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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

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 07-01-2012 , 2012, and ending 06-30-2013

☐ Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ 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  
Suite

Room/suite

City or town, state or country, and ZIP + 4  
HOUSTON, TX 772666308

F Name and address of principal officer  
KATHERINE CALDWELL  
PO BOX 66308  
HOUSTON, TX 772666308

H(a) Is this a group return for affiliates?

☐ Yes☒ No

H(b) Are all affiliates included?

☐ Yes☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

D Employer identification number  
76-0009637

E Telephone number  
(713) 830-3000

G Gross receipts \$ 52,494,994

I Tax-exempt status

☒ 501(c)(3)☐ 501(c) ( ) (Insert no )☐ 4947(a)(1) or☐ 527

J Website: WWW.LEGACYCOMMUNITYHEALTH.ORG

K Form of organization

☒ Corporation☐ Trust☐ Association☐ 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	21
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	21
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	435
	6	Total number of volunteers (estimate if necessary)	6	60
	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)	11,426,659	11,339,573
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	26,684,766	40,788,695
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-3,033	-4,065
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-335,361	-73,787
			37,773,031	52,050,416
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,765,403	2,493,790
	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)	19,075,692	27,274,668
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) 1,276,083		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	12,462,865	18,996,523
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	34,303,960	48,764,981
	19	Revenue less expenses Subtract line 18 from line 12	3,469,071	3,285,435
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	20,038,977	24,004,135
	21	Total liabilities (Part X, line 26)	3,398,761	4,340,829
	22	Net assets or fund balances Subtract line 21 from line 20	16,640,216	19,663,306

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

\*\*\*\*\*

Signature of officer

BEN GLISAN CHIEF FINANCIAL OFFICER

Type or print name and title

2014-02-12

Date

Paid Preparer Use Only

Prnt/Type preparer's name  
Brian D Todd

Firm's name BKD LLP

Firm's address 910 E ST LOUIS 200/PO BOX 1190  
SPRINGFIELD, MO 658062523

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's EIN

Phone no (417) 865-8701

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2012)

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code ) (Expenses \$ 32,755,200 including grants of \$ ) (Revenue \$ 37,130,340 )

CLINICAL SERVICES - 62,987 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 \$ 2,993,485 including grants of \$ 2,493,790 ) (Revenue \$ 2,384,399 )

FINANCIAL ASSISTANCE - 2,384 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 2,384 PATIENTS WITH 20,009 TRANSACTIONS DURING THE YEAR

4c

(Code ) (Expenses \$ 1,489,657 including grants of \$ ) (Revenue \$ 1,027,948 )

EDUCATION & PREVENTION - 2,929 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 \$ 345,804 including grants of \$ ) (Revenue \$ 246,008 )

4e






















Total program service expenses

37,584,146

Form 990 (2012)

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 instructions)? 	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 <b>Section 501(c)(3) organizations.</b> 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	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? 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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, 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 Yes	
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 and XII 	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 and XII 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, 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 United States? 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 hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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, line 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 through 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	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <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		No
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, Part II, III, or IV, and Part V, line 1</i> . . . . .	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . .	35b		
36	<b>Section 501(c)(3) organizations.</b> 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 11b and 19? <b>Note.</b> 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.	1a	149			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	435			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a				No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a				No
b	If "Yes," enter the name of the foreign country: _____ See 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?	5a				No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b				No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c				
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 as charitable contributions?	6a				No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b				
7 Organizations that may receive deductible contributions under section 170(c).						
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8822?	7c				No
d	If "Yes," indicate the number of Forms 8822 filed during the year.	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e				No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f				No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8				
9 Sponsoring organizations maintaining donor advised funds.						
a	Did the organization make any taxable distributions under section 4966?	9a				
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b				
10 Section 501(c)(7) organizations. Enter						
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b				
11 Section 501(c)(12) organizations. Enter						
a	Gross income from members or shareholders.	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b				
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b				
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? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	13a				
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?	14a				No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b				

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		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	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	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	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	Did the organization have local chapters, branches, or affiliates?	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	Yes
b	Other officers or key employees of the organization	15b	No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

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 made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization BEN GLISAN PO BOX 66308 HOUSTON, TX (713) 830-3000

