


<p>Form 990</p> <p></p> <p>Department of the Treasury</p> <p>Internal Revenue Service</p>	<p>Return of Organization Exempt From Income Tax</p> <p>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)</p> <p>▶ Do not enter social security numbers on this form as it may be made public.</p> <p>▶ Information about Form 990 and its instructions is at www.irs.gov/form990</p>	<p>OMB No 1545-0047</p> <p>2015</p> <p>Open to Public Inspection</p>
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A For the 2015 calendar year, or tax year beginning 07-01-2015 , and ending 06-30-2016			
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization LEGACY COMMUNITY HEALTH SERVICES		D Employer identification number 76-0009637
	% BEN GLISAN Doing business as		
	Number and street (or P O box if mail is not delivered to street address) Room/suite PO BOX 66308		E Telephone number (713) 830-3000
	City or town, state or province, country, and ZIP or foreign postal code HOUSTON, TX 772666308		G Gross receipts \$ 108,787,477
F Name and address of principal officer KATHERINE CALDWELL PO BOX 66308 HOUSTON, TX 772666308		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.LEGACYCOMMUNITYHEALTH.ORG			
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1982	M State of legal domicile TX

Part I		Summary	
Activities & Governance	1 Briefly describe the organization's mission or most significant activities WE EMPOWER CLIENTS TO LEAD BETTER LIVES BY PROVIDING PREMIUM, COMPASSIONATE PRIMARY HEALTHCARE TO A DIVERSE COMMUNITY WHO HAVE TRADITIONALLY FACED PROBLEMS ACCESSING QUALITY CARE		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	906
	6 Total number of volunteers (estimate if necessary)	6	100
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		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	15,588,833	17,912,231
	9 Program service revenue (Part VIII, line 2g)	78,470,040	90,767,861
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	945	0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-140,665	-180,364
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	93,919,153	108,499,728
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,296,162	3,778,309
	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)	49,309,765	57,990,989
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) <u>▶1,291,436</u>		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	36,533,112	43,895,398
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	89,139,039	105,664,696
	19 Revenue less expenses Subtract line 18 from line 12	4,780,114	2,835,032
	Net Assets or Fund Balances		Beginning of Current Year
20 Total assets (Part X, line 16)		40,452,633	47,250,883
21 Total liabilities (Part X, line 26)		7,793,742	10,229,772
22 Net assets or fund balances Subtract line 21 from line 20		32,658,891	37,021,111

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			2017-03-20 Date	
	BEN GLISAN CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name Bran D Todd		Preparer's signature Bran D Todd	Date	Check <input type="checkbox"/> if self-employed PTIN P00422601
	Firm's name ▶ BKD LLP			Firm's EIN ▶	
	Firm's address ▶ 910 E ST LOUIS 200/PO BOX 1190 SPRINGFIELD, MO 658062523			Phone no (417) 865-8701	

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission

THE MISSION OF LEGACY COMMUNITY HEALTH SERVICES IS, "DRIVING HEALTHY CHANGE IN OUR COMMUNITIES " OUR VISION IS, "CONNECTING OUR COMMUNITIES TO HEALTH EVERY DAY, IN EVERY WAY "

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 \$ 70,571,532 including grants of \$ 546,274) (Revenue \$ 84,832,940)
CLINICAL SERVICES - 145,647 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 \$ 5,508,268 including grants of \$ 3,232,035) (Revenue \$ 4,547,876)
FINANCIAL ASSISTANCE - 3,726 PEOPLE SERVED WITH 25,186 TRANSACTIONS. 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 3,390 PATIENTS WITH 24,653 TRANSACTIONS DURING THE YEAR.	

