



Public Disclosure for Tax-Exempt Organizations

Tax-exempt organizations are required to make a copy of their application for exemption and Form(s) 990 (and 990-T, if applicable) available for public inspection and to provide copies of such forms to individuals or organizations that request copies. Alternatively, the Internet may be used to make these documents available. (See the "Using the Internet" section which follows.) These rules apply to an organization's Form(s) 990 (and 990-T, if applicable) for the last three years and to its application for exemption.¹ If the application was filed prior to July 15, 1987, disclosure is not required unless the organization had a copy of the application on July 15, 1987. An organization **may omit names and addresses of contributors from its return(s)**. Failure to comply with disclosure requirements can result in an enforcement action by the IRS.

While disclosure rules create an additional burden, they also provide an opportunity for your organization to showcase the community benefits that it provides. The rules also heighten the need to carefully review all responses, including narrative explanations, contained on your Form(s) 990/990-T before filing.

Where Must Information Be Provided?

Generally, an organization must make its documents available for public inspection at any location where it has three or more employees. If the only services provided at the site are in furtherance of exempt purposes and the site does not serve as an office for management staff, the documents are not required to be made available there.

How Quickly Must Organizations Reply?

Requests for copies can be made in person or in writing. When requests are made in person, the copies must generally be provided on the same business day. There are provisions for delays due to unusual circumstances. However, in no event may the period of delay exceed five business days. Unusual circumstances include times when those staff that are capable of fulfilling a request are absent.

Written Requests

Requested copies generally must be mailed within 30 days from the date of the receipt of the written request. However, if the organization requires advance payment of a reasonable fee for copying and postage, it may provide the copies within 30 days from the date it receives payment rather than the date of the original request.

What Can an Organization Charge?

You are currently allowed to charge a maximum fee of \$.20 cents per page in addition to actual postage costs.

¹ Certain information within an application for exemption can be withheld from public inspection if public availability would adversely affect the organization, e.g., information relating to a trade secret, patent, process, style of work or apparatus of the organization.

If any organization receives a written request for copies with no payment enclosed and the organization requires payment in advance, the organization must request payment within seven days from the date it received the request. An organization is required to accept a personal check for written requests if it does not accept payment by credit card. If an organization does not require prepayment and the requester does not enclose a prepayment with the request, the organization must receive consent from a requester before providing copies for which the fee charge for copying and postage would be in excess of \$20.

Local or Subordinate Organizations

A local or subordinate organization that is covered by a group exemption letter is given additional time for responding to some requests. If this type of organization receives a request made in person for inspection of its application for tax exemption, the local organization is required to acquire and make available the application for a group exemption letter filed by the central or parent organization within not more than two weeks. The same general rule would apply with respect to a local or subordinate organization that does not file its own Form(s) 990/990-T but is covered under a group return. Again, the local or subordinate organization must make the group return available for inspection within a reasonable period which is defined as not more than two weeks. If the group return includes separate schedules with respect to each local or subordinate organization, the local or subordinate organization may exclude or omit any schedules relating only to other organizations which are included in the group return.

If a request is made for a personal inspection to a local or subordinate organization, it has the option of mailing the return to the requester rather than allowing an inspection. However, if this is done, the local or subordinate organization may not charge for the copying of the document unless the requester consents to the charge. If a local or subordinate organization receives a request for copies, then it must comply with the rules stated previously.

Using the Internet

As an alternative to providing copies, an organization may provide access to its exemption application and Form(s) 990 (and 990-T, if applicable) through the Internet. The website must provide instructions for downloading the document(s). The information on the Internet must be in such a format that it may be accessed, downloaded, viewed or printed in the same format as the actual documents. An organization ~~would need to make the web address available to the general public.~~

There is nothing that prevents others from posting your Forms 990, 990-T and exemption application on the Internet. Based on this fact and the potential strain on your organization's resources from providing copies, organizations should consider posting these documents on the Internet.

What if the Requests Are a Form of Harassment?

If an organization believes it is subject to a harassment campaign, it can file an application for a harassment determination with the Internal Revenue Service. This would allow the organization to suspend compliance with these requests. In addition, an organization may disregard requests for copies in excess of two per month or four per year made by a single individual or sent from a single address, without submitting an application for a harassment determination.