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

[illegible]



## Part VII

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
<b>1b</b> Sub-Total . . . . .										
<b>c</b> Total from continuation sheets to Part VII, Section A . . . . .										
<b>d</b> Total (add lines 1b and 1c) . . . . .							2,539,674	0	131,547	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization: 39

		Yes	No
3	Did the organization list any <b>former</b> 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. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
LABCORP OF AMERICA ,	LAB SERVICES	865,479
WHITAKER MEDICAL ,	MEDICAL SERVICES	287,426
ALLIANCE OF CHICAGO ,	EHR SUPPORT SERVICES	715,640
THE MONTROSE CENTER ,	MEDICAL SERVICES	660,889
DATA VOX ,	IT SERVICES	322,355

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►13

Part VIII

Statement of Revenue

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

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a213,300	11,339,573			
	b	Membership dues . . . . .	1b				
	c	Fundraising events . . . . .	1c402,400				
	d	Related organizations . . . .	1d				
	e	Government grants (contributions)	1e7,524,176				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f3,199,697				
	g	Noncash contributions included in lines 1a-1f \$	9,394				
	h	Total. Add lines 1a-1f . . . . .					
Program Service Revenue	2a	NET PATIENT SERVICE REVENUE	Business Code624100	39,795,434	39,795,434		
		bEHR INCENTIVE REVENUE	624100	658,450	658,450		
		cOTHER	624100	83,314	83,314		
		dLEGACY ENDOWMENT MANAGEMENT FEE	561000	251,497	251,497		
		e					
		fAll other program service revenue					
	g	Total. Add lines 2a-2f . . . . .		40,788,695			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		250			250
	4	Income from investment of tax-exempt bond proceeds . . .		0			
	5	Royalties . . . . .		0			
	6a	Gross rents	(i) Real	(ii) Personal			
			2,150				
			2,150	0			
	b	Less rental expenses			2,150		2,150
	c	Rental income or (loss)					
	d	Net rental income or (loss) . . . . .					
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
				290,526			
				294,841			
				-4,315			
	b	Less cost or other basis and sales expenses			-4,315		-4,315
	c	Gain or (loss)					
	d	Net gain or (loss) . . . . .					
	8a	Gross income from fundraising events (not including \$ 402,400 of contributions reported on line 1c) See Part IV, line 18 . . . . .			-75,937		-75,937
		a	73,800				
	b	Less direct expenses . . . . .	b149,737				
	c	Net income or (loss) from fundraising events . . .			0		
	9a	Gross income from gaming activities See Part IV, line 19 . . . . .					
		a					
	b	Less direct expenses . . . . .	b		0		
	c	Net income or (loss) from gaming activities . . .					
	10a	Gross sales of inventory, less returns and allowances . . . . .			0		
		a					
	b	Less cost of goods sold . . . . .	b				
	c	Net income or (loss) from sales of inventory . . .			0		
		Miscellaneous Revenue	Business Code				
	11a				0		
	b						
	c						
	d	All other revenue . . . . .					
	e	Total. Add lines 11a-11d . . . . .			52,050,416	40,788,695	-77,852
	12	Total revenue. See Instructions . . . . .					

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).