4c	(Code) (Expenses \$ 2,723,498 including grants of \$) (Revenue \$ 1,029,911)
EDUCATION AND PREVENTION - 2,820 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 \$ 660,585 including grants of \$) (Revenue \$ 357,134)	

4e	Total program service expenses ▶ 79,463,883
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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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	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 Yes	
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 other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? 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 or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <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 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <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	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, 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	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	220	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	906	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	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 or note to any line 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	1a 17		
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	1b 17		
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.
☐ Own website ☐ Another's website ☒ Upon request ☐ 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, address, and telephone number of the person who possesses the organization's books and records
 ► BEN GLISAN PO BOX 66308 HOUSTON, TX 772666308 (713) 830-3000

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

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

Form **990** (2015)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(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			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								3,969,269	0	202,736

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 ► 106

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
LAB CORP OF AMERICA,	LAB SERVICES	1,183,944
ALLIANCE OF CHICAGO,	EHR SUPPORT SERVICES	1,134,755
HARVEY BUILDER,	CONSTRUCTION SERVICE	905,945
PHYSICIAN RESOURCES INC,	CONTRACT LABOR	745,901
SOUTH COAST CONSTRUCTION,	CONSTRUCTION SERVICE	453,655

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 ► 22

Part VIII

Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a	271,031	17,912,231		
	b	Membership dues	1b				
	c	Fundraising events	1c	424,257			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	12,012,635			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	5,204,308			
	g	Noncash contributions included in lines 1a-1f \$		48,885			
	h	Total. Add lines 1a-1f					
Program Service Revenue			Business Code				
	2a	NET PATIENT SERVICE REVENUE	624100	89,973,998	89,973,998		
	b	OTHER	624100	225,635	225,635		
	c	LEGACY ENDOWMENT MANAGEMENT FEE	561000	250,620	250,620		
	d	METHODIST (LSJ) SUBSIDY REVENUE	624100	317,608	317,608		
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f			90,767,861		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		0			
	4	Income from investment of tax-exempt bond proceeds . .		0			
	5	Royalties		0			
	6a	(i) Real		(ii) Personal	0		
	b	Less rental expenses					
	c	Rental income or (loss)		0	0		
	d	Net rental income or (loss)			0		
	7a	(i) Securities		(ii) Other	0		
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)			0		
	8a	Gross income from fundraising events (not including \$ 424,257 of contributions reported on line 1c) See Part IV, line 18			-180,364		
		a	107,385				
		b	287,749				
	c	Net income or (loss) from fundraising events . .					-180,364
	9a	Gross income from gaming activities See Part IV, line 19			0		
		a					
		b					
	c	Net income or (loss) from gaming activities . . .					
	10a	Gross sales of inventory, less returns and allowances			0		
a							
b							
b	Less cost of goods sold						
c	Net income or (loss) from sales of inventory . .						
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d			0			
12	Total revenue. See Instructions			108,499,728	90,767,861		-180,364

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 or note to any line 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 domestic organizations and domestic governments. See Part IV, line 21.	546,274	546,274		
2	Grants and other assistance to domestic individuals. See Part IV, line 22.	3,232,035	3,232,035		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. 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.	2,469,900	1,731,718	697,576	40,606
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.	47,197,739	33,213,836	13,209,616	774,287
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	719,465	471,535	235,655	12,275
9	Other employee benefits.	4,023,610	2,637,058	1,317,901	68,651
10	Payroll taxes.	3,580,275	2,498,094	1,020,202	61,979
11	Fees for services (non-employees):				
a	Management.	0			
b	Legal.	848,868		848,868	
c	Accounting.	166,098		166,098	
d	Lobbying.	0			
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).	7,443,912	6,099,978	1,304,845	39,089
12	Advertising and promotion.	1,411,223	5,454	1,275,607	130,162
13	Office expenses.	3,727,331	1,608,869	2,051,250	67,212
14	Information technology.	1,189,524	877,834	311,664	26
15	Royalties.	0			
16	Occupancy.	3,883,874	2,861,830	993,374	28,670
17	Travel.	421,773	173,082	236,817	11,874
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19	Conferences, conventions, and meetings.	383,756	258,698	118,194	6,864
20	Interest.	382	376		6
21	Payments to affiliates.	0			
22	Depreciation, depletion, and amortization.	2,052,400	1,353,804	668,473	30,123
23	Insurance.	31,521	31,521		
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	MEDICAL SUPPLIES AND DRUGS	20,675,494	20,675,494		
b	BAD DEBT	1,050,000	1,050,000		
c	LICENSES, DUES & SUBSCRIPTIONS	394,641	85,671	296,882	12,088
d	RECRUITING	202,826	45,092	156,355	1,379
e	All other expenses	11,775	5,630		6,145
25	Total functional expenses. Add lines 1 through 24e.	105,664,696	79,463,883	24,909,377	1,291,436
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 or note to any line in this Part X

