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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
LEGACY COMMUNITY HEALTH SERVICES

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
PO BOX 66308

City or town, state or country, and ZIP + 4
HOUSTON, TX 77006

D Employer identification number
76-0009637

E Telephone number
(713) 830-3000

G Gross receipts $ 15,995,367

F Name and address of Principal Officer
KATY CALDWELL
PO BOX 66308
HOUSTON,TX 77006

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
(If "No," attach a list See instructions)

H(c) Group Exemption Number ▶

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Web site: ▶ WWW LEGACYCOMMUNITYHEALTH ORG

K Type of organization ☑ Corporation ☐ trust ☐ association ☐ other ▶

L Year of Formation 1982

M State of legal domicile TX

Part I Summary

1 Briefly describe the organization's mission or most significant activities

WE EMPOWER OUR CLIENTS TO LEAD BETTER LIVES BY PROVIDING PREMIUM, COMPASSIONATE PRIMARY HEALTHCARE SERVICES TO A DIVERSE COMMUNITY WHO HAVE TRADITIONALLY FACED PROBLEMS ACCESSING QUALITY HEALTHCARE

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	20
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	20
5	Total number of employees (Part V, line 2a)	**5**	170
6	Total number of volunteers (estimate if necessary)	**6**	31
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	12,679,674	13,195,801
9	Program service revenue (Part VIII, line 2g)	1,911,989	2,718,364
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	279	42
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	234,741	-48,080
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,826,683	15,866,127
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,050,583	3,899,490
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	6,800,139	7,750,408
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	(Total fundraising expenses, Part IX, column (D), line 25 927,375)		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	4,823,189	4,751,756
18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	14,673,911	16,401,654
19	Revenue less expenses Subtract line 18 from line 12	152,772	-535,527

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	9,543,013	10,267,430
21	Total liabilities (Part X, line 26)	1,893,627	2,093,251
22	Net assets or fund balances Subtract line 21 from line 20	7,649,386	8,174,179

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

Please Sign Here

****** | 2010-03-29
Signature of officer | Date

JUDITH MCNALL CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Brian D Todd	Date	Check if self-empolyed ▶ ☐	Preparer's PTIN (See Gen Inst)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ BKD LLP 910 E ST LOUIS 200/PO BOX 1190 SPRINGFIELD, MO 658062523			EIN ▶ Phone no ▶ (417) 865-8701

May the IRS discuss this return with the preparer shown above? (See instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments (See the instructions.)

1 Briefly describe the organization's mission

See Additional Data Table

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting or make significant changes in how it conducts any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 8,344,496 including grants of $) (Revenue $ 1,476,925)

CLINICAL SERVICES - 10,150 PEOPLE SERVED SEE MORE INFORMATION ON SCHEDULE O

4b (Code) (Expenses $ 4,855,955 including grants of $ 2,667,000) (Revenue $ 859,462)

FINANCIAL ASSISTANCE - 3,200 PEOPLE SERVED SEE MORE INFORMATION ON SCHEDULE O

4c (Code) (Expenses $ 959,231 including grants of $) (Revenue $ 169,816)

EDUCATION & PREVENTION - 4,300 PEOPLE SERVED SEE MORE INFORMATION ON SCHEDULE O

4d Other program services (Describe in Schedule O)

(Expenses $ 511,673 including grants of $) (Revenue $ 90,361)

4e Total program service expenses $ 14,671,355 *Must equal Part IX, Line 25, column (B).*

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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
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		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		No
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23	Yes	
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 questions 24b–24d and complete Schedule K. If "No," go to question 25*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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) and 501(c)(4) 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		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		No

Part IV Checklist of Required Schedules *(Continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV* .	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5 percent 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*	**37**		No

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	39		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	170		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? **Note:** *If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.*	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in 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 financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** *Report of Foreign Bank and Financial Accounts.*				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, *Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?*	5c			
6a	Did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	*Organizations that may receive deductible contributions under section 170(c).*				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of $75 or more?	7a		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.*				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	*Section 501(c)(7) organizations.* Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	*Section 4947(a)(1) non-exempt charitable trusts.* Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

Part VI Governance, Management, and Disclosure *(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)*

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body . .	1a 20		
b	Enter the number of voting members that are independent . .	1b 20		
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . .	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	the governing body?	8a	Yes	
b	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No", go to line 13* . .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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			
a	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b		No
	Describe the process in Schedule O			
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		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed _____

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ own website ☑ another's website ☑ upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

MS JUDI MCNALL
PO BOX 66308
HOUSTON,TX 77006
(713) 830-3000

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

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

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed
* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

* List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations

* List all of the organization's **former** officers, key employees, or 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

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

☐ Check this box if the organization did not compensate any officer, director, trustee or key employee

(A) Name and Title	**(B)** Average hours per week	**(C)** Position (check all that apply)						**(D)** Reportable compensation from the organization (W-2/1099MISC)	**(E)** Reportable compensation from related organizations (W- 2/1099-MISC)	**(F)** Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

Part VII Continued

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total								1,484,076	0	109,432

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 12

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
LABCORP OF AMERICA	LAB SERVICES	570,381
MONOGRAM BIOSCIENCES INC	MEDICAL SERVICES	138,396

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 2

Part VIII **Statement of Revenue**

				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a 92,941				
	b	Membership dues	1b				
	c	Fundraising events	1c 476,728				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e 9,597,805				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 3,028,327				
	g	Noncash contributions included in lines 1a-1f $ 686,716					
	h	**Total (Add lines 1a-1f)**		13,195,801			
Program Service Revenue			Business Code				
	2a	NET PATIENT SERVICE REVENUE	624,100	2,376,546	2,376,546		
	b	OTHER	624,100	220,018	220,018		
	c	LEGACY ENDOWMENT MANAGEMENT FEES	561,000	121,800			121,800
	d						
	e						
	f	All other program service revenue					
	g	**Total. Add lines 2a-2f** ▶ $ 2,718,364					
	3	Investment income (including dividends, interest other similar amounts)		42			42
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real / (ii) Personal				
	6a	Gross Rents	15,000				
	b	Less rental expenses					
	c	Rental income or (loss)	15,000				
	d	Net rental income or (loss)		15,000			15,000
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)		0			
Other Revenue	8a	Gross income from fundraising events (not including $ 55,056 of contributions reported on line 1c) See Part IV, line 18 *Attach Schedule G if total exceeds $15,000*	a 476,728				
	b	Less direct expenses	b 129,240				
	c	Net income or (loss) from fundraising events		-74,184			-74,184
	9a	Gross income from gaming activities See part IV, line 19 *Complete Schedule G if total exceeds $15,000*	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less returns and allowances	a 11,104				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory		11,104			11,104
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	c						
	d	All other revenue					
	e	**Total. Add lines 11a-11d**	$ 0				
	12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		15,866,127	2,596,564		73,762

