revenue \$	)
	-				
4d	Other program services (Describe on	Schedule ()			
<del>-</del> u	Other program services (Describe on (Expenses \$	•	) (Revenue \$		١
4e	Total program service expenses	including grants of \$ 409,325.	) (nevenue a		J
. •		,			

# Form 990 (2022) New Legacy Charter School QALICB Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			7.7
	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			37
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		37
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			37
	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,		\ <b>.</b>	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			v
	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			Х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Λ
a	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	444		Х
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e	Х	Λ
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	1 Ie		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			21
ıza	, ,	12a		Х
h	Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
b		12b	х	
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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		Х
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? <i>If</i> "Yes."			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

New Legacy Charter School QALICB 85-3151693 Page 4 Part IV Checklist of Required Schedules (continued) Yes No 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 Х 22 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 X 23 Schedule J 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 Х Schedule K. If "No," go to line 25a 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 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 Х b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Х 25b 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 Х 26 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 ....... Х 27 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): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV ..... 28a **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV ..... 28b c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If 28c "Yes," complete Schedule L, Part IV ..... Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I ..... Х 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete 32 Х Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Х 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х If "Yes," complete Schedule R, Part V, line 2 36 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? If "Yes," complete Schedule R, Part VI Х 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V No Yes 0 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

(gambling) winnings to prize winners?

Form 990 (2022) New Legacy Charter School QALICB

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		37
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4		х
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Λ
D	If "Yes," enter the name of the foreign country  Con instructions for filing requirements for Fig.CFN Form 114. Penert of Foreign Reply and Figure 1940 (FRAR)			
50	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	Eo.		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u> 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		- 21
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	30		
va	any contributions that were not tax deductible as charitable contributions?	6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Oa		
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.0		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
Ī	to file Form 8282?	7с		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		
а	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.	13a		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
b	organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.	_		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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

	to line ed, ez, or rob solon, deconice the circumstances, proceeded, or charged on confederations.			77
<u>C</u>	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			ı
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	4		
	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 relationship 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 direct 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 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
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 appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
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 reached at the			
	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 Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed <b>None</b>			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3))	only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.	• •		
	X Own website Another's website Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	The Organization - 303-340-7880			
	2091 Dayton Street, Aurora, CO 80010-1010			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization ne	or any related	orga	niza	tion	con	nper	sate	ed any current officer, d	rector, or trustee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one					Reportable	Reportable	Estimated
	hours per	box	ox, unless person is both an officer and a director/trustee)			is both	n an	compensation	compensation	amount of
	week		_		II ecit	T	(66)	from	from related	other
	(list any hours for	irecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or c	stee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee		1099-NEC)	1000 (120)	and related
	below	idual	ution	<u></u>	Key employee	sst co	er	,		organizations
	line)	Indiv	Instit	Officer	Key 6	High	Former			
(1) Steven Bartholomew	1.00									
Executive Director	40.00			Х				0.	101,914.	27,360.
(2) Sarah Bridich	2.00							_	_	_
President		Х		Х		<u> </u>		0.	0.	0.
(3) Justin Ranney	2.00									
Vice-President	1.00	Х		Х		_		0.	0.	0.
(4) Jennifer Douglas	2.00	ļ								•
Member	2.00	Х				├		0.	0.	0.
		-								
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						_				
						$\vdash$				
		-								
										<b>5 000</b> (2222)

(A) Name and title	(B) (C) Average hours per (do not check more than one box, unless person is both an			one n an	(D)  Reportable compensation	(E)  Reportable compensation	on	Esti	(F) mated ount of			
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer Officer		Highest compensated Employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organization (W-2/1099-MIS 1099-NEC)	is SC/	composition from the composition of the composition from the composition	ther ensation m the nization related izations
		•										
		•										
1b Subtotal		<u> </u>				<u> </u>		0.	101,9	14.	27	,360.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)								0.	101,9	0. 14.	27	0. ,360.
Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable	9		0
3 Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," complete Schedule J for s.											3	res No
<ul> <li>For any individual listed on line 1a, is the su</li> <li>and related organizations greater than \$150</li> </ul>	ım of reportabl	е со	mpe	ensa	tion	and	oth		he organization		4	X
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	accrue comper	satio	on fr	om	any	unre	elate	ed organization or individ			5	Х
Section B. Independent Contractors     Complete this table for your five highest contractors	mpensated inc	lepe	nder	nt co	ontra	actor	rs th	nat received more than \$	3100,000 of com	pensat	ion fron	า
the organization. Report compensation for (A)  Name and business			ndin ONE		ith c	or wi	thin 	the organization's tax y (B) Description of s		Co	(C)	
		110	<u> </u>									
2 Total number of independent contractors (in \$100,000 of compensation from the organization)		ot lin	nited	d to	thos		ted	above) who received mo	ore than			