☐

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		8,724,823	1	8,376,025
	2	Savings and temporary cash investments		1	2	1
	3	Pledges and grants receivable, net		2,871,255	3	4,823,039
	4	Accounts receivable, net		6,131,376	4	7,437,313
	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		100,000	7	75,000
	8	Inventories for sale or use		11,532	8	23,419
	9	Prepaid expenses and deferred charges		242,433	9	568,303
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a12,233,539			
	b	Less: accumulated depreciation	10b6,185,290	3,971,506	10c	6,048,249
	11	Investments—publicly traded securities		229,967	11	390,937
	12	Investments—other securities. See Part IV, line 11		0	12	0
	13	Investments—program-related. See Part IV, line 11		14,150,895	13	15,146,631
	14	Intangible assets		825,000	14	825,000
	15	Other assets. See Part IV, line 11		3,193,845	15	3,536,966
	16	Total assets. Add lines 1 through 15 (must equal line 34)		40,452,633	16	47,250,883
Liabilities	17	Accounts payable and accrued expenses		6,662,545	17	8,456,003
	18	Grants payable		0	18	0
	19	Deferred revenue		602,529	19	435,741
	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		268,561	23	201,318
	24	Unsecured notes and loans payable to unrelated third parties		30,140	24	22,246
	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		229,967	25	1,114,464
	26	Total liabilities. Add lines 17 through 25		7,793,742	26	10,229,772
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		18,578,996	27	20,583,595
	28	Temporarily restricted net assets		14,079,895	28	16,437,516
	29	Permanently restricted net assets		0	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		32,658,891	33	37,021,111
	34	Total liabilities and net assets/fund balances		40,452,633	34	47,250,883

Part XI **Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	108,499,728
2	Total expenses (must equal Part IX, column (A), line 25)	2	105,664,696
3	Revenue less expenses Subtract line 2 from line 1	3	2,835,032
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	32,658,891
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	1,527,188
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	37,021,111

Part XII **Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line 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
b	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	
c	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	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

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			
CYNDY GARZA MEMBER	2 0 0 0	X						0	0	0
BETH BRUCE VC END 12/15/CHAIRPERSON	2 0 0 0	X		X				0	0	0
GLENN BAUGUSS TREASURER ENDING 12/15, MEMBER	2 0 0 0	X		X				0	0	0
ALTON LADAY MEMBER	2 0 0 0	X						0	0	0
BRYAN HLAVINKA CHAIRPERSON END 12/15, MEMBER	2 0 0 0	X						0	0	0
VICTOR CORDOVA MEMBER	2 0 0 0	X						0	0	0
ABIGAIL CAUDLE MEMBER	2 0 0 0	X						0	0	0
BERYL BASHAM SECRETARY BEGINNING 12/15	2 0 0 0	X		X				0	0	0
GLENNA PIERPONT AT-LARGE/EXECUTIVE COMMITTEE	2 0 0 0	X		X				0	0	0
LAUREN SOLIZ MEMBER	2 0 0 0	X						0	0	0

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			
SEHBA ALI MEMBER	2 0 0 0	X						0	0	0
AMANDA GOODIE VICE CHAIRPERSON BEGIN 12/15	2 0 0 0	X		X				0	0	0
GEORGE BURCH MEMBER	2 0 0 0	X						0	0	0
ALEX JESSETT TREASURER BEGINNING 12/15	2 0 0 0	X		X				0	0	0
TONY BRAVO MEMBER	2 0 0 0	X						0	0	0
BETHSHEBA JOHNSON MEMBER	2 0 0 0	X						0	0	0
JOHNSON OLATUNJI MEMBER BEGINNING 09/15	2 0 0 0	X						0	0	0
JANI LOPEZ SECRETARY ENDING 12/15	2 0 0 0	X		X				0	0	0
JAY SEARS DIRECTOR ENDING 8/15	2 0 0 0	X						0	0	0
JOHN SHEPTOR DIRECTOR ENDING 3/16	2 0 0 0	X						0	0	0