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			
2 Grants and other assistance to individuals in the U S See Part IV, line 22	3,899,490	3,899,490		
3 Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	777,627	726,808	48,502	2,317
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	5,646,518	4,951,999		436,037
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	112,618	102,775	3,322	6,521
9 Other employee benefits	756,610	689,864	20,004	46,742
10 Payroll taxes	457,035	417,090	13,483	26,462
11 Fees for services (non-employees)				
a Management	0			
b Legal	9,903	6,679	1,500	1,724
c Accounting	69,136	46,631	10,471	12,034
d Lobbying	0			
e Professional fundraising *See Part IV, line 17*	0			
f Investment management fees	0			
g Other	368,098	248,277	55,749	64,072
12 Advertising and promotion	81,685	17,160	4,655	59,870
13 Office expenses	2,914,772	2,565,339	277,427	72,006
14 Information technology	0			
15 Royalties	0			
16 Occupancy	479,930	403,322	16,509	60,099
17 Travel	77,920	44,022	32,094	1,804
18 Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19 Conferences, conventions and meetings	8,824	4,985	3,635	204
20 Interest	47,047	20,046	25,944	1,057
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	67,500	61,231	2,947	3,322
23 Insurance	60,897	56,320	1,585	2,992
24 Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a REPAIRS & MAINTENANCE	39,750	27,233	981	11,536
b OTHER	526,294	382,084	25,634	118,576
c				
d				
e				
d				
e				
e				
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	16,401,654	14,671,355	802,924	927,375
26 **Joint Costs.** Check ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	132,318	1	65,472
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	1,400,093	3	776,382
	4	Accounts receivable, net	443,506	4	503,677
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties *Complete Part II of Schedule L*		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) *Complete Part II of Schedule L*		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	385,105
	9	Prepaid expenses and deferred charges	70,060	9	58,359
	10a	Land, buildings, and equipment cost basis — 10a: 860,862			
	b	Less accumulated depreciation *Complete Part VI of Schedule D* — 10b: 742,120	117,339	10c	118,742
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11 *Complete Part VII of Schedule D*		12	
	13	Investments—program-related See Part IV, line 11 *Complete Part VIII of Schedule D*		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11 *Complete Part IX of Schedule D*	7,379,697	15	8,359,693
	16	**Total assets.** *Add lines 1 through 15 (must equal line 34)*	9,543,013	16	10,267,430
Liabilities	17	Accounts payable and accrued expenses	1,618,596	17	1,374,708
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability *Complete Part IV of Schedule D*		21	
	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*		22	
	23	Secured mortgages and notes payable to unrelated third parties	200,031	23	645,698
	24	Unsecured notes and loans payable	75,000	24	72,845
	25	Other liabilities *Complete Part X of Schedule D*		25	
	26	**Total liabilities.** *Add lines 17 through 25*	1,893,627	26	2,093,251
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	236,706	27	-400,889
	28	Temporarily restricted net assets	7,412,680	28	8,575,068
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	7,649,386	33	8,174,179
	34	Total liabilities and net assets/fund balances	9,543,013	34	10,267,430

Part XI Financial Statements and Reporting

				Yes	No
1	Accounting method used to prepare the Form 990	☐ cash ☑ accrual ☐ other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes" to lines 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	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits?		3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
LEGACY COMMUNITY HEALTH SERVICES

Employer identification number
76-0009637

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

1 ☐ A church, convention of churches, or association of churches described in **Section 170(b)(1)(A)(i).**

2 ☐ A school described in **Section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii).** (Attach Schedule H)

4 ☐ A medical research organization operated in conjunction with a hospital described in **Section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **Section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **Section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☑ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **Section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **Section 509(a)(4).** (See instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **Section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally Integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		No
(ii) a family member of a person described in (i) above? **11g(ii)**		No
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		No

h Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 **Public Support** subtract line 5 from line 4						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 IV)						
11 **Total Support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶

Computation of Public Support Percentage

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f **15**

16a **33 1/3% Test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% Test - 2007.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

17a **10% Facts and Circumstances Test - 2008.** 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

b **10% Facts and Circumstances Test - 2007.** 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

18 **Private Foundation.** If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	4,409,098	5,014,425	11,113,857	12,679,674	13,195,801	46,412,855
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	524,281	659,153	1,535,380	1,911,989	2,718,364	7,349,167
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total** Add lines 1-5	4,933,379	5,673,578	12,649,237	14,591,663	15,914,165	53,762,022
7a Amounts included on lines 1, 2, and 3 received from disqualified persons		20,600				20,600
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Total of lines 7a and 7b		20,600				20,600
8 **Public Support** (Substract line 7c from line 6)						53,741,422

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	4,933,379	5,673,578	12,649,237	14,591,663	15,914,165	53,762,022
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	327	2,136	15,628	15,829	15,042	48,962
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
c Add lines 10a and 10b	327	2,136	15,628	15,829	15,042	48,962
11 Net income from unrelated business activities not included in 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 IV)						
13 **Total Support** (Add lines 9, 10c, 11 and 12)						53,810,984

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ☐

Computation of Public Support Percentage

15 Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	99 871 %
16 Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16	99 842 %

Computation of Investment Income Percentage

17 Investment Income Percentage for **2008** (line 10c column (f) divided by line 13 column (f))	17	0 091 %
18 Investment Income Percentage from **2007** Schedule A, Part IV-A, line 27h	18	0 065 %

19a **33 1/3% Tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☑

b **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ☐

Part IV **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

Additional Data

Software ID:
Software Version:
EIN: 76-0009637
Name: LEGACY COMMUNITY HEALTH SERVICES

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JAMES KOVACH , CHAIRPERSON	2 0	X		X				0	0	0
JAMES REEDER JR , VICE CHAIRPERSON	2 0	X		X				0	0	0
ROBERT HILLARD , SECRETARY	2 0	X		X				0	0	0
RICHARD DAVIDSON , TREASURER	2 0	X		X				0	0	0
LYDIA BAEHR , AT-LARGE/EXECUTIVE COMMITTEE	2 0	X		X				0	0	0
BETH APOLLO , DIRECTOR	2 0	X						0	0	0
CRYS BLANKENSHIP , DIRECTOR	2 0	X						0	0	0
ROBERT BOUTON , DIRECTOR	2 0	X						0	0	0
JERRI J BROOKS , DIRECTOR	2 0	X						0	0	0
ANN REID , DIRECTOR	2 0	X						0	0	0
MICHAEL J COLLINS , DIRECTOR	2 0	X						0	0	0
STEVE ALLEN , DIRECTOR	2 0	X						0	0	0
RAMIRO FONSECA , DIRECTOR	2 0	X						0	0	0
SALIMAH CUMBER , DIRECTOR	2 0	X						0	0	0
PAUL-DAVID VAN ATTA , DIRECTOR	2 0	X						0	0	0
JANI C LOPEZ , DIRECTOR	2 0	X						0	0	0
NICOLE L MOORE , DIRECTOR	2 0	X						0	0	0
TRUDY NIX , DIRECTOR	2 0	X						0	0	0
DAVID FOX , DIRECTOR	2 0	X						0	0	0
RAY PURSER , DIRECTOR	2 0	X						0	0	0
KATHERINE CALDWELL , EXECUTIVE DIRECTOR	40 0			X				171,485	0	12,488
JUDITH MCNALL , CHIEF FINACIAL OFFICER	40 0			X				141,637	0	16,690
BARRY MANDEL , CHIEF OPERATING OFFICER	40 0				X			159,841	0	11,956
MARK BRAD MORMON , CHIEF MEDICAL OFFICER	40 0				X			250,090	0	13,440
DONA BOYDSTUN , CHIEF DEVELOPMENT OFFICER	40 0					X		149,701	0	10,535
NATALIE VANEK , PHYSICIAN	40 0					X		156,152	0	10,160
JAMES CARROLL , PHYSICIAN	40 0					X		156,310	0	11,847
MARK LEVINE , PHYSICIAN	40 0					X		156,055	0	11,841
SCOTT SAWYER , OPHTHALMOLOGIST	40 0					X		142,805	0	10,475

