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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 2010 Open to Public Inspection
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A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011		
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	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) PO BOX 66308 Room/suite City or town, state or country, and ZIP + 4 HOUSTON, TX 772666308	D Employer identification number 76-0009637 E Telephone number (713) 830-3000 G Gross receipts \$ 29,459,213
	F Name and address of principal officer KATHERINE CALDWELL PO BOX 66308 HOUSTON, TX 772666308	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
	I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
	J Website: ▶ WWW.LEGACYCOMMUNITYHEALTH.ORG	
	K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	
L Year of formation 1982		M State of legal domicile TX

Part I		Summary	
Activities & Governance	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 <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	275
	6 Total number of volunteers (estimate if necessary)	6	23
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	11,719,096	11,767,372
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-86,389	-118,626
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	19,812,349	29,189,594
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	5,941,679
14 Benefits paid to or for members (Part IX, column (A), line 4)		0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		9,675,020	15,619,109
16a Professional fundraising fees (Part IX, column (A), line 11e)		0	0
b Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 1,572,351			
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)		4,185,732	7,423,770
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		19,802,431	27,181,989
19 Revenue less expenses Subtract line 18 from line 12		9,918	2,007,605
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	12,391,584	18,382,984
	21 Total liabilities (Part X, line 26)	4,211,960	4,244,578
	22 Net assets or fund balances Subtract line 21 from line 20	8,179,624	14,138,406

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.	

Sign Here	<div>Signature of officer</div> <div>Date</div>					
	<div>JUDITH MCNALL CFO</div> <div>Type or print name and title</div>					
Paid Preparer Use Only	Print/Type preparer's name Brian D Todd	Preparer's signature Brian D Todd	Date	Check if self-employed <input type="checkbox"/>	PTIN	
	Firm's name ▶ BKD LLP				Firm's EIN ▶	
	Firm's address ▶ 910 E ST LOUIS 200/PO BOX 1190 SPRINGFIELD, MO 658062523				Phone no ▶ (417) 865-8701	
May the IRS discuss this return with the preparer shown above? (see instructions)						<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1

Briefly describe the organization’s mission

THE MISSION OF LEGACY COMMUNITY HEALTH SERVICES, INC IS TO PROVIDE PREVENTATIVE AND PRIMARY HEALTH CARE AND SOCIAL SERVICES TO UNDERSERVED COMMUNITIES

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 501(c)(4) organizations and section 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 \$ 18,639,483 including grants of \$ 2,931,064) (Revenue \$ 14,883,412)

CLINICAL SERVICES - 22,432 PEOPLE SERVED LEGACY OFFERS AN AFFORDABLE MENU OF SERVICES FOR PRIMARY HEALTHCARE FOR ALL MEN, WOMEN, TRANSGENDERS, AND CHILDREN 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 SEE SCHEDULE O FOR MORE INFORMATION

4b

(Code) (Expenses \$ 3,094,532 including grants of \$ 2,502,967) (Revenue \$ 2,163,383)

FINANCIAL ASSISTANCE - 2,425 PEOPLE SERVED 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 2,425 PATIENTS WITH 18,786 TRANSACTIONS DURING THE YEAR

4c

(Code) (Expenses \$ 910,719 including grants of \$) (Revenue \$ 423,206)

EDUCATION & PREVENTION - 3,163 PEOPLE SERVED 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 SEE SCHEDULE O FOR MORE INFORMATION

4d

Other program services (Describe in Schedule O)

(Expenses \$ 145,629 including grants of \$) (Revenue \$ 70,847)

4e





















Total program service expenses

\$ 22,790,363

Form 990 (2010)

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 (see instruction)? 	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, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	
6 Did the organization maintain any donor advised funds or any similar funds or 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, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 	11c Yes	
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	11e	No
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. 	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 	12b	No
13 Is the organization a school 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 United States?	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 United States? If "Yes," complete Schedule F, Parts I and IV	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 U S ? If "Yes," complete Schedule F, Parts II and IV	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 U S ? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19	No
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25</i>	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? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
	1a63		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
	1b0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.		
	2a275		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	Yes	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country: See instructions for 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?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
9 Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
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?			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand.	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	No