Pa	rt VI	Ш	Statement of Re	ven	ue						
			Check if Schedule O	onta	ains a r	esponse	or note to any li	ne in this Part VIII			
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	( <b>D</b> ) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	b Mic Fu d Re e Go f All sir	embership dues	ibuti grant abov	ons) ts, and /e	1a	Business Code				
Program Service Revenue	i 0 0	b	ental Income	reve	nue			181,700.			
	3 4 5	other similar amounts) Income from investment of tax-exempt bond p					est, and oroceeds	181,700. 368.			368.
	6 a	a Gr b Le c Re	ross rents ess: rental expenses ental income or (loss) et rental income or (loss)	6a 6b 6c	(i)	Real	(ii) Personal				
Revenue	7 a	a Gr as b Le	oss amount from sales of sets other than inventory ess: cost or other basis d sales expenses	7a 7b 7c		curities	(ii) Other	-			
Other Rev	(	d Ne a Gr ind	et gain or (loss)	ng ev line	ents (no	ot of e					
	9 a	b Le c Ne a Gr Pa	ess: direct expenses et income or (loss) from ross income from gamin art IV, line 19 ess: direct expenses	fund g ac	raising tivities.	events See 9	1				
	10 a	a Gr ar b Le	et income or (loss) from ross sales of inventory, I nd allowances ess: cost of goods sold et income or (loss) from	gam ess ı	ing act returns	ivities	b				
Miscellaneous Revenue	11 a	a _ b _					Business Code				
Mis	(		l other revenue otal. Add lines 11a-11d								
	12	To	tal revenue. See instruction	ns				182,068.	181,700.	0.	368.

Total revenue. See instructions

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	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				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties	18,377.	18,377.		
16	Occupancy	10,377.	10,377.		
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	145,075.	145,075.		
20	Interest  Payments to affiliates	143,013.	143,013•		
21 22	Payments to affiliates	183,333.	183,333.		
		103,333.	103,333.		
23 24	Other expenses. Itemize expenses not covered				
24	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	Purchased Services	62,540.	62,540.		
b		/	,		
c					
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	409,325.	409,325.	0.	0.
26	Joint costs. Complete this line only if the organization	•	•		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

### Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year 258,163. 238,568. 1 Cash - non-interest-bearing Savings and temporary cash investments 2 Pledges and grants receivable, net 3 3 0. Accounts receivable, net 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 0. Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 5,500,000. basis. Complete Part VI of Schedule D \_\_\_\_\_\_ 10a 488,888. 5,194,445. 5,011,112. b Less: accumulated depreciation \_\_\_\_\_\_ 10b 10c 11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 5,452,608. 5,249,680. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 24,328. Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 5,820,000. Secured mortgages and notes payable to unrelated third parties 23 23 5,820,000. 24 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 7,943. of Schedule D 5,827,943. 5,852,272. 26 **Total liabilities.** Add lines 17 through 25 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. -808,889. Net assets without donor restrictions -625,555. 27 27 Net assets with donor restrictions 250,220. 206,297. 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 Retained earnings, endowment, accumulated income, or other funds 31 31 -375,335. -602,592. Total net assets or fund balances 32 32 5,452,608. 5,249,680. 33