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

MISSION: WE EMPOWER OUR CLIENTS TO LEAD BETTER LIVES BY PROVIDING PREMIUM, COMPASSIONATE PRIMARY HEALTHCARE SERVICES. WE ARE COMMITTED TO SERVING A DIVERSE COMMUNITY INCLUDING THOSE PERSONS WHO HAVE TRADITIONALLY FACED PROBLEMS ACCESSING QUALITY HEALTHCARE. THE FIRST PART OF THIS MISSION IS SIMPLE - WE WANT EACH OF OUR EXTRAORDINARY PATIENTS TO RECEIVE EXTRAORDINARY HEALTHCARE WHETHER YOU NEED AB EYE EXAM, WANT TO TALK TO A COUNSELOR ABOUT STD PREVENTION, OR JUST HAVE A COLD, WE TAKE YOUR NEEDS SERIOUSLY AND WE ARE HERE TO HELP. THE SECOND PART OF THIS MISSION IS WHAT SETS LEGACY APART. WE BELIEVE THAT A COMPASSIONATE, NON-JUDGMENTAL ENVIRONMENT IS THE KEY TO GREAT HEALTHCARE. THIS MEANS THAT EVERY PATIENT IS ACCEPTED UNCONDITIONALLY, REGARDLESS OF: CULTURE, RACE OR BACKGROUND, GENDER OR SEXUAL ORIENTATION, FINANCIAL SITUATION, HIV STATUS, STDS OR ANY OTHER ILLNESS. VISION: LEGACY'S VISION IS TO CONTINUE TO SERVE AS A HEALTHCARE HOME BY BUILDING A NETWORK OF COMMUNITY CLINICS WHERE PEO

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SCHEDULE C
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

OMB No 1545-0047

2008

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)
- Section 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)
- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax)
- Section 501(c)(4), (5), or (6) organizations complete Part III

Name of the organization	Employer identification number
LEGACY COMMUNITY HEALTH SERVICES	76-0009637

Part I-A **To be completed by all organizations exempt under section 501(c) and section 527 organizations.** (See the instructions for Schedule C for details.)

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures $ _____

3 Volunteer hours _____

Part I-B **To be completed by all organizations exempt under section 501(c)(3).** (See the instructions for Schedule C for details.)

1 Enter the amount of any excise tax incurred by the organization under section 4955 $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 $ _____

3 If the organization incurred in a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C **To be completed by all organizations exempt under section 501(c), except section 501(c)(3).** (See the instructions for Schedule C for details.)

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities $ _____

2 Enter the amount of the filing organization's internal funds contributed to other organizations for section 527 exempt funtion activities $ _____

3 Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's internal funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A **To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

A Check ☐ if the filing organization belongs to an affiliated group

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures— (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	83,196	
c	Total lobbying expenditures (add lines 1a and 1b)	83,196	
d	Other exempt purpose expenditures	16,401,654	
e	Total exempt purpose expenditures (add lines 1c and 1d)	16,484,850	
f	Lobbying nontaxable amount Enter the amount from the following table in both columns—	974,243	

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

g	Grassroots nontaxable amount (enter 25% of line 1f)	243,561	
h	Subtract line 1g from line 1a Enter -0- if line g is more than line a		
i	Subtract line 1f from line 1c Enter -0- if line f is more than line c		
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	☐ Yes ☑ No	

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)		(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a	Lobbying non-taxable amount	448,359	805,188	883,696	974,243	3,111,486
b	Lobbying ceiling amount (150% of line 2a, column(e))					4,667,229
c	Total lobbying expenditures	42,728	32,169	85,086	83,196	243,179
d	Grassroots non-taxable amount	112,090	201,297	220,924	243,561	777,872
e	Grassroots ceiling amount (150% of line d, column (e))					1,166,808
f	Grassroots lobbying expenditures	0	0	0	0	0

Part II-B **To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines c through i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?			
i	Other activities If "Yes," describe in Part IV			
j	Total lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes" enter the amount of any tax incurred under section 4912			
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).** (See the instructions for Schedule C for details.)

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes."** (See the instructions for Schedule C for details.)

1	Dues, assessments and similar amounts from members	1 $
2	Section 162(e) non-deductible lobbying and political expenditures ***(do not include amounts of political expenses for which the section 527(f) tax was paid).***	
a	Current Year	2a $
b	Carryover from last year	2b $
c	Total	2c $
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3 $
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4 $
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5 $

Part IV **Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier	Return Reference	Explanation
OTHER LOBBYING EXPENSES	SCHEDULE C, PART II-A, LINE 1B	IN ADDITION TO A HIRED LOBBYIST, WHO WAS COMPENSATED $83,196 (INCLUDING BENEFITS), THE ORGANIZATION PAID ANNUAL DUES TO NACHC AND TACHC, A PORTION OF WHICH MAY BE ATTRIBUTABLE TO LOBBYING

Part IV Supplemental Information

Identifier	Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
LEGACY COMMUNITY HEALTH SERVICES

Employer identification number
76-0009637

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate Contributions to (during year)		
3	Aggregate Grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 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 advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ $

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $

(ii) Assets included in Form 990, Part X ▶ $

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain why in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		109,889	94,732	15,157
d Equipment		750,973	647,388	103,585
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				118,742

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
OTHER RECEIVABLES	142,891
DUE FROM RELATED ENTITIES	2,827
INT IN NET ASSETS OF LCHE	8,213,975
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	8,359,693

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of Liability	(b) Amount
Federal Income Taxes	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	15,866,127
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	16,401,654
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-535,527
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	1,060,320
9	Total adjustments (net) Add lines 4 - 8	9	1,060,320
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	524,793

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	18,143,113
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b	1,087,426		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	1,060,320		
e	Add lines **2a** through **2d**			2e	2,147,746
3	Subtract line **2e** from line **1**			3	15,995,367
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	-129,240		
c	Add lines **4a** and **4b**			4c	-129,240
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	15,866,127

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	17,618,320
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	1,087,426		
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d	129,240		
e	Add lines **2a** through **2d**			2e	1,216,666
3	Subtract line **2e** from line **1**			3	16,401,654
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	16,401,654

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
UNCERTAIN TAX POSITIONS	SCHEDULE D, PART X	IN ACCORDANCE WITH FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) STAFF POSITION NO FIN 48-3, THE ORGANIZATION HAS ELECTED TO DEFER THE EFFECTIVE DATE OF FASB INTERPRETATION NO 48 (FIN 48), ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, UNTIL ITS FISCAL YEAR ENDING JUNE 30, 2010 THE ORGANIZATION HAS CONTINUED TO ACCOUNT FOR ANY UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH LITERATURE THAT WAS AUTHORITATIVE IMMEDIATELY PRIOR TO THE EFFECTIVE DATE OF FIN 48, SUCH AS FASB STATEMENT NO 109, ACCOUNTING FOR INCOME TAXES, AND FASB STATEMENT NO 5, ACCOUNTING FOR CONTINGENCIES
OTHER INCOME ON BOOKS NOT ON RETURN	SCHEDULE D, PART XII, LINE 2D	1,060,320 CHANGE IN INTEREST IN N/A OF LEGACY COMM HEALTH ENDOWMENT
OTHER INCOME ON RETURN NOT ON BOOKS	SCHEDULE D, PART XII, LINE 4B	(129,240) FUNDRAISING EVENT EXPENSES
OTHER EXPENSES ON BOOKS NOT ON RETURN	SCHEDULE D, PART XIII, LINE 2D	129,240 FUNDRAISING EVENT EXPENSES