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a17		
b	Enter the number of voting members included in line 1a, above, who are independent	1b17		
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 governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant 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	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		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?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
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 If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	15b		No
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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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. JUDITH MCNALL PO BOX 66308 HOUSTON, TX 772666308 (713) 830-3000

Check if Schedule O contains a response to any question in this Part VII ☐ ☒

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

Form **990** (2010)

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	1,805,120	0	116,222

2 Total number of individuals (including but not limited to those listed in Item 1) who received or accrued more than \$100,000 in reportable compensation from the organization. 18

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

ZISHAN SAMIUDDIN MD	PSYCHIATRIST	101,051
LABCORP OF AMERICA	LAB SERVICES	558,890
WHITAKER MEDICAL	MEDICAL SERVICES	149,742

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶3

Part VIII

Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns 1a	194,024			
	b Membership dues 1b				
	c Fundraising events 1c	423,436			
	d Related organizations 1d				
	e Government grants (contributions) 1e	8,536,415			
	f All other contributions, gifts, grants, and similar amounts not included above 1f	2,613,497			
	g Noncash contributions included in lines 1a-1f \$	10,513			
	h Total. Add lines 1a-1f	11,767,372			
	Program Service Revenue		Business Code		
2a NET PATIENT SERVICE REVENUE		624100	16,974,016	16,974,016	
b LEGACY ENDOWMENT MANAGEMENT FEES		561000	529,332	529,332	
c OTHER		624100	37,500	37,500	
d					
e					
f All other program service revenue					
g Total. Add lines 2a-2f		17,540,848			
Other Revenue		3 Investment income (including dividends, interest and other similar amounts)			
	4 Income from investment of tax-exempt bond proceeds . . .		0		
	5 Royalties		0		
		(i) Real	(ii) Personal		
	6a Gross Rents	13,750			
	b Less rental expenses				
	c Rental income or (loss)	13,750			
	d Net rental income or (loss)		13,750		13,750
		(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		
	8a Gross income from fundraising events (not including \$ 423,436 of contributions reported on line 1c) See Part IV, line 18				
	a	137,243			
	b Less direct expenses b	269,619			
	c Net income or (loss) from fundraising events . . .		-132,376		-132,376
	9a Gross income from gaming activities See Part IV, line 19 . . 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					
b Less cost of goods sold b					
c Net income or (loss) from sales of inventory . . .		0			
	Miscellaneous Revenue	Business Code			
11a					
b					
c					
d All other revenue					
e Total. Add lines 11a-11d		0			
12 Total revenue. See Instructions		29,189,594	17,540,848		-118,626

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	4,139,110	4,139,110		
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	930,671	752,745	120,545	57,381
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	12,089,205	9,604,127	1,693,895	791,183
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	182,999	145,382	25,641	11,976
9	Other employee benefits	1,415,108	1,203,427	139,943	71,738
10	Payroll taxes	1,001,126	851,370	99,004	50,752
a	Fees for services (non-employees) Management	0			
b	Legal	37,882		37,882	
c	Accounting	153,030		153,030	
d	Lobbying	147,738	147,738		
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	1,062,968	732,344	219,646	110,978
12	Advertising and promotion	196,384	30,786	4,253	161,345
13	Office expenses	2,284,491	2,083,194	85,649	115,648
14	Information technology	162,019	81,319	34,038	46,662
15	Royalties	0			
16	Occupancy	663,781	601,031	43,875	18,875
17	Travel	132,073	62,912	52,319	16,842
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	161,769	80,341	40,193	41,235
20	Interest	34,707	32,058	2,016	633
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	181,905	154,698	20,930	6,277
23	Insurance	98,609	95,769	2,026	814
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	MEDICAL SUPPLIES & DRUGS	1,247,139	1,247,139		
b	BAD DEBT	410,518	410,518		
c	REPAIR & MAINTENANCE	237,452	228,296		9,156
d	LICENSES, DUES & SUBSCRIPTIONS	102,229	51,311	21,476	29,442
e	MISC	60,122	30,177	12,630	17,315
f	All other expenses	48,954	24,571	10,284	14,099
25	Total functional expenses. Add lines 1 through 24f	27,181,989	22,790,363	2,819,275	1,572,351
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			294,194	1	766,598
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			1,651,321	3	1,901,797
	4	Accounts receivable, net			1,667,652	4	2,269,992
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			64,914	9	71,893
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	1,743,011			
	b	Less: accumulated depreciation	10b	996,405	174,609	10c	746,606
	11	Investments—publicly traded securities				11	
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11			8,209,502	13	12,160,679
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			329,392	15	465,419
	16	Total assets. Add lines 1 through 15 (must equal line 34)			12,391,584	16	18,382,984
Liabilities	17	Accounts payable and accrued expenses			3,031,650	17	3,058,680
	18	Grants payable				18	
	19	Deferred revenue			114,060	19	0
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Payables 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			1,000,000	23	1,126,392
	24	Unsecured notes and loans payable to unrelated third parties			66,250	24	59,506
	25	Other liabilities. Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			4,211,960	26	4,244,578
Net Assets or Fund Balances		Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets			-828,508	27	1,509,557
	28	Temporarily restricted net assets			9,008,132	28	12,628,849
	29	Permanently restricted net assets				29	
		Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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			8,179,624	33	14,138,406
	34	Total liabilities and net assets/fund balances			12,391,584	34	18,382,984