Please contact your BKD advisor if you have questions about these rules.

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013Open to Public
Inspection**A For the 2013 calendar year, or tax year beginning** 07/01, 2013, and ending 06/30, 2014

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization LEGACY COMMUNITY HEALTH SERVICES		D Employer identification number 76-0009637
	Doing Business As		E Telephone number (713) 830-3000
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO BOX 66308		
	City or town, state or province, country, and ZIP or foreign postal code HOUSTON, TX 77266-6308		
	F Name and address of principal officer: KATHERINE CALDWELL PO BOX 66308 HOUSTON, TX 77266-6308		
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			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)
J Website: WWW.LEGACYCOMMUNITYHEALTH.ORG			H(c) Group exemption number ▶
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)		19.	
	4	Number of independent voting members of the governing body (Part VI, line 1b)		19.	
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)		642.	
	6	Total number of volunteers (estimate if necessary)		269.	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12		0	
	7b	Net unrelated business taxable income from Form 990-T, line 34		0	
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
		9	Program service revenue (Part VIII, line 2g)	11,339,573.	14,550,467.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	40,788,695.	60,439,637.	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-4,065.	0	
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-73,787.	-44,214.	
13		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	52,050,416.	74,945,890.	
14		Benefits paid to or for members (Part IX, column (A), line 4)	2,493,790.	3,257,609.	
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0	
16a		Professional fundraising fees (Part IX, column (A), line 11e)	27,274,668.	42,033,355.	
16b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,051,438.	0	0	
Expenses	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	18,996,523.	24,127,827.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	48,764,981.	69,418,791.	
	19	Revenue less expenses. Subtract line 18 from line 12	3,285,435.	5,527,099.	
	Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
		21	Total liabilities (Part X, line 26)	24,004,135.	34,312,383.
		22	Net assets or fund balances. Subtract line 21 from line 20	4,340,829.	7,348,924.
				19,663,306.	26,963,459.

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		Date
	Ben Glisan, Chief Financial Officer		2-3-15
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	BRIAN D TODD	Brian D Todd, CPA	1/31/15
	Firm's name ▶ BKD, LLP	Check <input type="checkbox"/> if self-employed	PTIN P00422601
	Firm's address ▶ 910 E ST LOUIS #200/PO BOX 1190 SPRINGFIELD, MO 65806-2523	Firm's EIN ▶ 44-0160260	Phone no. 417 865-8701
May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2013)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ **X****1** Briefly describe the organization's mission:

THE MISSION OF LEGACY COMMUNITY HEALTH SERVICES, INC. IS TO PROVIDE
PREVENTATIVE AND PRIMARY HEALTH CARE AND SOCIAL SERVICES TO
UNDERSERVED COMMUNITIES. SEE SCHEDULE O FOR ADDITIONAL INFORMATION.

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 \$ 46,151,971. including grants of \$ 430,956.) (Revenue \$ 55,999,068.)

CLINICAL SERVICES - 94,117 PEOPLE SERVED

LEGACY OFFERS AN AFFORDABLE MENU OF SERVICES FOR PRIMARY
HEALTHCARE FOR ALL MEN, WOMEN, TRANSGENDERS, AND CHILDREN
REGARDLESS OF YOUR FINANCIAL SITUATION. WE UNDERSTAND HOW
IMPORTANT IT IS TO FEEL COMFORTABLE WITH YOUR DOCTOR - THAT'S WHY
OUR STAFF IS OPEN-MINDED, WARM AND NON-JUDGMENTAL. WE'RE HERE TO
RESPECT YOU AND MEET YOUR NEEDS. SEE SCHEDULE O FOR MORE
INFORMATION.

4b (Code:) (Expenses \$ 3,500,731. including grants of \$ 2,826,653.) (Revenue \$ 2,784,476.)