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

▶ **Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than $15,000 on Form 990-EZ, line 6a.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
LEGACY COMMUNITY HEALTH SERVICES

Employer identification number
76-0009637

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☐ Mail solicitations
- **b** ☐ Email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions?		**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
		Yes	**No**			
Total			▶			

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 CBRT FOR A CURE (event type)	(b) Event #2 LUNCHEON (event type)	(c) Other Events 13 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	249,770	152,035	129,979	531,784
	2 Less Charitable contributions	211,676	136,381	128,671	476,728
	3 Gross revenue (line 1 minus line 2)	38,094	15,654	1,308	55,056
Direct Expenses	4 Cash Prizes				
	5 Non-cash Prizes	2,000	2,000		4,000
	6 Rent/Facility costs		5,000		5,000
	7 Other direct expenses	51,916	58,806	9,518	120,240
	8 Direct expense summary Add lines 4 through 7 in column (d) ▶				129,240
	9 Net income summary Combine lines 3 and 8 in column (d) ▶				-74,184

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities ____			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility **13a**		
b	An outside facility **13b**		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name ▶ _____		
	Address ▶ _____		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue? **15a**		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____		
c	If "Yes," enter name and address		
	Name ▶ _____		
	Address ▶ _____		
16	Gaming manager information		
	Name ▶ _____		
	Gaming manager compensation ▶ $ _____		
	Description of services provided ▶ _____		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? **17a**		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $		

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
LEGACY COMMUNITY HEALTH SERVICES

Employer identification number
76-0009637

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 if additional space is needed . . . ▶ ☐

1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations . . . ▶

3 Enter total number of other organizations . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
PRSCRPTON DRGS DSBRSD TO RYAN WHITE GRNT PTNTS	3200	2,667,000			
INS AND COPMTS PAID FOR RYAN WHITE GRNT PTNTS	911	1,232,490			

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Identifier	Return Reference	Explanation
GRANT MONITORING	SCHEDULE I, PART I, QUESTION 2	RECIPIENTS OF PHARMACEUTICALS UNDER THE RYAN WHITE GRANT PROGRAM RECEIVE AID BASED ON PROGRAM GUIDELINES AS SET FORTH IN THE GRANT TO BE ELIGIBLE, PATIENTS MUST BE DIAGNOSED WITH HIV/AIDS AND LIVE IN THE HOUSTON EMA (HARRIS, CHAMBERS, FORT BEND, LIBERTY, MONTGOMERY AND WALLER COUNTIES) PATIENT INCOME MUST BE 500% OF FEDERAL POVERTY GUIDELINE FOR HIV MEDICATIONS AND 200% OF FEDERAL POVERTY GUIDELINE FOR NON-HIV MEDICATIONS IN ADDITION, PATIENTS MAY NOT BE PRESENTLY COVERED FOR HIV OR NON-HIV MEDICATIONS UNDER THE STATE ADAP PROGRAM, STATE PHARMACY ASSISTANCE PROGRAM, TEXAS MEDICAID PROGRAM, MEDICARE PART D, OR ANY OTHER THIRD-PARTY PAYOR MEDICATIONS ARE FILLED BY PHARMACIES OR MAIL ORDER AND DISTRIBUTED TO PATIENTS, PATIENTS DO NOT RECEIVE CASH DIRECTLY RECIPIENTS OF HEALTH INSURANCE AND COST SHARING ASSISTANCE UNDER THE RYAN WHITE GRANT PROGRAM RECEIVE AID BASED ON PROGRAM GUIDELINES AS SET FORTH IN THE GRANT TO BE ELIGIBLE, PATIENTS MUST BE HIV-INFECTED, RESIDE IN THE HOUSTON EMA AND MEET RPWC APPROVED FINANCIAL ELIGIBILITY GUIDELINES PAYMENTS ARE MADE DIRECTLY TO THE INSURANCE COMPANIES, PATIENTS DO NOT RECEIVE CASH DIRECTLY THE ORGANIZATION BELIEVES STRICT RECIPIENT GUIDELINES ENSURE CORRECT USE OF RYAN WHITE GRANT FUNDS

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
LEGACY COMMUNITY HEALTH SERVICES

Employer identification number
76-0009637

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
a	Receive a severance payment or change of control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
DONA BOYDSTUN	(i)	134,201	0	15,500	3,375	7,160	160,236	
	(ii)	0					0	
BARRY MANDEL	(i)	144,341	0	15,500	4,766	7,190	171,797	
	(ii)	0					0	
KATHERINE CALDWELL	(i)	159,235	0	12,250	5,250	7,238	183,973	
	(ii)	0					0	
JUDITH MCNALL	(i)	132,637	0	9,000	4,500	12,190	158,327	
	(ii)	0					0	
MARK BRAD MORMON	(i)	234,590	0	15,500	6,250	7,190	263,530	
	(ii)	0					0	
NATALIE VANEK	(i)	151,152	0	5,000	3,000	7,160	166,312	
	(ii)	0					0	
JAMES CARROLL	(i)	151,623	0	4,687	4,687	7,160	168,157	
	(ii)	0					0	
MARK LEVINE	(i)	140,575	0	15,480	4,687	7,154	167,896	
	(ii)	0					0	
SCOTT SAWYER	(i)	128,200	0	14,605	3,237	7,238	153,280	
	(ii)	0					0	
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 76-0009637
Name: LEGACY COMMUNITY HEALTH SERVICES

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
DONA BOYDSTUN	(I) (II)	134,201 0	0	15,500	3,375	7,160	160,236 0	
BARRY MANDEL	(I) (II)	144,341 0	0	15,500	4,766	7,190	171,797 0	
KATHERINE CALDWELL	(I) (II)	159,235 0	0	12,250	5,250	7,238	183,973 0	
JUDITH MCNALL	(I) (II)	132,637 0	0	9,000	4,500	12,190	158,327 0	
MARK BRAD MORMON	(I) (II)	234,590 0	0	15,500	6,250	7,190	263,530 0	
NATALIE VANEK	(I) (II)	151,152 0	0	5,000	3,000	7,160	166,312 0	
JAMES CARROLL	(I) (II)	151,623 0	0	4,687	4,687	7,160	168,157 0	
MARK LEVINE	(I) (II)	140,575 0	0	15,480	4,687	7,154	167,896 0	
SCOTT SAWYER	(I) (II)	128,200 0	0	14,605	3,237	7,238	153,280 0	

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Non-Cash Contributions

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
LEGACY COMMUNITY HEALTH SERVICES

Employer identification number
76-0009637

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution (historic structures)				
14	Qualified conservation contribution (other)				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (describe PSA ADVERT)	X	1	672,700	FMV
26	Other (describe WNDW SERVER)	X	1	6,516	FMV
27	Other (describe VAR)	X	4	7,500	FMV
28	Other (describe)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, *Part IV, Donee Acknowledgement* **29**

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? **30a**		No
b	If "Yes", describe the arrangement in Part II		
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? **31**	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? **32a**		No
b	If "Yes", describe in Part II		
33	If the organization did not report revenues in Column (c) for a type of property for which Column (a) is checked, describe in Part II		