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	29,189,594
2	Total expenses (must equal Part IX, column (A), line 25)	2	27,181,989
3	Revenue less expenses Subtract line 2 from line 1	3	2,007,605
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,179,624
5	Other changes in net assets or fund balances (explain in Schedule O)	5	3,951,177
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	14,138,406

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
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?	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public
Inspection

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

Part I

Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 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?

(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?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?
- h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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 Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 ▶						

Section C. Computation of Public Support Percentage		
14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2010. 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% support test—2009. 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—2010. 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—2009. 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 a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶		

Part IIIPart III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	11,113,857	12,679,674	13,195,801	11,719,096	11,343,937	60,052,365
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	1,535,380	1,911,989	2,718,364	8,179,642	17,538,951	31,884,326
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 through 5	12,649,237	14,591,663	15,914,165	19,898,738	28,882,888	91,936,691
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						91,936,691

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	12,649,237	14,591,663	15,914,165	19,898,738	28,882,888	91,936,691
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	15,628	15,829	15,042	15,000	13,750	75,249
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	15,628	15,829	15,042	15,000	13,750	75,249
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.)	12,664,865	14,607,492	15,929,207	19,913,738	28,896,638	92,011,940
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage			
15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	99.918 %	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	99.880 %	

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	0.082 %	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	0.090 %	
19a 33 1/3% support tests—2010. 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% support tests—2009. 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. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

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

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- 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 990-EZ, Part VI, line 47 (Lobbying Activities), then

- 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) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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 Complete if the organization is exempt under section 501(c)(3).

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 a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV	

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

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 funds contributed to other organizations for section 527 exempt funtion activities	▶ \$ _____
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$ _____
4	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization’s funds Also enter the amount of political contributions received that were 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 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

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

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)		147,738													
c Total lobbying expenditures (add lines 1a and 1b)		147,738													
d Other exempt purpose expenditures		22,642,625													
e Total exempt purpose expenditures (add lines 1c and 1d)		22,790,363													
f Lobbying nontaxable amount Enter the amount from the following table in both columns		1,000,000													
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		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		
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)		250,000													
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
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?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying non-taxable amount	883,696	974,243	1,000,000	1,000,000	3,857,939
b Lobbying ceiling amount (150% of line 2a, column(e))					5,786,909
c Total lobbying expenditures	85,086	83,196	86,549	147,738	402,569
d Grassroots non-taxable amount	220,924	243,561	250,000	250,000	964,485
e Grassroots ceiling amount (150% of line 2d, column (e))					1,446,728
f Grassroots lobbying expenditures	0	0	0	0	0

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a)		(b)
		Yes	No	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 1c through 1i)?			
	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 similar 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

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			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