33

Total liabilities and net assets/fund balances

OIII	1550 (2022) Itom Edgady Chartes Solidor Siles		0 = 0 = 0 7 0	1 4	<u>gc</u>					
Pa	rt XI Reconciliation of Net Assets									
	Check if Schedule O contains a response or note to any line in this Part XI									
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,0						
2	Total expenses (must equal Part IX, column (A), line 25)	2			25.					
3	Revenue less expenses. Subtract line 2 from line 1	3			57. 35.					
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))									
5	Net unrealized gains (losses) on investments	5								
6	Donated services and use of facilities	6								
7	Investment expenses 7									
8	Prior period adjustments	8								
9	Other changes in net assets or fund balances (explain on Schedule O)	9			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	-60	2,5	92.					
Pa	rt XII Financial Statements and Reporting									
	Check if Schedule O contains a response or note to any line in this Part XII				X					
				Yes	No					
1	Accounting method used to prepare the Form 990: Cash X Accrual Other									
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.								
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a								
	separate basis, consolidated basis, or both:									
	Separate basis Consolidated basis Both consolidated and separate basis									
b	Were the organization's financial statements audited by an independent accountant?		2b	Х						
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,								
	consolidated basis, or both:									
	Separate basis X Consolidated basis Both consolidated and separate basis									
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,								
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X						
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.								
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the									
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X					
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required		t							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b							

### **SCHEDULE A**

(Form 990)

**Total** 

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

**Employer identification number** 

		rter School (				5-3151693
Part I Reason for Public	Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instructions.	
The organization is not a private foun	dation because it is: (F	or lines 1 through 12, c	heck only	one box.)		
1 A church, convention of c					I)(A)(i).	
2 A school described in sec	ction 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990).)			
3 A hospital or a cooperativ				(b)(1)(A)(ii	ii).	
4 A medical research organ					•	the hospital's name,
city, and state:					(	•
5 An organization operated	for the benefit of a col	lege or university owned	or operate	ed by a go	vernmental unit describ	ed in
section 170(b)(1)(A)(iv).		,	•	, 0		
6 A federal, state, or local g		nental unit described in	section 17	70(b)(1)(A)	(v).	
7 An organization that norm	· ·				• •	public described in
section 170(b)(1)(A)(vi). (		mai pair or no capport n	o a gove		ann an mann ana gamaran	
8 A community trust describ		1)(A)(vi). (Complete Par	t II.)			
9 An agricultural research o				ed in coniu	inction with a land-grant	college
or university or a non-land	-			-	-	•
university:	g			···-, -·- <b>,</b>	,	
10 An organization that norm	nally receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns, membership fees, an	d aross receipts from
activities related to its exe		• •			• •	
income and unrelated bus		•				-
See <b>section 509(a)(2).</b> (C		(			, 3	,
11 An organization organized		vely to test for public sa	fety. See	section 50	09(a)(4).	
12 X An organization organized	and operated exclusi	vely for the benefit of, to	perform tl	ne functio	ns of, or to carry out the	purposes of one or
more publicly supported of	•	· ·	-		•	• •
lines 12a through 12d tha						
a Type I. A supporting org	ganization operated, s	upervised, or controlled	by its supp	orted org	anization(s), typically by	giving
the supported organizat	tion(s) the power to rec	gularly appoint or elect a	majority o	f the direc	tors or trustees of the su	upporting
organization. You must	complete Part IV, Se	ctions A and B.				
<b>b</b> X Type II. A supporting or	ganization supervised	or controlled in connect	tion with its	s supporte	ed organization(s), by hav	/ing
control or management	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the sup	ported
organization(s). You mu	st complete Part IV,	Sections A and C.				
c Type III functionally int	tegrated. A supporting	g organization operated	in connect	ion with, a	and functionally integrate	ed with,
its supported organizati	on(s) (see instructions)	. You must complete I	Part IV, Se	ctions A,	D, and E.	
d Type III non-functional	lly integrated. A supp	orting organization oper	ated in cor	nnection v	vith its supported organi	zation(s)
that is not functionally in	ntegrated. The organiz	ation generally must sat	isfy a distri	ibution red	quirement and an attenti	veness
requirement (see instruc	ctions). You must con	nplete Part IV, Sections	A and D,	and Part	V.	
e Check this box if the org	ganization received a v	vritten determination fro	m the IRS	that it is a	Type I, Type II, Type III	
functionally integrated,	or Type III non-function	nally integrated supporti	ng organiz	ation.		
f Enter the number of supported	organizations					1
g Provide the following information	on about the supporte	d organization(s).				
(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	ng document?	(v) Amount of monetary	(vi) Amount of other
organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
New Legacy Charter						
School	46-3841363	2	X		409,325.	
					100	_
Total					409,325.	0.