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			
SHAUN DAVIS DIRECTOR ENDING 10/15	2 0 0 0	X						0	0	0
KATHERINE CALDWELL EXECUTIVE DIRECTOR	40 0 0 0			X				478,335	0	16,669
BEN GLISAN CHIEF FINANCIAL OFFICER	40 0 0 0			X				404,834	0	24,059
ANN BARNES CHIEF MEDICAL OFFICER	40 0 0 0				X			382,057	0	32,677
DONA BOYDSTUN CHIEF DEVELOPMENT OFFICER	40 0 0 0				X			376,274	0	15,114
MICHAEL KOPPER CHIEF STRATEGY OFFICER	40 0 0 0				X			415,780	0	17,826
JEANETTE VALDIVIESO ASSOC CHIEF MEDICAL OFFICER	40 0 0 0				X			280,350	0	25,925
FAITH WHITTIER MEDICAL DIRECTOR - OBGYN	40 0 0 0					X		414,741	0	13,093
CARLOS CARRENO DIRECTOR OF MATERNAL FETAL MED	40 0 0 0					X		335,529	0	6,777
CHAD LEMAIRE ASSOCIATE MEDICAL DIRECTOR	40 0 0 0					X		311,458	0	28,043

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			
SOPHIA BURNS PHYSICIAN	40 0 0 0					X		296,875	0	7,599
MELISSA OCHOA-PEREZ ASSISTANT MEDICAL DIRECTOR	40 0 0 0					X		273,036	0	14,954

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2015

Open to Public Inspection

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.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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 (Form 990 or 990-EZ))
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☒

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

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11

☐

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

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations _____
- g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 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 section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2014 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2015.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						► <input type="checkbox"/>
b 33 1/3% support test—2014.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						► <input type="checkbox"/>
17a 10%-facts-and-circumstances test—2015.If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						► <input type="checkbox"/>
b 10%-facts-and-circumstances test—2014.If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						► <input type="checkbox"/>
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						► <input type="checkbox"/>

Part III

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	11,426,659	11,339,573	14,550,467	15,588,833	17,912,231	70,817,763
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	26,684,766	40,788,695	60,439,637	78,470,040	90,767,861	297,150,999
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	38,111,425	52,128,268	74,990,104	94,058,873	108,680,092	367,968,762
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	5,000	12,486	12,346	25,000		54,832
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	12,346	25,000		54,832
8 Public support. (Subtract line 7c from line 6)						367,913,930

Section B. Total Support						
Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
9 Amounts from line 6	38,111,425	52,128,268	74,990,104	94,058,873	108,680,092	367,968,762
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,994	2,400	40	1,075		7,509
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	3,994	2,400	40	1,075		7,509
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 VI)						0
13 Total support. (Add lines 9, 10c, 11, and 12)	38,115,419	52,130,668	74,990,144	94,059,948	108,680,092	367,976,271
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	99 983 %
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	99 974 %

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	0 002 %
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	0 007 %
19a 33 1/3% support tests—2015. 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 ► <input checked="" type="checkbox"/>		
b 33 1/3% support tests—2014. 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 ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
<div>1</div> <div>Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i></div>		
<div>2</div> <div>Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i></div>		

Section C. Type II Supporting Organizations

	Yes	No
<div>1</div> <div>Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i></div>		

Section D. All Type III Supporting Organizations

	Yes	No
<div>1</div> <div>Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?</div>		
<div>2</div> <div>Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i></div>		
<div>3</div> <div>By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i></div>		

Section E. Type III Functionally-Integrated Supporting Organizations

<div>1</div> <div>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)</div> <div><div>a</div><div><input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.</div><div><div>b</div><div><input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.</div><div><div>c</div><div><input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).</div></div></div></div>		
<div>2</div> <div>Activities Test. Answer (a) and (b) below.</div>		
<div>a</div> <div>Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i></div>		
<div>b</div> <div>Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i></div>		
<div>3</div> <div>Parent of Supported Organizations. Answer (a) and (b) below.</div>		
<div>a</div> <div>Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i></div>		
<div>b</div> <div>Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i></div>		

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

☐

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) <input type="checkbox"/>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

Part VI Supplemental Information.