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

☐

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 United States. See Part IV, line 21.	0			
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	2,493,790	2,493,790		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. 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.	1,528,138	1,089,190	397,616	41,332
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.	21,646,151	15,255,991	5,811,484	578,676
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	402,835	283,914	108,152	10,769
9	Other employee benefits.	1,773,927	1,226,178	497,060	50,689
10	Payroll taxes.	1,923,617	1,474,658	397,065	51,894
11	Fees for services (non-employees):				
a	Management.	0			
b	Legal.	780,228		780,228	
c	Accounting.	107,452		107,452	
d	Lobbying.	51,595	51,595		
e	Professional fundraising services. See Part IV, line 17.	0			
f	Investment management fees.	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	1,977,726	1,786,039	152,780	38,907
12	Advertising and promotion.	800,458	712,102	20,722	67,634
13	Office expenses.	2,279,079	1,424,180	518,708	336,191
14	Information technology.	603,363	478,081	117,506	7,776
15	Royalties.	0			
16	Occupancy.	2,137,828	1,799,318	310,946	27,564
17	Travel.	254,898	89,893	149,920	15,085
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19	Conferences, conventions, and meetings.	341,835	180,344	143,867	17,624
20	Interest.	33,222	30,005	2,958	259
21	Payments to affiliates.	0			
22	Depreciation, depletion, and amortization.	485,985	358,813	117,005	10,167
23	Insurance.	116,386	103,195	12,186	1,005
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a	BAD DEBT	26,299	26,299		
b	LICENSES, DUES & SUBSCRIPTIONS	195,957	102,666	78,033	15,258
c	RECRUITING	725,841	547,931	177,910	
d	MEDICAL SUPPLIES & DRUGS	8,002,522	8,002,522		
e	All other expenses	75,849	67,442	3,154	5,253
25	Total functional expenses. Add lines 1 through 24e.	48,764,981	37,584,146	9,904,752	1,276,083
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .		2,327,964	1	2,390,862
	2	Savings and temporary cash investments . . . . .		360,212	2	1
	3	Pledges and grants receivable, net . . . . .		1,135,658	3	1,702,752
	4	Accounts receivable, net . . . . .		2,208,468	4	3,423,132
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		0	5	0
	6	Loans and other 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) Complete Part II of Schedule L . . . . .		0	6	0
	7	Notes and loans receivable, net . . . . .		0	7	125,000
	8	Inventories for sale or use . . . . .		68,934	8	56,557
	9	Prepaid expenses and deferred charges . . . . .		99,973	9	271,063
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D . . . . .	10a3,714,536	1,189,481	10c	1,898,366
	b	Less accumulated depreciation . . . . .	10b1,816,170			
	11	Investments—publicly traded securities . . . . .		0	11	0
	12	Investments—other securities See Part IV, line 11 . . . . .		0	12	0
	13	Investments—program-related See Part IV, line 11 . . . . .		11,636,351	13	11,562,575
	14	Intangible assets . . . . .		100,000	14	800,000
	15	Other assets See Part IV, line 11 . . . . .		911,936	15	1,773,827
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		20,038,977	16	24,004,135
Liabilities	17	Accounts payable and accrued expenses . . . . .		2,725,352	17	4,116,145
	18	Grants payable . . . . .		0	18	0
	19	Deferred revenue . . . . .		360,157	19	55,029
	20	Tax-exempt bond liabilities . . . . .		0	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D . . . . .		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties . . . . .		261,394	23	125,030
	24	Unsecured notes and loans payable to unrelated third parties . . . . .		51,858	24	44,625
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . . .		0	25	0
	26	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		3,398,761	26	4,340,829
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>					
	27	Unrestricted net assets . . . . .		4,979,619	27	8,314,150
	28	Temporarily restricted net assets . . . . .		11,660,597	28	11,349,156
	29	Permanently restricted net assets . . . . .		0	29	0
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>					
	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	<b>Total net assets or fund balances</b> . . . . .		16,640,216	33	19,663,306
	34	<b>Total liabilities and net assets/fund balances</b> . . . . .		20,038,977	34	24,004,135

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	52,050,416
2	Total expenses (must equal Part IX, column (A), line 25) . . . . .	2	48,764,981
3	Revenue less expenses Subtract line 2 from line 1 . . . . .	3	3,285,435
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	4	16,640,216
5	Net unrealized gains (losses) on investments . . . . .	5	
6	Donated services and use of facilities . . . . .	6	
7	Investment expenses . . . . .	7	
8	Prior period adjustments . . . . .	8	
9	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	9	-262,345
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	19,663,306

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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
3b	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	