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	ReturnReference	Explanation
NUMBER OF CONTRIBUTORS	SCHEDULE M, PART I, LINES 25-27	LINE 25 IN-KIND RADIO ADVERTISING DONATED BY COMCAST LINE 25 IN-KIND SERVER DONATED BY MICROSOFT LINE 26 OTHER IN-KIND SUPPLIES DONATED BY FOUR SEPARATE VENDORS

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
LEGACY COMMUNITY HEALTH SERVICES

Employer identification number
76-0009637

Identifier	Return Reference	Explanation
TOTAL NUMBER OF VOLUNTEERS	FORM 990, PART I, QUESTION 6	THE TOTAL NUMBER OF VOLUNTEERS INCLUDES NON-COMPENSATED MEMBERS OF THE BOARD OF DIRECTORS, A PHYSICIAN, A PHYSICAL THERAPIST, A FILE CLERK, AND DEVELOPMENT/MARKETING INTERNS

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990, PART III, QUESTION 1	MISSION WE EMPOWER OUR CLIENTS TO LEAD BETTER LIVES BY PROVIDING PREMIUM, COMPASSIONATE PRIMARY HEALTHCARE SERVICES WE ARE COMMITTED TO SERVING A DIVERSE COMMUNITY INCLUDING THOSE PERSONS WHO HAVE TRADITIONALLY FACED PROBLEMS ACCESSING QUALITY HEALTHCARE THE FIRST PART OF THIS MISSION IS SIMPLE - WE WANT EACH OF OUR EXTRAORDINARY PATIENTS TO RECEIVE EXTRAORDINARY HEALTHCARE WHETHER YOU NEED AN EYE EXAM, WANT TO TALK TO A COUNSELOR ABOUT STD PREVENTION, OR JUST HAVE A COLD, WE TAKE YOUR NEEDS SERIOUSLY AND WE ARE HERE TO HELP THE SECOND PART OF THIS MISSION IS WHAT SETS LEGACY APART WE BELIEVE THAT A COMPASSIONATE, NON-JUDGMENTAL ENVIRONMENT IS THE KEY TO GREAT HEALTHCARE THIS MEANS THAT EVERY PATIENT IS ACCEPTED UNCONDITIONALLY, REGARDLESS OF CULTURE, RACE OR BACKGROUND, GENDER OR SEXUAL ORIENTATION, FINANCIAL SITUATION, HIV STATUS, STDS OR ANY OTHER ILLNESS VISION LEGACY'S VISION IS TO CONTINUE TO SERVE AS A HEALTHCARE HOME BY BUILDING A NETWORK OF COMMUNITY CLINICS WHERE PEOPLE WILL FEEL WELCOMED AND RESPECTED WHILE RECEIVING THE HIGHEST QUALITY HEALTHCARE SERVICES, REGARDLESS OF THEIR ABILITY TO PAY VALUES *HEALTHCARE IS A RIGHT NOT A PRIVILEGE - AT LEGACY WE BELIEVE QUALITY COMPREHENSIVE HEALTHCARE IS A FUNDAMENTAL HUMAN RIGHT THAT GROUNDS AN INDIVIDUAL PHYSICALLY, EMOTIONALLY AND SPIRITUALLY THIS RIGHT PROMOTES BALANCE AND STABILITY FOR OUR PATIENTS, WHICH RESULTS IN A HEALTHIER AND MORE PRODUCTIVE COMMUNITY *COMPASSIONATE CARE FOR THE WHOLE PERSON - WE PROVIDE HEALTHCARE, EDUCATION AND WELLNESS SERVICES TO ALL WE TREAT EACH PERSON WITH RESPECT AS AN INDIVIDUAL, CELEBRATING THEIR UNIQUE CULTURE *EMBRACE THE DIVERSITY OF OUR COMMUNITY - LEGACY VALUES OUR DIVERSE COMMUNITY WE ENGAGE AND RESPECT EVERYONE *BOLD LEADERSHIP WITH SOUND FISCAL MANAGEMENT - LEGACY VALUES BOLD AND DRIVEN LEADERSHIP WITH SOUND FINANCIAL MANAGEMENT WE LOOK TO THE FUTURE WHILE NEVER FORGETTING OUR PAST *NATIONALLY RECOGNIZED WITH VISIONARY SOLUTIONS - LEGACY VALUES THE INTELLECTUAL CAPACITY OF OUR BOARD AND STAFF TO DEVELOP VISIONARY SOLUTIONS THAT ARE RECOGNIZED ON A NATIONAL LEVEL