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

Facts And Circumstances Test

Return Reference

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.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

If the organization answered "Yes" on 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" on 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" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), 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
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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-
2				
3				
4				
5				
6				

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)	182,520													
c	Total lobbying expenditures (add lines 1a and 1b)	182,520													
d	Other exempt purpose expenditures	79,281,363													
e	Total exempt purpose expenditures (add lines 1c and 1d)	79,463,883													
f	Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000													
<table><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></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?														

☒ Y

e

s

☐ 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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a)2012	(b)2013	(c)2014	(d)2015	(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	211,330	210,708	153,929	182,520	758,487
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

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 on 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

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, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
SCHEDULE C, PART II-A, LINE 1B	OTHER LOBBYING EXPENSES. 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

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

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" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II Conservation Easements. Complete if the organization answered "Yes" on 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)
☐ Protection of natural habitat
☐ Preservation of open space

☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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

	Held at the End of the 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

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, handling of violations, and enforcing conservation easements during the year
►

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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)

Revenue included on 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

Revenue included on 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

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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" on 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, for escrow or custodial account liability?

☐ 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 on 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

3a(i)

3a(ii)

3b

Yes

No

b

If "Yes" on 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.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. 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	0	387,028		387,028
b Buildings				
c Leasehold improvements	0	3,063,932	1,620,058	1,443,874
d Equipment	0	8,633,989	4,565,232	4,068,757
e Other	0	148,590		148,590
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				6,048,249

Part II

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	107,355,744
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	448,700
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	-206,722
e	Add lines 2a through 2d	2e	241,978
3	Subtract line 2e from line 1	3	107,113,766
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	1,385,962
c	Add lines 4a and 4b	4c	1,385,962
5	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12)	5	108,499,728

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	105,351,145
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	448,700
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	287,749
e	Add lines 2a through 2d	2e	736,449
3	Subtract line 2e from line 1	3	104,614,696
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	1,050,000
c	Add lines 4a and 4b	4c	1,050,000
5	Total expenses Add lines 3 and 4c.(This must equal Form 990, Part I, line 18)	5	105,664,696

Part XIII

Supplemental Information

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.

Return Reference	Explanation
SCHEDULE D, PART X, LINE 1	UNCERTAIN TAX POSITION. 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.

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation
SCHEDULE D, PART XI, LINE 4B	AMOUNTS INCLUDED ON FORM 990, PART VIII, LINE 12, BUT NOT ON LINE 1 \$ (287,749) SPECIAL EVENTS EXPENSE 1,673,711 TEMPORARILY RESTRICTED CONTRIBUTIONS ----- ----- \$ 1,385,962
SCHEDULE D, PART XII, LINE 2D	AMOUNTS INCLUDED ON LINE 1 BUT NOT ON FORM 990, PART IX, LINE 25 \$ 287,749 SPECIAL EVENTS EXPENSE
SCHEDULE D, PART XII, LINE 4B	AMOUNTS INCLUDED ON FORM 990, PART IX, LINE 25, BUT NOT ON LINE 1 \$ 1,050,000 BAD DEBT EXPENSE

Name of the organization
LEGACY COMMUNITY HEALTH SERVICES

▶ **Attach to Form 990 or Form 990-EZ**

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

76-0009637

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

a ☐ Mail solicitations

b ☐ Internet and email solicitations

c ☐ Phone solicitations

d ☐ In-person solicitations

e ☐ Solicitation of non-government grants

f ☐ Solicitation of government grants

g ☐ Special fundraising events

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

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

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

Part II Fundraising Events.

Complete if the organization answered "Yes" on 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.