FINANCIAL ASSISTANCE - 2,818 PEOPLE SERVED

THIS PROGRAM PROVIDES FINANCIAL ASSISTANCE FOR HIV MEDICATIONS FOR
THOSE AWAITING APPROVAL FOR THE TEXAS HIV MEDICATION PROGRAM OF
THE AIDS DRUG ASSISTANCE PROGRAM, AS WELL AS ANCILLARY MEDICATIONS
NOT COVERED BY THESE STATE PROGRAMS. THE PROGRAM ALSO PROVIDES
FINANCIAL ASSISTANCE FOR THE PAYMENT OF HEALTH INSURANCE PREMIUMS,
CO-PAYS/CO-INSURANCE, AND DEDUCTIBLES TO QUALIFIED INDIVIDUALS
LIVING WITH HIV. THESE PROGRAMS ARE AVAILABLE TO HIV POSITIVE
PATIENTS WHO QUALIFY THROUGH THE RYAN WHITE CARE ACT. THIS PROGRAM
SERVED 2,818 PATIENTS WITH 22,408 TRANSACTIONS DURING THE YEAR.

4c (Code:) (Expenses \$ 1,853,642. including grants of \$) (Revenue \$ 1,332,152.)

EDUCATION & PREVENTION - 2,968 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 \$ 423,943. including grants of \$) (Revenue \$ 323,941.)

4e Total program service expenses ▶ 51,930,287.

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 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	X
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	X
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 X	
b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X
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 X	
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 X	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e X	
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	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a X	
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	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
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	X
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	X
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	X
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	X
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 X	
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	X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	X
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)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
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>	X	
24 a 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>		X
24 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24 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?		
24 d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
25 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>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>		X
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>		X
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>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
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>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
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>		X
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>		X
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>		X
35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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>		
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>		X
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>		X
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	X	

Form 990 (2013)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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.	205	
1b	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?	X	
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	642	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
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)?		X
b	If "Yes," enter the name of the foreign country: <u>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</u>		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
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?		X
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?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?			
b Did the organization make a distribution to a donor, donor advisor, or related person?			
10 Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11 Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?		
Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response or note to any line in this Part VI ☒ X**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	19	
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.		
1b Enter the number of voting members included in line 1a, above, who are independent	19	
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?		X
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? . .		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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?		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . .		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	X	
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	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization		X
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?		X
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?		

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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 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, physical address, and telephone number of the person who possesses the books and records of the organization: ► BEN GLISAN PO BOX 66308 HOUSTON, TX 77266-6308 713-830-3000

JSA

Form 990 (2013)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII. ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(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			
(1) RAMIRO FONSECA DIRECTOR ENDING 12/13	2.00	X						0	0	0
(2) NICHOLE L MOORE DIRECTOR ENDING 12/13	2.00	X						0	0	0
(3) TRUDY NIX DIRECTOR ENDING 12/13	2.00	X						0	0	0
(4) JANI C LOPEZ SECRETARY BEGINNING 1/14	2.00	X		X				0	0	0
(5) DAVID FOX DIRECTOR	2.00	X						0	0	0
(6) IAN ROSENBERG EXECUTIVE COMMITTEE BEG 1/14	2.00	X		X				0	0	0
(7) CYNDY GARZA ROBERTS DIRECTOR	2.00	X						0	0	0
(8) GLENN BAUGUSS TREASURER BEGINNING 1/14	2.00	X		X				0	0	0
(9) BRYAN HLAVINKA CHAIR BEGINNING 1/14	2.00	X		X				0	0	0
(10) ALTON LADAY DIRECTOR	2.00	X						0	0	0
(11) SHAUN DAVIS DIRECTOR	2.00	X						0	0	0
(12) JOHN SHEPTOR DIRECTOR	2.00	X						0	0	0
(13) BETH BRUCE VICE CHAIR BEGINNING 1/14	2.00	X		X				0	0	0
(14) SEHBA ALI DIRECTOR BEGINNING 1/14	2.00	X						0	0	0