Identifier	Return Reference	Explanation
EXEMPT PURPOSE ACHIEVEMENTS	FORM 990, PART III, QUESTION 4A-D	LEGACY OFFERS THE FOLLOWING PROGRAMS CLINICAL SERVICES - 10,150 SERVED EDUCATION & PREVENTION - 4,300 SERVED FINANCIAL ASSISTANCE - 3,200 SERVED BODY POSITIVE - 2,300 SERVED CLINICAL SERVICES MEN'S HEALTH LEGACY OFFERS AN AFFORDABLE, MENU OF SERVICES FOR PRIMARY HEALTHCARE FOR ALL MEN, REGARDLESS OF YOUR FINANCIAL SITUATION WE UNDERSTAND HOW IMPORTANT IT IS TO FEEL COMFORTABLE WITH YOUR DOCTOR - THAT'S WHY OUR STAFF IS OPEN-MINDED, WARM AND NON-JUDGMENTAL WE'RE HERE TO RESPECT YOU AND MEET YOUR NEEDS OUR MEN'S HEALTH SERVICES INCLUDE PHYSICAL EXAMS REGULAR CHECK-UPS TO MONITOR YOUR HEALTH PROSTATE AND TESTICULAR EXAMS TO HELP WITH PREVENTION OF AND EARLY DETECTION OF DISEASE STD SCREENING AND TREATMENT TESTING AND EDUCATION ON HOW TO AVOID STDS FAMILY PLANNING COUNSELING PREVENT PREGNANCY AND PROTECT YOUR HEALTH LABORATORY SERVICES BLOOD TESTS, VACCINATIONS AND OTHER SCREENINGS PRIMARY HEALTHCARE BASIC CARE FOR ALL YOUR HEALTH NEEDS X-RAY SERVICES RADIOLOGY CARE, INCLUDING CHEST X-RAYS HEPATITIS A AND B TESTING AND VACCINATIONS WOMEN'S HEALTH LEGACY OFFERS AN AFFORDABLE MENU OF SERVICES FOR PRIMARY HEALTHCARE FOR ALL WOMEN, REGARDLESS OF YOUR FINANCIAL SITUATION OUR DOCTORS AND NURSE PRACTITIONERS ARE SENSITIVE TO THE NEEDS OF WOMEN, HELPING YOU FEEL MORE COMFORTABLE ABOUT YOUR HEALTH WE MAINTAIN A FRIENDLY, OPEN AND NON-JUDGMENTAL ENVIRONMENT WHERE YOU CAN FEEL ACCEPTED AND RESPECTED OUR WOMEN'S HEALTH SERVICES INCLUDE PHYSICAL EXAMS REGULAR CHECK-UPS TO MONITOR YOUR HEALTH GYNECOLOGICAL SERVICES PAP SMEARS, BREAST EXAMS AND OTHER SCREENINGS STD SCREENING AND TREATMENT TESTING AND EDUCATION ON HOW TO AVOID STDS FAMILY PLANNING COUNSELING PREVENT PREGNANCY AND PROTECT YOUR HEALTH MAMMOGRAPHY REFERRALS ACCESS TO AFFORDABLE PROVIDERS THAT SPECIALIZE IN MAMMOGRAMS LABORATORY SERVICES BLOOD TESTS, VACCINATIONS AND OTHER SCREENINGS PRIMARY HEALTHCARE BASIC CARE FOR ALL OF YOUR HEALTH NEEDS X-RAY SERVICES RADIOLOGY CARE, INCLUDING CHEST X-RAYS TRANSGENDER SERVICES LEGACY SPECIALIZES IN ADDRESSING THE UNIQUE PRIMARY HEALTHCARE NEEDS OF TRANSGENDER PATIENTS AT LEGACY, YOU CAN ACCESS THE HIGHEST QUALITY OF HEALTHCARE IN A WARM AND WELCOMING ENVIRONMENT OUR STAFF UNDERSTANDS YOUR NEEDS AND OFFERS YOU ACCEPTANCE AND RESPECT OUR TRANSGENDER HEALTH SERVICES INCLUDE HORMONE THERAPY MONITORED DOSAGES OF HORMONES TO AID YOUR TRANSITION MALE-TO-FEMALE CARE SPECIALIZED ATTENTION TO YOUR TRANSITIONAL NEEDS FEMALE-TO-MALE CARE SPECIALIZED ATTENTION TO YOUR TRANSITIONAL NEEDS PHYSICAL EXAMS REGULAR CHECK-UPS TO MONITOR YOUR HEALTH PROSTATE AND TESTICULAR EXAMS CAREFUL EXAMINATIONS TO DISCOVER PROBLEMS EARLY GYNECOLOGICAL SERVICES PAP SMEARS, BREAST EXAMS AND OTHER SCREENINGS STD SCREENING AND TREATMENT TESTING AND SCREENING ON HOW TO AVOID STDS FAMILY PLANNING COUNSELING PREVENT PREGNANCY AND PROTECT YOUR HEALTH MAMMOGRAPHY REFERRALS ACCESS TO PROVIDERS THAT SPECIALIZE IN MAMMOGRAMS LABORATORY SERVICES BLOOD TESTS, VACCINATIONS AND OTHER SCREENINGS PRIMARY HEALTHCARE BASIC CARE FOR ALL OF YOUR HEALTH NEEDS X-RAY SERVICES RADIOLOGY CARE, INCLUDING CHEST X-RAYS PEDIATRIC SERVICES (3+) AS PART OF OUR EXPANDED FOCUS ON COMMUNITY HEALTHCARE, LEGACY NOW OFFERS PEDIATRIC CARE FOR CHILDREN AGES 3 AND UP NOW, YOU AND YOUR CHILD CAN VISIT THE SAME PLACE TO TAKE CARE OF YOUR HEALTHCARE NEEDS OUR DOCTORS PROVIDE WELL-CHILD CHECKUPS AND PHYSICAL EXAMINATIONS TO HELP YOUR CHILD GROW UP HEALTHY AND STRONG WE ALSO OFFER CHILDREN'S IMMUNIZATIONS, WHICH PREVENT SERIOUS CHILDHOOD ILLNESSES AND ARE REQUIRED BY TEXAS SCHOOL DISTRICTS AND IF YOUR CHILD HAS SPECIAL HEALTH NEEDS, OUR DOCTORS CAN WORK WITH YOU AND PROVIDE REFERRALS TO OUTSIDE SPECIALISTS IMMUNIZATIONS OFFERED DTAP (DIPHTHERIA, TETANUS, PERTUSSIS) - RECOMMENDED AT AGES 4-6, BEFORE STARTING SCHOOL POLIO - RECOMMENDED AT AGES 4-6, BEFORE STARTING SCHOOL MMR (MEASLES, MUMPS, RUBELLA) - RECOMMENDED AT AGES 4-6, BEFORE STARTING SCHOOL TETANUS BOOSTER - RECOMMENDED AT AGE 11-12, AND EVERY 10 YEARS THEREAFTER PHARMACY SERVICES YOU CAN NOW MEET ALL OF YOUR MEDICAL NEEDS AND GET YOUR PRESCRIPTIONS FILLED IN ONE PLACE! LEGACY HAS PARTNERED WITH WALGREENS TO OPEN A FULL-SERVICE PHARMACY WITHIN LEGACY'S MAIN LOCATION AT 215 WESTHEIMER FOR CLIENTS AT OUR LYONS AVENUE SITE, A WALGREENS PHARMACY IS LOCATED DIRECTLY ACROSS THE STREET AND WILL PROVIDE THE SAME LEVEL OF SERVICE AT OUR AFFORDABLE PRICES OUR FRIENDLY AND CAPABLE PHARMACISTS CAN ACCOMMODATE YOUR SPECIFIC NEEDS - WHETHER IT'S A SIMPLE ANTIBIOTIC, BIRTH CONTROL, DIABETES OR HIV MEDICATIONS WE CAN ANSWER YOUR QUESTIONS ABOUT MEDICINES, DRUG INTERACTIONS, DOSAGE INSTRUCTIONS AND SIDE-EFFECTS FROST EYE CLINIC AT OUR 3311 RICHMOND LOCATION, LEGACY OFFERS AFFORDABLE OPTOMETRY AND OPHTHALMOLOGY SERVICES - INCLUDING EXAMINATIONS FOR PRESCRIPTION GLASSES AND CONTACT LENS FITTINGS IT'S IMPORTANT TO HAVE YOUR EYES EXAMINED REGULARLY EYE EXAMS CAN DIAGNOSE PROBLEMS SUCH AS GLAUCOMA, DIABETES, MACULAR DEGENERATION, CYTOMEGALOVIRUS RETINITIS, PINK EYE, OR OTHER VISION PROBLEMS OUR EYE CARE SERVICES ARE AVAILABLE UNDER A NUMBER OF DIFFERENT PROGRAMS, WHICH TAKE INTO ACCOUNT EACH INDIVIDUAL'S FINANCIAL SITUATION AND PROVIDE THESE EXAMS ON A SLIDING FEE SCALE BASED UPON EACH PERSON'S ABILITY TO PAY LEGACY ALSO ACCEPTS A NUMBER OF THIRD PARTY PAYER SOURCES SUCH AS INSURANCE AND MEDICARE