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

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 (see instructions)	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 \$147,738 (INCLUDING BENEFITS), THE ORGANIZATION PAID ANNUAL DUES TO NACHC, TACHC, AND THE AIDS ACTION COUNCIL, A PORTION OF WHICH MAY BE ATTRIBUTABLE TO LOBBYING

SCHEDULE D
(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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 for any other purpose conferring impermissible private benefit <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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

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, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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

▶ \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2010

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

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations

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

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 the arrangement in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
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

(i)

unrelated organizations

(ii)

related organizations

3a(i)

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) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		166,870	95,392	71,478
d Equipment		1,576,141	901,013	675,128
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				746,606

Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	129,189,594
2	Total expenses (Form 990, Part IX, column (A), line 25)	227,181,989
3	Excess or (deficit) for the year Subtract line 2 from line 1	32,007,605
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	3,951,177
9	Total adjustments (net) Add lines 4 - 8	3,951,177
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	5,958,782

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	133,992,856
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments2a	
b	Donated services and use of facilities2b582,466	
c	Recoveries of prior year grants2c	
d	Other (Describe in Part XIV)2d3,951,177	
e	Add lines 2a through 2d	2e4,533,643
3	Subtract line 2e from line 1	329,459,213
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 7b4a	
b	Other (Describe in Part XIV)4b-269,619	
c	Add lines 4a and 4b	4c-269,619
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	529,189,594

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	128,034,074
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities2a582,466	
b	Prior year adjustments2b	
c	Other losses2c	
d	Other (Describe in Part XIV)2d269,619	
e	Add lines 2a through 2d	2e852,085
3	Subtract line 2e from line 1	327,181,989
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 7b4a	
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)	527,181,989

Part XIVSupplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
UNCERTAIN TAX POSITION	SCHEDULE D, PART X, LINE 2	MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.
OTHER INCOME ON BOOKS NOT ON RETURN & CHANGE IN NET ASSETS	SCHEDULE D, PART XI, LINE 8 AND PART XII, LINE 2D	3,951,177 CHANGE IN INTEREST IN N/A OF LEGACY COMM HEALTH ENDOWMENT
OTHER INCOME ON RETURN NOT ON BOOKS	SCHEDULE D, PART XII, LINE 4B	(269,619) FUNDRAISING EVENT EXPENSES
OTHER EXPENSES ON BOOKS NOT ON RETURN	SCHEDULE D, PART XIII, LINE 2D	269,619 FUNDRAISING EVENT EXPENSES

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding
Fundraising or Gaming Activities

OMB No 1545-0047

2010

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

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

e

☐

Solicitation of non-government grants

b

☐

Internet and e-mail solicitations

f

☐

Solicitation of government grants

c

☐

Phone solicitations

g

☐

Special fundraising events

d

☐

In-person solicitations
- 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 services?

☐ 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 and address 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	(b) Event #2	(c) Other Events	(d) Total Events
		CABARET 4ACURE (event type)	LUNCHEON (event type)	1 (total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	338,448	214,312	7,919
	2	Less Charitable contributions	273,987	147,849	1,600
	3	Gross income (line 1 minus line 2)	64,461	66,463	6,319
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Food and beverages	64,461	66,463	
	8	Entertainment	42,300		
	9	Other direct expenses	64,644	31,239	512
	10	Direct expense summary Add lines 4 through 9 in column (d)			269,619
	11	Net income summary Combine lines 3 and 10 in column (d).			-132,376

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			
	2	Cash prizes			
Direct Expenses	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor			
	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)			

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? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11

Does the organization operate gaming activities with nonmembers?

Yes

No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

Yes

No

13

Indicate the percentage of gaming activity 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?

Yes

No

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?

Yes

No

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 \$

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
------------	-----------------	-------------

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

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

OMB No 1545-0047

2010

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" to 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. Part II can be duplicated if additional space is needed. ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code 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" to 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
(1) RX DRUGS DSTRBTD TO RYAN WHITE GRANT PATIENTS	1535		2,920,922	FMV	PHARMACEUTICALS
(2) INS AND COPMTS PAID FOR RYAN WHITE GRNT PTNTS	890	1,218,188			

Part IV

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

Identifier	Return Reference	Explanation
GRANT MONITORING	SCHEDULE I, PART I, LINE 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

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

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 appropriate 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 <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
1b	If any of the boxes in line 1a are 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		
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?		
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 <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
4a	Receive a severance payment or change-of-control payment from the organization or a related organization?		No
4b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		No
4c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		No
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
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		
5a	The organization?		No
5b	Any related organization? If "Yes," to line 5a or 5b, describe in Part III		No
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		
6a	The organization?		No
6b	Any related organization? If "Yes," to line 6a or 6b, describe in Part III		No
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	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accrued 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		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?		