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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	2 0	X		X				0	0	0
JAMES REEDER JR DIRECTOR	2 0	X						0	0	0
LYDIA BAEHR SECRETARY	2 0	X		X				0	0	0
JERI J BROOKS VICE CHAIR	2 0	X		X				0	0	0
RAMIRO FONSECA DIRECTOR	2 0	X						0	0	0
ROBERT HILLIARD EXECUTIVE COMMITTEE	2 0	X		X				0	0	0
NICOLE L MOORE DIRECTOR	2 0	X						0	0	0
TRUDY NIX DIRECTOR	2 0	X						0	0	0
RAY PURSER CHAIR	2 0	X		X				0	0	0
ANN REID DIRECTOR	2 0	X						0	0	0
LEONARD ZWELLING DIRECTOR	2 0	X						0	0	0
JANI C LOPEZ DIRECTOR	2 0	X						0	0	0
DAVID FOX DIRECTOR	2 0	X						0	0	0
IAN ROSENBERG DIRECTOR	2 0	X						0	0	0
CYNDY GARZA DIRECTOR	2 0	X						0	0	0
GLENN BAUGUSS DIRECTOR	2 0	X						0	0	0
BETH APOLLO DIRECTOR	2 0	X						0	0	0
BRYAN HLAVINKA DIRECTOR	2 0	X						0	0	0
ALTON LADAY DIRECTOR	2 0	X						0	0	0
SHAUN DAVIS DIRECTOR BEG NOV 2012	2 0	X						0	0	0
JOHN SHEPTOR DIRECTOR	2 0	X						0	0	0
KATHERINE CALDWELL EXECUTIVE DIRECTOR	40 0			X				275,705	0	11,583
BEN GLISAN CFO	40 0			X				232,511		8,941
DONA BOYDSTUN CHIEF DEVELOPMENT OFFICER	40 0				X			249,108		12,726
THOMAS BEECH CHIEF MEDICAL OFFICER	40 0				X			283,838		14,052

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
MICHAEL KOPPER CHIEF STRATEGY OFFICER	40 0				X			226,665		12,645
JO CARCEDO CHIEF OPERATING OFFICER	40 0				X			188,560		11,804
JEANETTE VALDIVIESO MEDICAL DIRECTOR	40 0					X		241,131		13,381
CHAD LEMAIRE ASSOCIATE MEDICAL DIRECTOR	40 0					X		215,475		12,611
MELISSA OCHOA-PEREZ ASSISTANT MEDICAL DIRECTOR	40 0					X		211,278		10,647
NATALIE VANEK PHYSICIAN	40 0					X		210,943		12,374
LIA RODRIGUEZ MEDICAL DIRECTOR- PEDIATRICS	40 0					X		204,460		10,783

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

2012

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<sup>1</sup>/<sub>3</sub>% 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<sup>1</sup>/<sub>3</sub>% 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 - Non-functionally integrated
- 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 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 monetary support |
|------------------------------------|----------|--|--|----|---|----|--|----|----------------------------------|
|                                    |          |  | Yes  | No | Yes   | No | Yes  | No |                                  |
|                                    |          |  |  |    |   |    |  |    |                                  |
|                                    |          |  |  |    |   |    |  |    |                                  |
| Total                              |          |  |  |    |   |    |  |    |                                  |
- For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ.

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2012



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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 6, column (f) divided by line 11, column (f))	14		
15 Public support percentage for 2011 Schedule A, Part II, line 14	15		
16a 33 1/3% support test—2012. 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—2011. If the organization did not check a 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—2012. 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—2011. 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 IIISupport 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	13,195,801	11,719,096	11,767,372	11,426,659	11,339,573	59,448,501
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	2,718,364	8,179,642	17,540,848	26,684,766	40,788,695	95,912,315
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	15,914,165	19,898,738	29,308,220	38,111,425	52,128,268	155,360,816
7a Amounts included on lines 1, 2, and 3 received from disqualified persons				5,000	12,486	17,486
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b				5,000	12,486	17,486
8 Public support (Subtract line 7c from line 6 )						155,343,330

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	15,914,165	19,898,738	29,308,220	38,111,425	52,128,268	155,360,816
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	15,042	15,000	13,750	3,994	2,400	50,186
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	15,042	15,000	13,750	3,994	2,400	50,186
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						0
13 Total support. (Add lines 9, 10c, 11, and 12 )	15,929,207	19,913,738	29,321,970	38,115,419	52,130,668	155,411,002
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage			
15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	99 957 %	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	99 942 %	

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	0 032 %	
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	0 054 %	
19a 33 1/3% support tests—2012. 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—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶			
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶			

**Part IV** **Supplemental Information.** Complete this part to provide the 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