Identifier	Return Reference	Explanation
EXEMPT PURPOSE ACHIEVEMENTS, CONTINUED	FORM 990, PART III, QUESTION 4A-D	FINANCIAL ASSISTANCE THIS PROGRAM PROVIDES FINANCIAL ASSISTANCE FOR HIV MEDICATIONS FOR THOSE AWAITING APPROVAL FOR THE TEXAS HIV MEDICATION PROGRAM OF THE AIDS DRUG ASSISTANCE PROGRAM, AS WELL AS ANCILLARY MEDICATIONS NOT COVERED BY THESE STATE PROGRAMS THE PROGRAM ALSO PROVIDES FINANCIAL ASSISTANCE FOR THE PAYMENT OF HEALTH INSURANCE PREMIUMS, CO-PAYS/CO-INSURANCE, AND DEDUCTIBLES TO QUALIFIED INDIVIDUALS LIVING WITH HIV THESE PROGRAMS ARE AVAILABLE TO HIV POSITIVE PATIENTS WHO QUALIFY THROUGH THE RYAN WHITE CARE ACT THIS PROGRAM SERVED OVER 3,000 PATIENTS WITH MORE THAN 21,000 TRANSACTIONS DURING THE YEAR EDUCATION AND PREVENTION A LARGE PART OF BEING HEALTHY IS BEING INFORMED AS A PATIENT AT LEGACY, WE WILL HELP YOU MAKE INFORMED-DECISIONS WITH OUR HEALTH PROMOTION AND EDUCATION PROGRAMS STD EDUCATION WE WILL PROVIDE YOU WITH LOW-COST, CONFIDENTIAL STD SCREENING, TREATMENT, PREVENTION COUNSELING, MEDICATION AND FOLLOW UP DIAGNOSIS AND THE TREATMENT OF MOST STDS OCCUR AT THE TIME OF THE PATIENT VISIT WE SCREEN FOR THE FOLLOWING STDS SYPHILIS, HIV, HEPATITIS B, GONORRHEA AND CHLAMYDIA FOR INFORMATION ON STD TESTING HIV EDUCATION WE PROVIDE COMPREHENSIVE HIV/AIDS PRIMARY CARE SERVICES, UTILIZING HEALTH PRACTITIONERS THAT SPECIALIZE IN HIV HEALTHCARE OUR PRACTITIONERS PROVIDE REFERRALS TO SPECIALTY CARE PROVIDERS, AS WELL AS MEDICAL CASE MANAGERS AND SERVICE LINKAGE WORKERS TO HELP YOU OBTAIN THE ASSISTANCE NEEDED ON A DAILY BASIS PROJECT CORRE LEGACY'S PROJECT CORRE (CYBER OUTREACH RISK REDUCTION EDUCATION) IS ONE OF THE FIRST OF ITS KIND IN TEXAS AND WAS MODELED AFTER SIMILAR PROGRAMS IN SAN FRANCISCO, NEW ORLEANS, AND BOSTON CYBER OUTREACH IS THE LATEST STRATEGY TO PROVIDE HIV AND STD INFORMATION TO THOSE WITH THE GREATEST RISK DURING A TIME WHEN THEY NEED IT THE MOST RECENT INFORMATION HAS IDENTIFIED INTERNET CHAT ROOMS AS THE NUMBER ONE WAY FOR GAY AND BISEXUAL MEN TO FIND CASUAL AND ANONYMOUS SEX PARTNERS PROJECT CORRE USES CHAT ROOMS AND OTHER INTERNET VENUES TO ADDRESS THE HIV/STD PREVENTION NEEDS OF GAY, BISEXUAL AND OTHER MEN WHO HAVE SEX WITH MEN (MSM) ENGAGING IN SEXUAL PRACTICES WITH SEX PARTNERS WHO MET THROUGH THE INTERNET INTERNET ACTIVITIES ARE CONDUCTED IN A CULTURALLY SENSITIVE MANNER, USING LEGACY'S TRAINED CYBER OUTREACH HEALTH EDUCATORS WHO ARE GAY OR BISEXUAL MEN THESE CYBER HEALTH EDUCATORS CAN PROVIDE PREVENTION EDUCATION AND RISK REDUCTION COUNSELING, REFERRALS AND SUPPORT TO GAY, BISEXUAL AND OTHER MSM WHO USE THE INTERNET CYBER HEALTH EDUCATORS ALSO PROMOTE HEALTH AND WELLNESS THROUGH ENCOURAGEMENT OF POSITIVE HEALTH-SEEKING BEHAVIORS, INCLUDING GETTING TESTED FOR STDS AND HIV, GETTING VACCINATED FOR HEPATITIS A AND B, AND ACCESSING PRIMARY CARE SERVICES FOR ILLNESSES BY PROVIDING ANONYMITY, THE INTERNET ALLOWS THE CYBER HEALTH EDUCATOR TO ANSWER QUESTIONS THAT SOME MEN MIGHT FEEL RELUCTANT TO DISCUSS IN AN HIV COUNSELING SESSION, AT A BAR EVENT OR OTHER PLACES WHERE LEGACY PROVIDES SERVICES THE INTERNET OFFERS A SAFER, LESS THREATENING SPACE FOR PARTICIPANTS TO OPENLY AND HONESTLY DISCUSS SENSITIVE ISSUES CRYSTAL METH EDUCATION THE EDUCATION DEPARTMENT IN COLLABORATION WITH MONTROSE COUNSELING CENTER AND LIFEORMETH COM HAS DISSEMINATED A CRYSTAL METHAMPHETAMINE AWARENESS CAMPAIGN 11X17 POSTERS AND POST CARDS, AS WELL AS ADVERTISEMENTS IN GAY PUBLICATIONS HAVE BEEN DISTRIBUTED IN GLBT VENUES AND DRUG AND ALCOHOL TREATMENT CENTERS IN PHASES THROUGHOUT 2006 IT IS HOPED THAT THE CAMPAIGN WILL RAISE AWARENESS ABOUT THE DANGERS OF CRYSTAL METH, AS WELL AS REFER PEOPLE TO HIV/STD TESTING BY LEGACY AND ADDICTION TREATMENT OPTIONS FROM MONTROSE COUNSELING CENTER BODY POSITIVE THROUGH OUR BODY POSITIVE WELLNESS CENTER, LEGACY OFFERS A COMPREHENSIVE PROGRAM DESIGNED TO IMPROVE YOUR OVERALL HEALTH OUR MULTI-WEEK PROGRAM INTEGRATES EXERCISE AND NUTRITION AS WELL AS ACUPUNCTURE, MASSAGE THERAPY AND PHYSICAL THERAPY WHERE NECESSARY OUR NUTRITIONAL SERVICES LEGACY'S LICENSED AND REGISTERED DIETITIANS OFFER COUNSELING AND NUTRITION RECOMMENDATIONS TO KEEP YOUR BODY HEALTHY WE CAN HELP YOU IMPROVE YOUR IMMUNE SYSTEM, MANAGE DIABETES, MAINTAIN AN OPTIMAL WEIGHT, OR AVOID COUNTERACTIONS BETWEEN THE FOODS YOU EAT AND THE MEDICINES YOU TAKE DURING YOUR NUTRITIONAL COUNSELING SESSIONS, OUR DIETITIANS WILL PERFORM A THOROUGH HISTORY AND MEASURE YOUR BODY FAT PERCENTAGE WE THEN DEVELOP DIETARY RECOMMENDATIONS TO KEEP YOU AT YOUR HEALTHIEST VITAMINS AND OTHER NUTRITIONAL SUPPLEMENTS ARE AVAILABLE AS PRESCRIBED BY OUR DIETITIANS OR REFERRING MEDICAL PROVIDERS PHYSICAL THERAPY & PERSONAL TRAINING MANY PATIENTS WITH CHRONIC HEALTH CONDITIONS, SUCH AS DIABETES OR HIV/AIDS, ARE PHYSICALLY IMPAIRED BY PAIN OR MUSCLE WEAKNESS THAT CAN RESTRICT THEIR ABILITY TO MOVE AND LIMIT THE PERFORMANCE OF DAILY ACTIVITIES LEGACY'S FOCUS IS ON PREVENTION AND REHABILITATION THROUGH FITNESS AND PHYSICAL THERAPY TO RESTORE HEALTHY AND ACTIVE LIFESTYLES WE USE TREATMENT TECHNIQUES THAT PROMOTE THE ABILITY TO MOVE, REDUCE PAIN, RESTORE FUNCTION, AND PREVENT DISABILITY ACUPUNCTURE ACUPUNCTURE CAN IMPROVE A WIDE VARIETY OF HEALTH ISSUES YOU MAY FACE - INCLUDING DEPRESSION, DIGESTIVE PROBLEMS, NAUSEA, HEADACHES, PAIN CONTROL, PERIPHERAL NEUROPATHY, SMOKING CESSATION, ARTHRITIS, STRESS RELIEF, AND FATIGUE LEGACY'S ACUPUNCTURE SERVICES ARE OFFERED IN COLLABORATION WITH THE AMERICAN COLLEGE OF ACUPUNCTURE AND ORIENTAL MEDICINE