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

For each individual whose compensation must be reported 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) Retirement and other 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 reportable compensation				
(1) DONA C BOYDSTUN	(i) (ii)	189,524 0	41,042 0	0 0	6,070 0	7,825 0	244,461 0	0 0
(2) KATHERINE CALDWELL	(i) (ii)	204,106 0	41,500 0	0 0	6,755 0	7,825 0	260,186 0	0 0
(3) JUDITH MCNALL	(i) (ii)	149,787 0	13,750 0	0 0	4,913 0	7,825 0	176,275 0	0 0
(4) THOMAS R BEECH	(i) (ii)	217,411 0	17,417 0	0 0	7,096 0	7,825 0	249,749 0	0 0
(5) MARK B MORMAN	(i) (ii)	236,417 0	11,425 0	0 0	4,903 0	7,825 0	260,570 0	0 0
(6) MICHAEL KOPPER	(i) (ii)	153,816 0	13,750 0	0 0	2,631 0	7,825 0	178,022 0	0 0
(7) JEANETTE VALDIVIESO	(i) (ii)	179,373 0	0 0	0 0	6,119 0	7,825 0	193,317 0	0 0
(8) NATALIE VANEK	(i) (ii)	170,203 0	0 0	0 0	2,400 0	7,825 0	180,428 0	0 0
(9) MARK LEVINE	(i) (ii)	165,599 0	0 0	0 0	4,910 0	7,825 0	178,334 0	0 0
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

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
NON-FIXED PAYMENTS	SCHEDULE J, PART I, LINE 7	BONUSES ARE DETERMINED BY THE MANAGEMENT TEAM AND THE BOARD OF DIRECTORS AND ARE NOT A GUARANTEED PORTION OF COMPENSATION

SCHEDULE M
(Form 990)

NonCash Contributions

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
LEGACY COMMUNITY HEALTH SERVICES

Employer identification number
76-0009637

Part ITypes of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
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	X	2	9,013	COST
21 Taxidermy				
22 Historical artifacts . .				
23 Scientific specimens . .				
24 Archeological artifacts .				
25 Other ► (<u>SUPPLIES</u>)	X	1	1,500	COST
26 Other ► (<u> </u>)				
27 Other ► (<u> </u>)				
28 Other ► (<u> </u>)				
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	0		
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	Yes	No	
b If "Yes," describe the arrangement in Part II	31	Yes		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	32a		No	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?				
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	Return Reference	Explanation
NUMBER OF CONTRIBUTORS	SCHEDULE M, PART I, COLUMN B	IN-KIND MEDICAL SUPPLIES DONATED BY 2 DIFFERENT ORGANIZATIONS OTHER SUPPLIES DONATED BY ONE ORGANIZATION

<div>SCHEDULE O</div> <div>(Form 990 or 990-EZ)</div> <div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> </div>	<div>Supplemental Information to Form 990 or 990-EZ</div> <div> <div>Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.</div> <div>▶ Attach to Form 990 or 990-EZ.</div> </div>	OMB No 1545-0047
		2010
		Open to Public Inspection

<div>Name of the organization</div> <div>LEGACY COMMUNITY HEALTH SERVICES</div>	<div>Employer identification number</div> <div>76-0009637</div>
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Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990, PART I, LINE 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
PROGRAM SERVICES	FORM 990, PART III, LINE 4A	<p>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 OBSTETRIC CARE PRENATAL, OBSTETRIC, AND POST NATAL CARE 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 AS PART OF OUR EXPANDED FOCUS ON COMMUNITY HEALTHCARE, LEGACY NOW OFFERS PEDIATRIC CARE FOR CHILDREN 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 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</p>