Explanation

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

2012

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 35c (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 function 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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- 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)		211,330													
c Total lobbying expenditures (add lines 1a and 1b)		211,330													
d Other exempt purpose expenditures		37,584,146													
e Total exempt purpose expenditures (add lines 1c and 1d)		37,795,476													
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 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	86,549	147,738	331,555	211,330	777,172
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
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)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(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?			
j	Total. Add 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 carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible 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, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
OTHER LOBBYING EXPENSES	SCHEDULE C, PART II-A, LINE 1B	THE AMOUNT IN SCHEDULE C, PART II-1, LINE 1B INCLUDES THE SALARY AND BENEFITS FOR THE ORGANIZATION'S VICE PRESIDENT OF GOVERNMENT RELATIONS AND PUBLIC AFFAIRS FIELD SPECIALIST. THESE TWO INDIVIDUALS ARE EMPLOYED BY THE ORGANIZATION AND SERVE AS POLICY ADVOCATES FOR THE ORGANIZATION. THEY ARE NOT REGISTERED LOBBYISTS NOR DO THEY PERFORM LOBBYIST ACTIVITIES. THEY PERFORM VARIOUS TASKS, SPECIFICALLY WORKING WITH LEGISLATURES AND OTHERS TO ENSURE THE CONTINUED SUPPORT OF THE ORGANIZATION'S PROGRAMS. THE ORGANIZATION ALSO PAID ANNUAL DUES.

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2012

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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)  
☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space

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

a Total number of conservation easements

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included in (a)

d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

	Held at the End of the Year
2a	
2b	
2c	
2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) relating to these items

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

b Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

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 XIII 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 XIII. Check here if the explanation has been provided in Part XIII

☐

Part V

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance				
b	Contributions				
c	Net investment earnings, gains, and 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 current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%

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

	Yes	No
3a(i)		
3a(ii)		
3b		

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4

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

Part VI

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

Description of property	(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	0	614,597	300,499	314,098
d Equipment	0	3,099,939	1,515,671	1,584,268
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,898,366





Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return				
1	Total revenue, gains, and other support per audited financial statements . . . . .	1		52,507,425
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains on investments . . . . .	2a		
b	Donated services and use of facilities . . . . .	2b	591,851	
c	Recoveries of prior year grants . . . . .	2c		
d	Other (Describe in Part XIII ) . . . . .	2d	-288,644	
e	Add lines 2a through 2d . . . . .	2e		303,207
3	Subtract line 2e from line 1 . . . . .	3		52,204,218
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a		
b	Other (Describe in Part XIII ) . . . . .	4b	-153,802	
c	Add lines 4a and 4b . . . . .	4c		-153,802
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 ) . . . . .	5		52,050,416
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return				
1	Total expenses and losses per audited financial statements . . . . .	1		49,484,335
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities . . . . .	2a	591,851	
b	Prior year adjustments . . . . .	2b		
c	Other losses . . . . .	2c		
d	Other (Describe in Part XIII ) . . . . .	2d	153,802	
e	Add lines 2a through 2d . . . . .	2e		745,653
3	Subtract line 2e from line 1 . . . . .	3		48,738,682
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a		
b	Other (Describe in Part XIII ) . . . . .	4b	26,299	
c	Add lines 4a and 4b . . . . .	4c		26,299
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 ) . . . . .	5		48,764,981

Part XIII Supplemental Information

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

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 REVENUE INCLUDED ON LINE 1 BUT NOT ON FORM 990, PART VIII, LINE 12	SCHEDULE D, PART XI, LINE 2D	\$ (262,345) CHANGE IN INTEREST IN N/A OF LEGACY COMM HEALTH ENDOWMENT ( 26,299) BAD DEBT EXPENSE ----- \$ (288,644)
OTHER REVENUE INCLUDED ON FORM 990, PART VIII, LINE 12 BUT NOT ON LINE 1	SCHEDULE D, PART XII, LINE 4B	\$ (149,737) SPECIAL EVENTS EXPENSE ( 4,315) LOSS ON ASSET DISPOSAL 250 INTEREST INCOME ----- \$ (153,802)
OTHER EXPENSES INCLUDED ON LINE 1, BUT NOT ON FORM 990, PART IX, LINE 25	SCHEDULE D, PART XII, LINE 2D	\$ 149,737 SPECIAL EVENTS EXPENSE 4,315 LOSS ON ASSET DISPOSAL ( 250) INTEREST INCOME ----- \$ 153,802
OTHER EXPENSES INCLUDED ON FORM 990, PART IX, LINE 25, BUT NOT SCHEDULE D	SCHEDULE D, PART XII, LINE 4B	\$ 26,299 BAD DEBT EXPENSE



Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events		
		<u>LUNCHEON</u>	<u>SCHMOOZE</u>	<u>2</u>	(add col (a) through		
		(event type)	(event type)	(total number)	col (c))		
	1	Gross receipts . . . .	214,590	163,751	97,859	476,200	
	2	Less Contributions . . .	187,090	154,501	60,809	402,400	
3	Gross income (line 1 minus line 2) . . . .	27,500	9,250	37,050	73,800		
Direct Expenses	4	Cash prizes . . . .	455		1,850	2,305	
	5	Noncash prizes . . .			129	129	
	6	Rent/facility costs . . .	14,315		25,632	39,947	
	7	Food and beverages .	24,252	8,000	450	32,702	
	8	Entertainment . . . .			1,650	1,650	
	9	Other direct expenses .	53,497	8,668	10,839	73,004	
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶					(149,737)
	11	Net income summary Combine line 3, column (d), and line 10 . . . . . ▶					-75,937

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))
Direct Expenses	1	Gross revenue . . . . .			
	2	Cash prizes . . . . .			
	3	Non-cash prizes . . . .			
	4	Rent/facility costs . . . .			
	5	Other direct expenses . . .			
	6	Volunteer labor . . . .	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>
	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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 Enter 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 of the third party

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 Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b,  
columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this  
part to provide any additional information (see instructions).

Identifier	Return Reference	Explanation
CABARET FOR A CURE	SCHEDULE G, PART II, COLUMN (A)	THE ORGANIZATION CONTRACTED WITH A THIRD PARTY TO HELP PRODUCE THE CABARET FOR A CURE EVENT IT WAS ORIGINALLY INTENDED FOR LEGACY COMMUNITY HEALTH SERVICES TO BE A BENEFICIARY OF THE NET PROFIT OF THE EVENT HOWEVER, THROUGHOUT THE PRODUCTION OF THE EVENT, THE ORGANIZATION WAS MORE INVOLVED THAN ORIGINALLY THOUGHT AND PAID A MAJORITY OF EXPENSES, THOUGH THE ORGANIZATION DID NOT HAVE AUTHORITY OF THE CHOICES OF VENDORS AND CONTRACTS SIGNED THIS RESULTED IN HIGHER THAN NORMAL EXPENSES FOR THIS EVENT THAN WOULD HAVE BEEN SPENT IF THE ORGANIZATION HAD COMPLETE CONTROL OVER THE CHOICES OF VENDORS AND CONTRACTED AMOUNTS

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
LEGACY COMMUNITY HEALTH SERVICES

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

2012

Open to Public  
Inspection

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. Part II can be duplicated if additional space is needed.

(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 listed in the line 1 table . . . . .

▶

3

Enter total number of other organizations listed in the line 1 table . . . . .

▶

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.  
Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) RX DRUGS DSTRBTD TO RYAN WHITE GRANT PATIENTS	1623		1,307,610 FMV		PHARMACEUTICALS
(2) INS AND COPMTS PAID FOR RYAN WHITE GRNT PTNTS	904	1,186,180			

Part IV

Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), 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 PAYER 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

2012

Open to Public Inspection

Name of the organization  
LEGACY COMMUNITY HEALTH SERVICES

Employer identification number  
76-0009637

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>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><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><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></div></div>		
<div><div>1b</div><div>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 of the expenses described above? If "No," complete Part III to explain</div></div>		
<div><div>2</div><div>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?</div></div>		
<div><div>3</div><div>Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</div><div><div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div><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></div></div>		
<div><div>4</div><div>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</div></div>		
<div><div>4a</div><div>Receive a severance payment or change-of-control payment?</div></div>		No
<div><div>4b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>		No
<div><div>4c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>		No
<div><div></div><div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div></div>		
<div><div>5</div><div>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</div></div>		
<div><div>5a</div><div>The organization?</div></div>		No
<div><div>5b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III</div>		No
<div><div>6</div><div>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</div></div>		
<div><div>6a</div><div>The organization?</div></div>		No
<div><div>6b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III</div>		No
<div><div>7</div><div>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</div></div>	Yes	
<div><div>8</div><div>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 Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III</div></div>		No
<div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</div></div>		