Identifier	Return Reference	Explanation
CONFLICT OF INTEREST POLICY	FORM 990, PART VI, QUESTION 12	EACH BOARD MEMBER IS REQUIRED TO ANNUALLY SIGN A CONFLICT OF INTEREST POLICY WHICH REQUIRES THEM TO DISCLOSE ANY POTENTIAL CONFLICTS OF INTEREST THE CHAIRMAN OF THE BOARD, ALONG WITH THE EXECUTIVE DIRECTOR, REVIEWS ANY POTENTIAL CONFLICT IF THE CONFLICT IS PERTINENT TO A VOTE, THE MEMBER IS REQUIRED TO EXCUSE THEMSELVES FROM THE VOTE MEMBERS OF THE BOARD MAY NOT BE AN EMPLOYEE OR INDEPENDENT CONTRACTOR, OR THE SPOUSE, SPOUSAL EQUIVALENT, CHILD, PARENT, BROTHER OR SISTER BY BLOOD OR MARRIAGE OR AN EMPLOYEE OR INDEPENDENT CONTRACTOR OF THE CORPORATION MEMBERS OF THE BOARD, EMPLOYEES AND INDEPENDENT CONTRACTORS OF THE CORPORATION, WHO ALSO WORK FOR A CORPORATION WHICH IS DOING BUSINESS WITH THE CORPORATION MUST DISCLOSE THAT RELATIONSHIP TO THE EXECUTIVE DIRECTOR, OR, IN THE CASE OF A BOARD MEMBER, TO THE BOARD CHAIR THE CORPORATION RETAINS THE RIGHT TO TAKE STEPS TO PROTECT ITS INTEREST IN SUCH CIRCUMSTANCES NO BOARD MEMBER OR EMPLOYEE MAY PARTICIPATE IN THE SELECTION, AWARD OR ADMINISTRATION OF A CONTRACT IN WHICH HE/SHE OR HIS/HER IMMEDIATE FAMILY HAS A FINANCIAL INTEREST OR A PROSPECTIVE FINANCIAL ARRANGEMENT THIS POLICY DOES NOT PROHIBIT OUTRIGHT THE AWARDING OF A CONTRACT TO ANY AGENCY OR FIRM MEETING THE CONDITION CITED ABOVE RATHER THIS POLICY CALLS FOR THE FULL PROHIBITION OF THE EMPLOYEE OR BOARD MEMBER FROM PARTICIPATING IN THIS AWARD, SELECTION OR ADMINISTRATION OF SUCH A CONTRACT BOARD MEMBERS SHOULD TAKE CAUTION NOT TO CREATE THE APPEARANCE OF A CONFLICT OF INTEREST IF IN THE PERFORMANCE OF THEIR DUTIES AT THEIR REGULAR PLACE OF EMPLOYMENT THEY ARE CALLED UPON TO NEGOTIATE WITH THE CORPORATION ON THE BEHALF OF THEIR EMPLOYER BOARD MEMBERS SHOULD, WHENEVER POSSIBLE, ABSTAIN FROM SUCH ACTIVITIES THE CORPORATION WILL BE SENSITIVE TO, AND WILL SEEK TO AVOID, ORGANIZATIONAL CONFLICTS OF INTEREST AND NON-COMPETITIVE PRACTICES IN THE PROCUREMENT OF GOODS AND SERVICES

Identifier	Return Reference	Explanation
CEO COMPENSATION REVIEW	FORM 990, PART VI, QUESTION 15A	A COMMITTEE OF THE BOARD OF DIRECTORS IS RESPONSIBLE FOR THE REVIEW PROCESS OF THE EXECUTIVE DIRECTOR THE PROCESS INCLUDES THE USE OF 360 REVIEWS (INCLUDES STAFF AND BOARD MEMBERS) AND SALARY SURVEYS FROM UW AND OTHER SOURCES THE COMMITTEE THEN RECOMMENDS THE COMPENSATION PACKAGE TO THE BOARD WHO APPROVES IT THIS REVIEW IS DOCUMENTED IN THE BOARD OF DIRECTOR COMMITTEE MINUTES

Identifier	Return Reference	Explanation
DOCUMENT DISCLOSURE	FORM 990, PART VI, QUESTION 19	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST FOR A LEGITIMATE BUSINESS PURPOSE, AS DETERMINED BY TOP MANAGEMENT COPIES WILL BE MAILED IF A BUSINESS PURPOSE IS DETERMINED

Identifier	Return Reference	Explanation
990 REVIEW POLICY	FORM 990, PART VI, QUESTION 10	A DRAFT OF THE ORGANIZATION'S FORM 990 IS FIRST REVIEWED IN DETAIL BY TOP MANAGEMENT AND THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS ONCE ALL CHANGES ARE MADE, A FINAL DRAFT IS DISTRIBUTED TO THE ENTIRE BOARD FOR COMMENT

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
LEGACY COMMUNITY HEALTH SERVICES

Employer identification number
76-0009637

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

(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
LEGACY COMMUNITY HEALTH ENDOWMENT INC 1116 JACKSON BLVD HOUSTON, TX77006 76-0248082	FUNDRAISING	TX	501(C)(3)	7	NA

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproprtionate allocations? Yes	(H) Disproprtionate allocations? No	(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner? Yes	(J) General or managing partner? No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership

Part V Transactions with Related Organizations

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

		Yes	No
1	During the tax year, did the orgranization 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 **(iv)** rent from a controlled entity	**1a**		**No**
b	Gift, grant, or capital contribution to other organization(s)	**1b**		**No**
c	Gift, grant, or capital contribution from other organization(s)	**1c**		**No**
d	Loans or loan guarantees to or for other organization(s)	**1d**		**No**
e	Loans or loan guarantees by other organization(s)	**1e**		**No**
f	Sale of assets to other organization(s)	**1f**		**No**
g	Purchase of assets from other organization(s)	**1g**		**No**
h	Exchange of assets	**1h**		**No**
i	Lease of facilities, equipment, or other assets to other organization(s)	**1i**	**Yes**	
j	Lease of facilities, equipment, or other assets from other organization(s)	**1j**		**No**
k	Performance of services or membership or fundraising solicitations for other organization(s)	**1k**		**No**
l	Performance of services or membership or fundraising solicitations by other organization(s)	**1l**		**No**
m	Sharing of facilities, equipment, mailing lists, or other assets	**1m**		**No**
n	Sharing of paid employees	**1n**	**Yes**	
o	Reimbursement paid to other organization for expenses	**1o**		**No**
p	Reimbursement paid by other organization for expenses	**1p**	**Yes**	
q	Other transfer of cash or property to other organization(s)	**1q**		**No**
r	Other transfer of cash or property from other organization(s)	**1r**		**No**

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(A) Name of other organization(s)	**(B)** Transaction type(a-r)	**(C)** Amount Involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership

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) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No