Identifier	Return Reference	Explanation
PROGRAM SERVICES	FORM 990, PART III, LINE 4C	<p>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 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 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 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</p>

Identifier	Return Reference	Explanation
990 REVIEW POLICY	FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM BASED ON THE AUDITED FINANCIAL STATEMENTS AND INFORMATION PROVIDED BY THE ACCOUNTING DEPARTMENT OF THE ORGANIZATION 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

Identifier	Return Reference	Explanation
CONFLICT OF INTEREST POLICY	FORM 990, PART VI, SECTION B, LINE 12C	<p>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 AWARDED 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. IN ADDITION, CORPORATE OFFICERS AND KEY EMPLOYEES ARE REQUIRED TO ANNUALLY DISCLOSE POTENTIAL CONFLICTS OF INTEREST.</p>

Identifier	Return Reference	Explanation
EXECUTIVE DIRECTOR COMPENSATION REVIEW	FORM 990, PART VI, SECTION B, LINE 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. A REVIEW OF THE EXECUTIVE DIRECTOR'S COMPENSATION WAS LAST CONDUCTED IN AUGUST 2011.

Additional Data

Software ID:

Software Version:

EIN: 76-0009637

Name: LEGACY COMMUNITY HEALTH SERVICES

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
RICHARD DAVIDSON TREASURER	20	X		X				0	0	0
JAMES REEDER JR CHAIRPERSON	20	X		X				0	0	0
LYDIA BAEHR AT-LARGE/EXECUTIVE COMMITTEE	20	X		X				0	0	0
ROBERT BOUTON DIRECTOR	20	X						0	0	0
JERRI J BROOKS SECRETARY	20	X		X				0	0	0
MICHAEL J COLLINS DIRECTOR THROUGH 12/2010	20	X						0	0	0
SALIMAH CUMBER DIRECTOR	20	X						0	0	0
RAMIRO FONSECA DIRECTOR	20	X						0	0	0
ROBERT HILLARD DIRECTOR	20	X						0	0	0
NICOLE L MOORE DIRECTOR	20	X						0	0	0
TRUDY NIX DIRECTOR	20	X						0	0	0
RAY PURSER VICE CHAIRPERSON	20	X		X				0	0	0
CRYS BLANKENSHIP DIRECTOR THROUGH 5/2011	20	X						0	0	0
JOHN SHEPTOR DIRECTOR	20	X						0	0	0
ANN REID DIRECTOR	20	X						0	0	0
LEN ZWELLING DIRECTOR BEGINNING 10/2010	20	X						0	0	0
JANI C LOPEZ DIRECTOR	20	X						0	0	0
DAVID FOX DIRECTOR	20	X						0	0	0
IAN ROSENBERG DIRECTOR	20	X						0	0	0
BETH APOLLO DIRECTOR	20	X						0	0	0
PAUL-DAVID VAN ATTA DIRECTOR THROUGH 5/2011	20	X						0	0	0
KATHERINE CALDWELL EXECUTIVE DIRECTOR	400			X				245,606	0	14,580
JUDITH MCNALL CHIEF FINANCIAL OFFICER	400			X				163,537	0	12,738
DONA C BOYDSTUN CHIEF DEVELOPMENT OFFICER	400				X			230,566	0	13,895
THOMAS R BEECH CHIEF OPERATING OFFICER	400				X			234,828	0	14,921

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
MARK B MORMAN PSYCHIATRIST	40 0					X		247,842	0	12,728
MICHAEL KOPPER CHIEF STRATEGY OFFICER	40 0					X		167,566	0	10,456
JEANETTE VALDIVIESO PSYCHIATRIST	40 0					X		179,373	0	13,944
NATALIE VANEK PHYSICIAN	40 0					X		170,203	0	10,225
MARK LEVINE PHYSICIAN	40 0					X		165,599	0	12,735

Identifier	Return Reference	Explanation
DOCUMENT DISCLOSURE	FORM 990, PART VI, SECTION C, LINE 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
OTHER CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	3,951,177 CHANGE IN INTEREST IN N/A OF LEGACY COMM HEALTH ENDOWMENT