		(a)Event #1	(b)Event #2	(c)Other events	(d)
		LUNCHEON (event type)	SCHMOOZE (event type)	4 (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	292,942	55,200	183,500	531,642
	2 Less Contributions	242,788	31,346	150,123	424,257
	3 Gross income (line 1 minus line 2)	50,154	23,854	33,377	107,385
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	31,829	21,654	14,000	67,483
	8 Entertainment	155			155
	9 Other direct expenses	79,131	28,224	112,756	220,111
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				287,749
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-180,364

Part III Gaming.

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

		(a)Bingo	(b)Pull tabs/Instant bingo/progressive bingo	(c)Other gaming	(d)
					Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

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

b If "Yes," explain _____

11

Does the organization conduct 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 conducted 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. 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).

Return Reference	Explanation
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76-0009637

Schedule I (Form 990) 2015

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
RX DRUGS DISTRIBUTED TO RYAN (1) WHITE GRANT PATIENTS	1998		1,380,038	FMV	PHARMACEUTICALS
INS AND COPMTS PAID FOR RYAN (2) WHITE GRANT PATIENTS	2198	1,851,997	1,851,997		

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
SCHEDULE I, PART I, LINE 2	GRANT MONITORING 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 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" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
LEGACY COMMUNITY HEALTH SERVICES

Employer identification number
76-0009637

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax indemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b 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	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 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><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?	5a	No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	5b	No
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?	6a	No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	6b	No
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	Yes
8 Were any amounts reported on 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.	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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 on 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 in column(B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III **Supplemental Information**

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.

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

Additional Data

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 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 in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1KATHERINE CALDWELL EXECUTIVE DIRECTOR	(i)	353,773	90,812	33,750	8,637	8,032	495,004	0
	(ii)	0	0	0	0	- 0	- 0	0
1BEN GLISAN CHIEF FINANCIAL OFFICER	(i)	317,584	77,500	9,750	12,289	11,770	428,893	0
	(ii)	0	0	0	0	- 0	- 0	0
2ANN BARNES CHIEF MEDICAL OFFICER	(i)	280,078	75,000	26,979	11,033	21,644	414,734	0
	(ii)	0	0	0	0	- 0	- 0	0
3DONA BOYDSTUN CHIEF DEVELOPMENT OFFICER	(i)	295,274	71,250	9,750	6,815	8,299	391,388	0
	(ii)	0	0	0	0	- 0	- 0	0
4MICHAEL KOPPER CHIEF STRATEGY OFFICER	(i)	327,280	78,750	9,750	10,297	7,529	433,606	0
	(ii)	0	0	0	0	- 0	- 0	0
5JEANETTE VALDIVIESO ASSOC CHIEF MEDICAL OFFICER	(i)	233,727	4,173	42,450	7,530	18,395	306,275	0
	(ii)	0	0	0	0	- 0	- 0	0
6FAITH WHITTIER MEDICAL DIRECTOR - OBGYN	(i)	364,741	50,000		5,678	7,415	427,834	0
	(ii)	0	0	0	0	- 0	- 0	0
7CARLOS CARRENO DIRECTOR OF MATERNAL FETAL MED	(i)	321,492		14,037	985	5,792	342,306	0
	(ii)	0	0	0	0	- 0	- 0	0
8CHAD LEMAIRE ASSOCIATE MEDICAL DIRECTOR	(i)	268,014	43,444		9,270	18,773	339,501	0
	(ii)	0	0	0	0	- 0	- 0	0
9SOPHIA BURNSPHYSICIAN	(i)	296,875			0	7,599	304,474	0
	(ii)	0	0	0	0	- 0	- 0	0
10MELISSA OCHOA-PEREZ ASSISTANT MEDICAL DIRECTOR	(i)	248,307	24,729		7,727	7,227	287,990	0
	(ii)	0	0	0	0	- 0	- 0	0

SCHEDULE M
(Form 990)