(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	tion A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")									
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3									
5	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)									
6	Public support. Subtract line 5 from line 4.									
Sec	ction B. Total Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</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									
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)									
11	<b>Total support.</b> Add lines 7 through 10									
12	Gross receipts from related activities,	etc. (see instruction	ons)			12				
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	i01(c)(3)				
_	organization, check this box and stop						<u></u>			
	ction C. Computation of Publi					<del> </del>				
	Public support percentage for 2022 (I					14	<u>%</u>			
	Public support percentage from 2021					15	<u>%</u>			
16a	33 1/3% support test - 2022. If the	-			14 is 33 1/3% or m	nore, check this box	k and			
	stop here. The organization qualifies		-							
b	33 1/3% support test - 2021. If the				d line 15 is 33 1/3%	or more, check the	is box			
	and <b>stop here.</b> The organization qual	•	• •							
17a	10% -facts-and-circumstances test									
	and if the organization meets the fact		•	•	•	VI how the organiz	ation			
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization									
b	10% -facts-and-circumstances test	-					10% or			
	more, and if the organization meets the				-					
	organization meets the facts-and-circle		-							
<u>18</u>	<b>Private foundation.</b> If the organization	n did not check a	box on line 13, 16	ia, 16b, 17a, or 17	b, check this box a	nd see instructions	<u> </u>			

# Schedule A (Form 990) 2022 New Legacy Charter School QALICB 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.)

Se	ction A. Public Support		•				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	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						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
(	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support		T				,
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First 5 years. If the Form 990 is for the	-			•		
0-	check this box and stop here						
	ction C. Computation of Publi			. (5)		T .= T	
	Public support percentage for 2022 (I			.,,		15	%
	Public support percentage from 2021 ction D. Computation of Inves					16	%
				10 l (f)		47	0/
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from					18	7 is not
198	33 1/3% support tests - 2022. If the						
	more than 33 1/3%, check this box ar						L
k	33 1/3% support tests - 2021. If the						
00	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	in ala not check a	DOX on line 14, 198	a, or 190, check th	iis box and see ins	structions	

## Part IV Supporting Organizations

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

## Section A. All Supporting 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.)

	Yes	No
1	х	
-		
2		Х
20		Х
3a		
3b		
3c		
4a		Х
70		
4b		
4c		
5a		X
r.		
5b 5c		
30		
6		X
7		X
8		Х
3		
9a		Х
6.		v
9b		X
9с		Х
10a		X
40:		
10b le A (Forr	n gani	2022

Par	int 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		Х
b	A family member of a person described on line 11a above?	11b		Х
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		Х
Sect	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	e or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's offic	ers,		
	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 suppor			
	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 <b>1</b>		
	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		
Sect	ction 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	Х	
Sect	ction 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		100	110
	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 <b>Part VI</b> 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		
Sect	ction 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 instru	uctions)		
· a		otionoj.		
b	The state of the s			
c		/loop instruction	101	
2	Activities Test. Answer lines 2a and 2b below.	(See Instruction	Yes	No
			100	110
	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		
	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.	2.0		
	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 <b>Part VI.</b>	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		
	,			

Part V	Type III Non-Functionally integrated 509(a)(5) Support	ing Organia	zations	
1 C	heck here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions
A	ll other Type III non-functionally integrated supporting organizations mu	ust complete S	Sections A through E.	
Section A - A	djusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net sho	rt-term capital gain	1		
2 Recover	ries of prior-year distributions	2		
3 Other g	ross income (see instructions)	3		
4 Add line	es 1 through 3.	4		
5 Depreci	ation and depletion	5		
6 Portion	of operating expenses paid or incurred for production or			
collection	on of gross income or for management, conservation, or			
mainten	ance of property held for production of income (see instructions)	6		
7 Other ex	xpenses (see instructions)	7		
8 Adjuste	d Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - M	linimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggrega	ate fair market value of all non-exempt-use assets (see			
instruct	ions for short tax year or assets held for part of year):			
a Average	e monthly value of securities	1a		
<b>b</b> Average	e monthly cash balances	1b		
<b>c</b> Fair mai	rket value of other non-exempt-use assets	1c		
d Total (a	dd lines 1a, 1b, and 1c)	1d		
e Discou	nt claimed for blockage or other factors			
(explain	in detail in Part VI):			
. Acquisit	tion indebtedness applicable to non-exempt-use assets	2		
3 Subtrac	t line 2 from line 1d.	3		
4 Cash de	eemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see inst	ructions).	4		
5 Net valu	ue of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply	line 5 by 0.035.	6		
7 Recover	ries of prior-year distributions	7		
8 Minimu	m Asset Amount (add line 7 to line 6)	8		
Section C - D	istributable Amount			Current Year
1 Adjuste	d net income for prior year (from Section A, line 8, column A)	1		
	85 of line 1.	2		
3 Minimui	m asset amount for prior year (from Section B, line 8, column A)	3		
	reater of line 2 or line 3.	4		
	tax imposed in prior year	5		
	utable Amount. Subtract line 5 from line 4, unless subject to			
	ncy temporary reduction (see instructions).	6		
7 C	heck here if the current year is the organization's first as a non-function	nally integrated	Type III supporting orga	nization (see