**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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(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 as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table								

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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

Software ID:

Software Version:

EIN: 76-0009637

Name: LEGACY COMMUNITY HEALTH SERVICES

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
KATHERINE CALDWELL	(i) (ii)	252,305 0	23,400		5,436	6,147	287,288 0	
BEN GLISAN	(i) (ii)	214,011	10,000	8,500	2,794	6,147	241,452	
DONA BOYDSTUN	(i) (ii)	229,108	20,000		6,579	6,147	261,834	
THOMAS BEECH	(i) (ii)	273,338	10,000	500	7,905	6,147	297,890	
MICHAEL KOPPER	(i) (ii)	204,274	10,000	12,391	6,498	6,147	239,310	
JO CARCEDO	(i) (ii)	188,560			5,657	6,147	200,364	
JEANETTE VALDIVIESO	(i) (ii)	241,131			7,234	6,147	254,512	
CHAD LEMAIRE	(i) (ii)	215,475			6,464	6,147	228,086	
MELISSA OCHOA-PEREZ	(i) (ii)	211,278			4,500	6,147	221,925	
NATALIE VANEK	(i) (ii)	210,943			6,227	6,147	223,317	
LIA RODRIGUEZ	(i) (ii)	204,460			4,636	6,147	215,243	

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012

Open to Public

Inspection

Name of the organization

LEGACY COMMUNITY HEALTH SERVICES

Employer identification number

76-0009637

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 THEY NEED AN EYE EXAM, WANT TO TALK TO A COUNSELOR ABOUT STD PREVENTION, OR JUST HAVE A COLD WE TAKE THEIR 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, COMPREHENSIVE 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>HEALTH CARE FOR MEN WE FOCUS ON PREVENTION AND EARLY DIAGNOSIS OF COMMON HEALTH ISSUES SUCH AS DIABETES AND HEART DISEASE. OUR SERVICES INCLUDE PHYSICAL EXAMS, PROSTATE AND TESTICULAR EXAMS, SCREENING AND TREATMENT FOR SEXUALLY TRANSMITTED DISEASES, AND BLOOD GLUCOSE AND CHOLESTEROL TESTING. HEALTH CARE FOR WOMEN OUR HEALTH CARE PROFESSIONALS ARE SPECIALLY TRAINED TO BE SENSITIVE TO THE NEEDS OF WOMEN AND FOCUS ON THE PREVENTION AND EARLY DETECTION OF COMMON HEALTH ISSUES. OB/GYN &amp; MATERNITY OUR MEDICAL PROFESSIONALS PROVIDE A FULL RANGE OF OB/GYN SERVICES INCLUDING PAP SMEARS, PELVIC AND BREAST EXAMS, CONTRACEPTION AND FAMILY PLANNING COUNSELING, TREATMENT OF VAGINAL AND URINARY TRACT INFECTIONS, SCREENING AND TREATMENT FOR SEXUALLY TRANSMITTED DISEASES, AND REFERRALS FOR MAMMOGRAMS. 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. PEDIATRIC SERVICES LEGACY OFFERS PEDIATRIC CARE FOR CHILDREN 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. 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 1415 CALIFORNIA 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. BEHAVIORAL HEALTH SERVICES LEGACY OFFERS A FULL RANGE OF OUTPATIENT BEHAVIORAL HEALTH SERVICES PROVIDED BY A GROWING NETWORK OF COMMUNITY CLINICS OFFERING ASSESSMENT, MEDICATION MANAGEMENT, TESTING AND THERAPY FOR CHILDREN, TEENS AND ADULTS. AT LEGACY, WE UNDERSTAND THAT CARING FOR ONE'S MENTAL HEALTH IS AS IMPORTANT AS CARING FOR YOUR PHYSICAL HEALTH. WE ALSO RECOGNIZE THAT QUALITY MENTAL HEALTH SHOULD BE ACCESSIBLE TO PEOPLE FROM ALL INCOME BRACKETS. FOR THIS REASON, WE ACCEPT MOST INSURANCES AS WELL AS OFFER SLIDING SCALE FEES FOR OUR SERVICES FOR THOSE WITH NO INSURANCE. THE ECONOMIC CIRCUMSTANCES OF EACH PATIENT ARE TAKEN INTO ACCOUNT. WE BELIEVE TREATMENT SHOULD BE WITHIN THE FINANCIAL REACH OF EVERYONE. WE PROUDLY SERVE A DIVERSE POPULATION IN AN ENVIRONMENT THAT IS ACCEPTING AND UNDERSTANDING. OUR GOAL IS ALWAYS TO RESPECT THE INDIVIDUAL AND OFFER TREATMENT IN PARTNERSHIP WITH EACH CLIENT TO ADDRESS THEIR NEEDS. SERVICES PROVIDED BY OUR PSYCHIATRISTS, PSYCHOLOGISTS AND THERAPISTS INCLUDE ASSESSMENT, DIAGNOSIS AND TREATMENT OF A WIDE RANGE OF MENTAL CONDITIONS INCLUDING DEPRESSION, ANXIETY, BIPOLAR DISORDER, ATTENTION DEFICIT DISORDERS, AUTISM SPECTRUM DISORDERS, DEVELOPMENTAL DELAY, LEARNING DISABILITIES, AND SCHIZOPHRENIA. LEGACY PROVIDES THERAPY FOR INDIVIDUALS, COUPLES, AND FAMILIES. DENTAL SERVICES LEGACY'S WELL-ROUNDED APPROACH TO INDIVIDUAL HEALTH ISSUES INCLUDES PROVIDING</p>