Noncash Contributions

OMB No 1545-0047

2015

Open to Public Inspection

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

►Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

Department of the Treasury
Internal Revenue Service

Name of the organization
LEGACY COMMUNITY HEALTH SERVICES

Employer identification number
76-0009637

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	4	41,885	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (<u>SPEC EVENT ITEM</u>)	X	1	7,000	FMV
26 Other ► (<u> </u>)				
27 Other ► (<u> </u>)				
28 Other ► (<u> </u>)				

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

Yes

No

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

No

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Part II **Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
SCHEDULE M, PART I, COLUMN B	NUMBER OF CONTRIBUTIONS THE NUMBER OF CONTRIBUTIONS REPORTED IS BASED ON THE NUMBER OF CONTRIBUTORS

**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 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2015**Open to Public
Inspection**Name of the organization
LEGACY COMMUNITY HEALTH SERVICES

Employer identification number

76-0009637

Return Reference	Explanation
FORM 990, PART III, LINE 1	ORGANIZATION'S MISSION MISSION DRIVING HEALTHY CHANGE IN OUR COMMUNITIES VISION CONNECTING OUR COMMUNITIES TO HEALTH EVERY DAY, IN EVERY WAY 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 EVERY ONE *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

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>PROGRAM SERVICES 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 & 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 TRANSGENER SERVICES LEGACY SPECIALIZES IN ADDRESSING THE UNIQUE PRIMARY HEALTHCARE NEEDS OF TRANSGENER 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 TRANSGENER 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 EVERY ONE 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 MUCH NEEDED DENTAL/ORAL CARE FOR OUR PATIENTS, AND THAT EXTENDS TO OUR SPECIALTY IN PEDIATRIC DENTISTRY THE REGULAR DENTAL HEALTH SCREENINGS OFFERED BY LEGACY HELP DETECT DISEASES SUCH AS ORAL CANCER, DIABETES AND HIV IN THEIR EARLY STAGES</p>

Return Reference	Explanation
FORM 990, PART III, LINE 4C	<p>PROGRAM SERVICES 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 PROJECT CORRE PROJECT CORRE STANDS FOR CYBER OUTREACH RISK-REDUCTION EDUCATION AND WAS CREATED TO PROVIDE EDUCATION, INFORMATION AND REFERRALS TO PEOPLE WHO USE THE INTERNET USING WEBSITES, CHAT ROOMS AND SOCIAL NETWORKING SITES, PROJECT CORRE SPECIFICALLY HELPS 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 MET THROUGH THE INTERNET NEXT STEP NEXT STEP IS A CONFIDENTIAL 5-HOUR ONE-ON-ONE EDUCATION PROGRAM DESIGNED FOR PERSONS NEWLY DIAGNOSED WITH HIV/AIDS BY EDUCATING PEOPLE ABOUT THE DISEASE, NEXT STEP EMPOWERS HIV-POSITIVE PERSONS TO STAY HEALTHY AND MAKE SMART DECISIONS ABOUT THEIR MEDICAL CARE POSITIVE ORGANIZING PROJECT POSITIVE ORGANIZING PROJECT (POP+) IS AN ADVOCACY PROGRAM DESIGNED BY AND FOR PEOPLE LIVING WITH HIV/AIDS POP+ PARTICIPANTS WILL LEARN HOW TO BECOME A LEADER IN THE HIV/AIDS COMMUNITY, ADVOCATE FOR ISSUES AFFECTING PEOPLE LIVING WITH HIV/AIDS, GET EDUCATED ABOUT ISSUES THAT IMPACT PEOPLE LIVING WITH HIV/AIDS, GET EMPOWERED TO USE OF YOUR VOICE TO MAKE A DIFFERENCE AND HAVE MEANINGFUL INVOLVEMENT WITH HIV/AIDS ORGANIZATIONS SCHOOL BASED HEALTH CARE LEGACY COMMUNITY HEALTH HAS PARTNERED WITH KIPP AND YES PREP TO PROVIDE AFFORDABLE HEALTH CARE SERVICES TO ALL STUDENTS AT SELECTED SCHOOLS MSOCIETY MSOCIETY IS DEDICATED TO BUILDING A SAFE, AFFIRMING, AND HEALTHY COMMUNITY THAT EMPOWERS YOUNG GAY MEN OF COLOR, AGES 18-20, IN HOUSTON MSOCIETY PROVIDES A SAFE SPACE THAT HELPS THESE YOUNG MEN TO CONNECT, DEVELOP STRENGTHS AND SKILLS, SUPPORT EACH OTHER, HAVE FUN AND ACHIEVE POSITIVE GOALS MEMBERS PLAY AN INTRICATE ROLE IN PLANNING ACTIVITIES, SPECIAL EVENTS, AND DESIGN OF THE SPACE MSOCIETY PROVIDES ACCESS TO HIV TESTING AND STD SCREENING AT ON AND OFF-SITE LOCATIONS MEMBERS ARE PROVIDED LINKAGE TO PRIMARY CARE, HIV/STD TREATMENT, MENTAL HEALTH AND OTHER HEALTH CARE SERVICES PATIENT NAVIGATION PEOPLE WITH HIV/AIDS OFTEN REQUIRE A COMPLEX COMBINATION OF SOCIAL AND MEDICAL RESOURCES OF OVER A LONG TERM PERIOD IN ORDER TO MANAGE THEIR HEALTH PEOPLE UNFAMILIAR WITH THESE RESOURCES MAY NOT BE AWARE OF THE SERVICES AVAILABLE TO THEM AND MAY NOT APPRECIATE THE NEED TO ACCESS HEALTH AND SOCIAL SERVICES PATIENT NAVIGATION IS AN EFFECTIVE AND EFFICIENT MEANS OF MANAGING THE CLIENT'S TRANSITIONS THROUGH MEDICAL AND SOCIAL SERVICES NETWORKS CLIENTS ARE ASSIGNED TO A PATIENT NAVIGATOR TO ASSISTING THEM IN THE PROCESS OF ENTERING INTO MEDICAL CARE AND HELPING TO CLARIFY BOTH MEDICAL CONCERNS/ISSUES AND PROVIDING OF REFERRALS</p>