Schedule A (Form 990) 2022

instructions).

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	ed)	
Secti	on D - Distributions		·		Current Year
1	Amounts paid to supported organizations to accomplish exe		1		
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	3	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	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9_	Distributable amount for 2022 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-2022	s	(iii) Distributable Amount for 2022
_1_	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
<u>a</u>	From 2017				
b	From 2018				
c	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2022 distributable amount				
<u>i</u> _	Carryover from 2017 not applied (see instructions)				
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
_8_	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021 Excess from 2022				
_	LAUGGG HUIII ZUZZ				

Schedule A (Form 990) 2022

## **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

New Legacy Charter School QALICB

**Employer identification number** 85-3151693

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin.		imilar Funds o	or Accoun	ts. Complete if the
	organization answered Tee Sitt offit 600, Fart IV, IIII	(a) Donor advise	d funds	<b>(b)</b> Fun	ds and other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in v		ld in donor advise	d funds	
	are the organization's property, subject to the organization's	exclusive legal control?			Yes No
6	Did the organization inform all grantees, donors, and donor a				
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any	y other purpose c	onferring	
	impermissible private benefit?				
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes	s" on Form 990, P	art IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	_		
	Preservation of land for public use (for example, recreated	tion or education)	Preservation of	a historically	important land area
	Protection of natural habitat		Preservation of	a certified his	storic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribu	ition in the form o	of a conserva	
	day of the tax year.				Held at the End of the Tax Year
а	Total number of conservation easements			2a	
b					
С	Number of conservation easements on a certified historic stru			2c	
d	Number of conservation easements included in (c) acquired a				
	historic structure listed in the National Register			2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or to	erminated by the	organization	during the tax
	year				
4	Number of states where property subject to conservation eas				
5	Does the organization have a written policy regarding the per		ion, handling of		
	violations, and enforcement of the conservation easements it				Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, an	a enforcing conse	ervation ease	ments during the year
7	Amount of avances incurred in manitaring increasing hand	lling of violations, and ant	iavaina aanaamiati		to duving the year
7	Amount of expenses incurred in monitoring, inspecting, hand	illing of violations, and em	ording conservati	on easemen	is during the year
8	Does each conservation easement reported on line 2(d) above	a satisfy the requirement	s of soction 170/h	\(\(\(\D\)\(i\)	
0					Yes No
9	and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservation				
9	balance sheet, and include, if applicable, the text of the footn				
	organization's accounting for conservation easements.	lote to the organization's	ililailciai stateillei	ilis iliai uesc	indes trie
Par	t III Organizations Maintaining Collections of	Art, Historical Trea	asures, or Oth	ner Simila	r Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its reve	enue statement an	nd balance sh	neet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education,	or research in fur	therance of p	oublic
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that desc	cribes these items	S	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue	statement and ba	alance sheet	works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in furthe	erance of put	olic 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 trea			gain, provide	)
	the following amounts required to be reported under FASB A			- • •	
а	Revenue included on Form 990, Part VIII, line 1				\$
b	Assets included in Form 990, Part X				\$

Schedule D (Form 990) 2022

5,011,112.

e Other

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B). line 10c.)