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			
(15) BERYL BASHAM DIRECTOR BEGINNING 1/14	2.00	X						0	0	0
(16) ABIGAIL CAUDLE DIRECTOR BEGINNING 1/14	2.00	X						0	0	0
(17) VICTOR CORDOVA DIRECTOR	2.00	X						0	0	0
(18) GLENNA PIERPONT DIRECTOR BEGINNING 1/14	2.00	X						0	0	0
(19) JAY SEARS DIRECTOR BEGINNING 1/14	2.00	X						0	0	0
(20) LAUREN SOLIZ DIRECTOR BEGINNING 1/14	2.00	X						0	0	0
(21) GEORGE BURCH DIRECTOR BEGINNING 2/14	2.00	X						0	0	0
(22) AMANDA GOODIE DIRECTOR BEGINNING 3/14	2.00	X						0	0	0
(23) LEONARD ZWELLING DIRECTOR ENDING 9/13	2.00	X						0	0	0
(24) ANN REID DIRECTOR ENDING 8/13	2.00	X						0	0	0
(25) ROBERT HILLIARD EXECUTIVE COMMITTEE END 12/13	2.00	X						0	0	0
1b Sub-total								0	0	0
c Total from continuation sheets to Part VII, Section A								2,857,841.	0	174,561.
d Total (add lines 1b and 1c)								2,857,841.	0	174,561.

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 **59**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 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? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

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
LABCORP OF AMERICA BURLINGTON, NC 27216	LAB SERVICES	1,279,904.
ALLIANCE OF CHICAGO CHICAGO, IL 60654	EHR SUPPORT SERVICES	889,768.
THE MONTROSE CENTER HOUSTON, TX 77006	MEDICAL SERVICES	590,302.
DATA VOX HOUSTON, TX 77072	IT SERVICES	428,149.
MAINTENANCE OF HOUSTON DALLAS, TX 75238	MAINTENANCE	295,752.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **17**

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			
(26) RICHARD DAVIDSON TREASURER ENDING 12/13	2.00	X		X				0	0	0
(27) LYDIA BAEHR SECRETARY ENDING 12/13	2.00	X		X				0	0	0
(28) JERI BROOKS VICE CHAIR ENDING 12/13	2.00	X		X				0	0	0
(29) RAY PURSER CHAIR ENDING 12/13	2.00	X		X				0	0	0
(30) KATHERINE CALDWELL EXECUTIVE DIRECTOR	40.00			X				310,086.	0	14,220.
(31) BEN GLISAN CFO	40.00			X				281,881.	0	11,405.
(32) DONA BOYDSTUN CHIEF DEVELOPMENT OFFICER	40.00				X			287,466.	0	13,372.
(33) THOMAS BEECH CHIEF MEDICAL OFFICER	40.00				X			332,782.	0	21,135.
(34) MICHAEL KOPPER CHIEF STRATEGY OFFICER	40.00				X			281,818.	0	20,181.
(35) JO CARCEDO CHIEF OPERATING OFFICER	40.00				X			203,101.	0	13,536.
(36) JEANETTE VALDIVIESO MEDICAL DIRECTOR	40.00					X		255,945.	0	23,228.

1b Sub-total**c Total from continuation sheets to Part VII, Section A****d Total (add lines 1b and 1c)****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 **59****3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4	X	
5		X

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? If "Yes," complete Schedule J for such individual**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person**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

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

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

[illegible]**1b Sub-total****c Total from continuation sheets to Part VII, Section A****d Total (add lines 1b and 1c)**

~~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~~ ▶ 59

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

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? If "Yes," complete Schedule J for such individual.