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	990 REVIEW POLICY 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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>CONFLICT OF INTEREST POLICY 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>

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	<p>EXECUTIVE DIRECTOR COMPENSATION REVIEW 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 IN ORDER TO ENSURE COMPENSATION IS COMPETITIVE AND WITHIN RANGE OF MARKET, THE FOLLOWING COMPANIES HAVE BEEN SELECTED FOR GOOD WELL-ROUNDED DATA, TO NARROW IN ON TRUE SALARY INFORMATION FOR JOBS, AND TO COMPARE TO THE CURRENT WAGE STRUCTURE. THE PROPOSED SALARY SURVEYS INCLUDE INFORMATION ON JOB DESCRIPTIONS, SALARY RANGES, AND OTHER DATA RELATED TO COMPENSATION OUTSIDE OF BASE PAY INFORMATION SUCH AS SHIFT DIFFERENTIALS, CERTIFICATION PAY, AND INCENTIVES BENEFITS INFORMATION. THOSE SURVEYS USED BY THE WESTON GROUP INCLUDED HAY GROUP - GLOBAL MANAGEMENT CONSULTING FIRM - NATIONAL, REGIONAL, GEOGRAPHIC, FOR-PROFIT, NON-PROFIT, LOCAL METRO DATA INTEGRATED HEALTHCARE STRATEGIES - EXCLUSIVE HEALTHCARE CONSULTING FIRM - 80-85% NON-PROFIT ORGANIZATIONS PARTICIPATE IN THIS SURVEY. MGMA - MEDICAL GROUP MANAGEMENT ASSOCIATION SHRM - SOCIETY FOR HUMAN RESOURCE MANAGEMENT - (ALL DATA INCLUDES TOWERS WATSON SALARY SURVEY DATA). 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 2015.</p>

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	DOCUMENT DISCLOSURE 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

Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER CHANGES IN NET ASSETS OR FUND BALANCES \$ 1,527,188 CHANGE IN INTEREST IN N/A OF LEGACY COMM HEALTH ENDOWMENT