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 2	25.
1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Accrued Interest Payable	7,944.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990 Part X col. (B) line 25.)	7,944.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

		L D / 10 40-		
	Complete if the organization answered "Yes" on Form 990, Par	t IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statemer	ts	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	, , , , , , , , , , , , , , , , , , , ,			
b				
С	1 , 0			
d	,			
е	3			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а				
b	,			
	Add lines 4a and 4b			
<u>5</u>	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. I. rt XII   Reconciliation of Expenses per Audited Financia	ne 12.)	5	
Ра		•	es per neturn.	
	Complete if the organization answered "Yes" on Form 990, Par			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a				
b	, , , , , , , , , , , , , , , , , , , ,			
C				
d	,		00	
_	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	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	40		
a b				
	Other (Describe in Part XIII.) Add lines <b>4a</b> and <b>4b</b>		4c	
C				
5				
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I.			
Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. rt XIII Supplemental Information.	line 18.)	5	XI.
<b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. rt XIII Supplemental Information.  ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1.	line 18.) a and 4; Part IV, lines 1b and 2b; Pa	5	XI,
<b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. rt XIII Supplemental Information.	line 18.) a and 4; Part IV, lines 1b and 2b; Pa	5	XI,
<b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. rt XIII Supplemental Information.  ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1.	line 18.) a and 4; Part IV, lines 1b and 2b; Pa	5	XI,
<b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. rt XIII Supplemental Information.  ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1.	line 18.) a and 4; Part IV, lines 1b and 2b; Pa	5	XI,
<b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. rt XIII Supplemental Information.  ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1.	line 18.) a and 4; Part IV, lines 1b and 2b; Pa	5	XI,
<b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. rt XIII Supplemental Information.  ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1.	line 18.) a and 4; Part IV, lines 1b and 2b; Pa	5	XI,
<b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. rt XIII Supplemental Information.  ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1.	line 18.) a and 4; Part IV, lines 1b and 2b; Pa	5	XI,
<b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. rt XIII Supplemental Information.  ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1.	line 18.) a and 4; Part IV, lines 1b and 2b; Pa	5	XI,
<b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. rt XIII Supplemental Information.  ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1.	line 18.) a and 4; Part IV, lines 1b and 2b; Pa	5	XI,
<b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. rt XIII Supplemental Information.  ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1.	line 18.) a and 4; Part IV, lines 1b and 2b; Pa	5	XI,
<b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. rt XIII Supplemental Information.  ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1.	line 18.) a and 4; Part IV, lines 1b and 2b; Pa	5	XI,
<b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. rt XIII Supplemental Information.  ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1.	line 18.) a and 4; Part IV, lines 1b and 2b; Pa	5	XI,
<b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. rt XIII Supplemental Information.  ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1.	line 18.) a and 4; Part IV, lines 1b and 2b; Pa	5	XI,
<b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. rt XIII Supplemental Information.  ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1.	line 18.) a and 4; Part IV, lines 1b and 2b; Pa	5	XI,
<b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. rt XIII Supplemental Information.  ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1.	line 18.) a and 4; Part IV, lines 1b and 2b; Pa	5	XI,
<b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. rt XIII Supplemental Information.  ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1.	line 18.) a and 4; Part IV, lines 1b and 2b; Pa	5	XI,
<b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. rt XIII Supplemental Information.  ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1.	line 18.) a and 4; Part IV, lines 1b and 2b; Pa	5	XI,
<b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. rt XIII Supplemental Information.  ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1.	line 18.) a and 4; Part IV, lines 1b and 2b; Pa	5	XI,
<b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. rt XIII Supplemental Information.  ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1.	line 18.) a and 4; Part IV, lines 1b and 2b; Pa	5	XI,
<b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. rt XIII Supplemental Information.  ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1.	line 18.) a and 4; Part IV, lines 1b and 2b; Pa	5	XI,
<b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. rt XIII Supplemental Information.  ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1.	line 18.) a and 4; Part IV, lines 1b and 2b; Pa	5	XI,
<b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. rt XIII Supplemental Information.  ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1.	line 18.) a and 4; Part IV, lines 1b and 2b; Pa	5	XI,
<b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. rt XIII Supplemental Information.  ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1.	line 18.) a and 4; Part IV, lines 1b and 2b; Pa	5	XI,
<b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. rt XIII Supplemental Information.  ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1.	line 18.) a and 4; Part IV, lines 1b and 2b; Pa	5	XI,

# **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.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

New Legacy Charter School QALICB

**Employer identification number** 85-3151693

Form 990, Part I, Line 1:
The Corporation is a supporting organization of the New Legacy Charter
School which serves primarily pregnant students or young parents.
Form 990, Part VI, Section B, line 11b:
The Head of School and Board of Directors review the 990 prior to filing.
Form 990, Part VI, Section B, Line 12c:
The Board of Directors has all board members sign the Conflict of Interest
Policy Statement annually, and the chair asks for the board members to
declare any conflicts at the beginning of each meeting.
Form 990, Part VI, Section C, Line 19:
The organization's governing documents and conflict of interest policy are
available upon request. The financial statements are posted on the
school's website on a quarterly basis in compliance with the Colorado
Financial Transparency Act.
Form 990, Part XII, Line 2c:
The finance committee oversees audit services and selection of
independent auditors. This has not changed from the prior year.