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

Yes	No
------------	-----------

3		X
---	--	---

4	X	

5		X
---	--	---

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

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

Part VIII Statement of RevenueCheck 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 233,300.					
	b	Membership dues	1b					
	c	Fundraising events	1c 284,983.					
	d	Related organizations	1d					
	e	Government grants (contributions) . .	1e 9,574,469.					
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f 4,457,715.					
	g	Noncash contributions included in lines 1a-1f: \$	184,643.					
	h	Total. Add lines 1a-1f		14,550,467.				
Program Service Revenue	Business Code							
	2a	NET PATIENT SERVICE REVENUE	624100	59,222,450.	59,222,450.			
	b	EHR INCENTIVE REVENUE	624100	297,800.	297,800.			
	c	OTHER	624100	41,071.	41,071.			
	d	LEGACY ENDOWMENT MANAGEMENT FEE	561000	251,730.	251,730.			
	e	METHODIST (LSJ) SUBSIDY REVENUE	624100	626,586.	626,586.			
	g	Total. Add lines 2a-2f		60,439,637.				
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	Gross rents	(i) Real 40.					
		Less: rental expenses						
	c	Rental income or (loss)	40.					
	d	Net rental income or (loss)		40.			40.	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		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 \$ 284,983. of contributions reported on line 1c). See Part IV, line 18	a	62,050.				
b	Less: direct expenses	b	106,304.					
c	Net income or (loss) from fundraising events		-44,254.			-44,254.		
9a	Gross income from gaming activities. See Part IV, line 19	a						
b	Less: direct expenses	b						
c	Net income or (loss) from gaming activities		0					
10a	Gross sales of inventory, less returns and allowances	a						
b	Less: cost of goods sold	b						
c	Net income or (loss) from sales of inventory		0					
Miscellaneous Revenue			Business Code					
11a								
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d		0					
12	Total revenue. See instructions		74,945,890.	60,439,637.		-44,214.		

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 governments and organizations in the United States. See Part IV, line 21	430,956.	430,956.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	2,826,653.	2,826,653.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	1,790,983.	1,248,265.	515,525.	27,193.
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	34,170,593.	23,668,979.	9,993,421.	508,193.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	606,996.	420,449.	177,520.	9,027.
9 Other employee benefits	2,839,454.	1,950,928.	844,997.	43,529.
10 Payroll taxes	2,625,329.	1,894,431.	688,814.	42,084.
11 Fees for services (non-employees):				
a Management	0			
b Legal	641,822.		641,822.	
c Accounting	137,056.		137,056.	
d Lobbying	15,000.	15,000.		
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees	0			
9 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	1,560,938.	1,442,936.	89,753.	28,249.
12 Advertising and promotion	822,543.	40,274.	763,545.	18,724.
13 Office expenses	2,348,206.	1,003,400.	1,084,102.	260,704.
14 Information technology	1,075,735.	1,065,415.		10,320.
15 Royalties	0			
16 Occupancy	2,729,794.	2,276,474.	436,478.	16,842.
17 Travel	312,957.	93,143.	199,592.	20,222.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	522,282.	302,952.	180,856.	38,474.
20 Interest	13,459.	11,458.	1,937.	64.
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	871,559.	616,894.	242,928.	11,737.
23 Insurance	130,895.	109,372.	20,521.	1,002.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a BAD DEBT	56,292.	56,292.		
b LICENSES, DUES & SUBSCRIPTIONS	276,146.	104,252.	157,873.	14,021.
c RECRUITING	250,493.		250,493.	
d MEDICAL SUPPLIES & DRUGS	12,315,202.	12,315,202.		
e All other expenses	47,448.	36,562.	9,833.	1,053.
25 Total functional expenses. Add lines 1 through 24e	69,418,791.	51,930,287.	16,437,066.	1,051,438.
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)	0			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,390,862.	1	4,757,437.
	2 Savings and temporary cash investments	1.	2	1.
	3 Pledges and grants receivable, net	1,702,752.	3	2,848,228.
	4 Accounts receivable, net	3,423,132.	4	5,336,233.
	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	125,000.	7	250,000.
	8 Inventories for sale or use	56,557.	8	16,652.
	9 Prepaid expenses and deferred charges	271,063.	9	224,116.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,494,482.		
	b Less: accumulated depreciation	10b 2,687,729.		
	11 Investments - publicly traded securities	0	11	76,322.
	12 Investments - other securities. See Part IV, line 11	0	12	0
	13 Investments - program-related. See Part IV, line 11	11,562,575.	13	12,704,125.
	14 Intangible assets	800,000.	14	775,000.
	15 Other assets. See Part IV, line 11	1,773,827.	15	4,517,516.
16 Total assets. Add lines 1 through 15 (must equal line 34)	24,004,135.	16	34,312,383.	
Liabilities	17 Accounts payable and accrued expenses	4,116,145.	17	6,734,010.
	18 Grants payable	0	18	0
	19 Deferred revenue	55,029.	19	364,607.
	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	125,030.	23	64,871.
	24 Unsecured notes and loans payable to unrelated third parties	44,625.	24	37,801.
	25 Other liabilities (including federal income tax payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0	25	147,635.
	26 Total liabilities. Add lines 17 through 25	4,340,829.	26	7,348,924.
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	8,314,150.	27	13,674,001.
	28 Temporarily restricted net assets	11,349,156.	28	13,289,458.
	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	19,663,306.	33	26,963,459.
	34 Total liabilities and net assets/fund balances.	24,004,135.	34	34,312,383.