Identifier	Return Reference	Explanation
PROGRAM SERVICES	FORM 990, PART III, LINE 4A	NG MUCH NEEDED DENTAL/ORAL CARE FOR OUR PATIENTS, AND THAT EXTENDS TO OUR SPECIALTY IN PED IATRIC DENTISTRY THE REGULAR DENTAL HEALTH SCREENINGS OFFERED BY LEGACY HELP DETECT DISEA SES SUCH AS ORAL CANCER, DIABETES AND HIV IN THEIR EARLY STAGES

Identifier	Return Reference	Explanation
PROGRAM SERVICES	FORM 990, PART III, LINE 4C	<p>LEGACY OFFERS HIV/STD TESTING, ON A FEE-FOR-SERVICE BASIS, TO ALL PERSONS REQUESTING A TEST. HIGH-RISK PERSONS ARE ELIGIBLE FOR FREE HIV TESTING ALONG WITH AN EXTENDED RISK-REDUCTION COUNSELING SESSION. CLIENTS CAN ALSO CHOOSE BETWEEN CONFIDENTIAL TESTING (USING THEIR NAME AND CONTACT INFORMATION) OR ANONYMOUS TESTING (NO NAME OR IDENTIFYING INFORMATION IS USED). SINCE 1988, LEGACY HAS PROVIDED COMPREHENSIVE HIV/AIDS PRIMARY HEALTH CARE SERVICES AND HAS BECOME A NATIONALLY RECOGNIZED LEADER IN HIV/AIDS PREVENTION AND TREATMENT. LEGACY'S TEAM OF HEALTH CARE PROFESSIONALS INCLUDES PHYSICIANS, NURSE PRACTITIONERS, NURSES, SOCIAL WORKERS, PREVENTION COUNSELORS, AND MORE. IN ADDITION TO PRIMARY HEALTH CARE AND EYE CARE, OUR SERVICES INCLUDE CASE MANAGEMENT, MEDICATION ADHERENCE COUNSELING, EDUCATIONAL WORKSHOPS, FINANCIAL ASSISTANCE, AND WELLNESS SERVICES.</p> <p>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 ONLINE. 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 THE 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.</p> <p>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. 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.</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 2013.

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 9	\$ (262,345) CHANGE IN INTEREST IN N/A OF LEGACY COMM HEALTH ENDOWMENT