### **SCHEDULE R** (Form 990)

Part I

# **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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

(c)

(d)

(e)

Attach to Form 990.

(b)

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

(a)

Department of the Treasury Internal Revenue Service

New Legacy Charter School QALICB

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

**Employer identification number** 85-3151693

(f)

Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)	or Total inco	ome End-of-yea		controlling entity	g
Part II Identification of Related Tax-Exempt Organ organizations during the tax year.	izations. Complete if the organization	on answered "Yes" on Form 990	D, Part IV, line 34,	pecause it had one	or more related tax-exe	empt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	cont	g) 512(b)(13) rolled tity?
NLCS Building Corporation - 85-3158047	Support of New Legacy					100	
Aurora, CO 80010	Charter School	Colorado	501(c)(3)	Line 2	N/A		X

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization  (b) Primary activity Primary activity Of related organization  (c) Legal domicile (state or foreign country)  Primary activity Of related organization  (d) Predominant income (related, unrelated, excluded from tax under sections 512-514)  Share of total income Of related, unrelated, excluded from tax under sections 512-514)  (g) Share of total income Of rend-of-year assets  (h) Disproportionate allocations?  Yes No  (i) General or managing partner? Yes No
Name, address, and EIN of related organization  Primary activity  Primary activity  Primary activity  Primary activity  Predominant income (related, unrelated, excluded from tax under sections 512-514)  Primary activity  Predominant income (related, unrelated, excluded from tax under sections 512-514)  Primary activity  Predominant income (related, unrelated, excluded from tax under sections 512-514)  Primary activity  Predominant income (related, unrelated, excluded from tax under sections 512-514)  Percentage ownership  Precontrolling entity  Preson Total income  Primary activity  Primary activity  Preson Total income  Primary activity  Preson Total income  Primary activity  Primary activity  Primary activity
toreign country)    State of foreign country   excluded from tax under sections 512-514)   assets   20 of Schedule   Factor   Yes   No   Yes   No     Yes   No     Yes   No     Yes   No     Yes   No     Yes   No     Yes   No     Yes   No     Yes   No     Yes   No     Yes   No     Yes   No   Yes   No   Yes   No   Yes
Country   Sections 512-514)   Yes   No   K-1 (Form 1065)   Yes   No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	Sec	i) ction
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership		tion b)(13) rolled tity?
		Courtry)						Yes	No
	-								

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1a

Yes No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b	Gift, grant, or capital contribution to related organization(s)				1b		X
	Gift, grant, or capital contribution from related organization(s)				1c		X
	Loans or loan guarantees to or for related organization(s)				1d		X
	Loans or loan guarantees by related organization(s)				1e		X
	Dividends from related organization(s)				1f		X
g	Sale of assets to related organization(s)				1g		X
h	Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s)				1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j	X	
k	k Lease of facilities, equipment, or other assets from related organization(s)						X
ı	Performance of services or membership or fundraising solicitations for related organization(s)						X
	m Performance of services or membership or fundraising solicitations by related organization(s)						X
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)						X
0	o Sharing of paid employees with related organization(s)						X
p Reimbursement paid to related organization(s) for expenses							X
q	Reimbursement paid by related organization(s) for expenses				1q		X
	Other transfer of cash or property to related organization(s)				1r		X
	Other transfer of cash or property from related organization(s)				1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on whether the answer to any of the above is "Yes," see the instructions for information on whether the answer to any of the above is "Yes," see the instructions for information on whether the answer to any of the above is "Yes," see the instructions for information on whether the answer to any of the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instruction of the above is "Yes," and "Yes,	ho must complete th	is line, including covered rel	ationships and transaction thresholds.			
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount in	volved		
1) ]	NLCS Building Corporation	J	189,028.F	air Market Value			
2)							
3)							
4)							
5)							
6)							
3216	3 09-14-22			Schedule	R (Forr	n 990	2022

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprition allocat	opor- late tions?	General manage partner	(k) Percentage ownership
									000) 0000