Form **990** (2013)

Part XI Reconciliation of Net AssetsCheck 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	74,945,890.
2	Total expenses (must equal Part IX, column (A), line 25)	2	69,418,791.
3	Revenue less expenses. Subtract line 2 from line 1	3	5,527,099.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	19,663,306.
5	Net unrealized gains (losses) on investments	5	0
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1,773,054.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	26,963,459.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ 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:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- 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:
☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- 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.
- 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?
- 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	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form **990** (2013)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☒ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a ☐ Type I
 - b ☐ Type II
 - c ☐ Type III-Functionally integrated
 - d ☐ Type III-Non-functionally integrated
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box. ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____
- (ii) A family member of a person described in (i) above? _____
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? _____

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

h 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 or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 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 2013 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2013. 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 - 2012. 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 - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. <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"/>		

Schedule A (Form 990 or 990-EZ) 2013

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	11,719,096.	11,767,372.	11,426,659.	11,339,573.	14,550,467.	60,803,167.
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	8,179,642.	17,540,848.	26,684,766.	40,788,695.	60,439,637.	153,633,588.
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	19,898,738.	29,308,220.	38,111,425.	52,128,268.	74,990,104.	214,436,755.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons			5,000.	12,486.	12,346.	29,832.
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.	29,832.
8 Public support. (Subtract line 7c from line 6.)						214,406,923.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6.	19,898,738.	29,308,220.	38,111,425.	52,128,268.	74,990,104.	214,436,755.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	15,000.	13,750.	3,994.	2,400.	40.	35,184.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	15,000.	13,750.	3,994.	2,400.	40.	35,184.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	19,913,738.	29,321,970.	38,115,419.	52,130,668.	74,990,144.	214,471,939.
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 2013 (line 8, column (f) divided by line 13, column (f)).	15	99.97 %
16 Public support percentage from 2012 Schedule A, Part III, line 15.	16	99.96 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)).	17	.02 %
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	.03 %

- 19a 33 1/3% support tests - 2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ☒
- b 33 1/3% support tests - 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

OMB No. 1545-0047

2013▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.**Name of the organization**

LEGACY COMMUNITY HEALTH SERVICES

Employer identification number

76-0009637

Organization type (check one):**Filers of:****Section:**

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

- ☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization **LEGACY COMMUNITY HEALTH SERVICES**Employer identification number
76-0009637**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 2,241,403.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 4,193,413.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 322,232.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 12,346.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **LEGACY COMMUNITY HEALTH SERVICES**Employer identification number
76-0009637**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 233,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 49,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 90,051.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 2,155,294.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **LEGACY COMMUNITY HEALTH SERVICES**Employer identification number
76-0009637**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ 165,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15		\$ 41,669.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16		\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17		\$ 2,642,765.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18		\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **LEGACY COMMUNITY HEALTH SERVICES**Employer identification number
76-0009637**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20		\$ 900,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21		\$ 22,586.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22		\$ 20,301.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23		\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **LEGACY COMMUNITY HEALTH SERVICES**Employer identification number
76-0009637**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30		\$ 8,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **LEGACY COMMUNITY HEALTH SERVICES**

Employer identification number

76-0009637

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32		\$ 10,240.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33		\$ 5,010.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35		\$ 173,889.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36		\$ 101,325.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **LEGACY COMMUNITY HEALTH SERVICES**Employer identification number
76-0009637**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42		\$ 70,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **LEGACY COMMUNITY HEALTH SERVICES**Employer identification number
76-0009637**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46		\$ 5,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47		\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48		\$ 5,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **LEGACY COMMUNITY HEALTH SERVICES**Employer identification number
76-0009637**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50		\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52		\$ 20,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54		\$ 8,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **LEGACY COMMUNITY HEALTH SERVICES**Employer identification number
76-0009637**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56		\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **LEGACY COMMUNITY HEALTH SERVICES**Employer identification number
76-0009637**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64		\$ 8,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65		\$ 9,052.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **LEGACY COMMUNITY HEALTH SERVICES**Employer identification number
76-0009637**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67		\$ 5,355.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68		\$ 5,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70		\$ 174,656.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

76-0009637

Part II

[illegible]

Name of organization **LEGACY COMMUNITY HEALTH SERVICES**

Employer identification number

76-0009637

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry.

For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
---	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
---	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
---	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
---	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **See separate instructions.** ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

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

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

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

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

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$
- 3 Volunteer hours

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ 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? ☐ Yes ☐ 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-
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2013

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)	210,708.													
c	Total lobbying expenditures (add lines 1a and 1b)	210,708.													
d	Other exempt purpose expenditures	51,930,287.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	52,140,995.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <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> </tbody> </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-	0	0												
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0	0												
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? <input type="checkbox"/> Yes <input type="checkbox"/> No														

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(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	147,738.	331,555.	211,330.	210,708.	901,331.
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					

Schedule C (Form 990 or 990-EZ) 2013

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

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2 a 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, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

SEE PAGE 4

Part IV Supplemental information (continued)

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," to 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

2013

**Open to Public
Inspection**

Name of the organization

LEGACY COMMUNITY HEALTH SERVICES

Employer identification number

76-0009637

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

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

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2013

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

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

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

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

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

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

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

b If "Yes," explain the arrangement in Part XIII and complete the following table:

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

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. ☐ Yes ☐ No

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board-designated or quasi-endowment _____ %

b Permanent endowment _____ %

c Temporarily restricted endowment _____ %

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

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

(i) unrelated organizations

(ii) related organizations

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

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

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				
b Buildings				
c Leasehold improvements		810,859.	396,647.	414,212.
d Equipment		4,683,623.	2,291,082.	2,392,541.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				2,806,753.

Schedule D (Form 990) 2013

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) EQUITY INVESTMENT IN LCHE	12,704,125.	COST
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) OTHER RECEIVABLES	4,507,850.
(2) ACCRUED INTEREST	9,666.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►	

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED COMPENSATION LIABILITY	76,322.
(3) DUE TO LCHE	71,313.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	75,020,587.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	191,933.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	1,263,928.
e	Add lines 2a through 2d	2e	1,455,861.
3	Subtract line 2e from line 1	3	73,564,726.
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	1,381,164.
c	Add lines 4a and 4b	4c	1,381,164.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	74,945,890.

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	69,660,736.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	191,933.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	106,304.
e	Add lines 2a through 2d	2e	298,237.
3	Subtract line 2e from line 1	3	69,362,499.
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	56,292.
c	Add lines 4a and 4b	4c	56,292.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	69,418,791.

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.

SEE PAGE 5

Part XIII Supplemental Information (continued)

SCHEDULE D, PART X, LINE 2

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.

SCHEDULE D, PART XI, LINE 2D

OTHER REVENUE INCLUDED ON LINE 1 BUT NOT FORM 990, PART VIII, LINE 12:

\$ 1,320,220 NET ASSETS RELEASED FROM RESTRICTION

(56,292) BAD DEBT EXPENSE

\$ 1,263,928

SCHEDULE D, PART XII, LINE 4B

OTHER REVENUE INCLUDED ON FORM 990, PART VIII, LINE 12 BUT NOT LINE 1:

\$ (106,304) SPECIAL EVENTS EXPENSE

1,487,468 TEMPORARILY RESTRICTED CONTRIBUTIONS

\$ 1,381,164

Part XIII Supplemental Information (continued)

SCHEDULE D, PART XII, LINE 2D

OTHER EXPENSES INCLUDED ON LINE 1, BUT NOT FORM 990, PART IX, LINE 25:

\$ 106,304 SPECIAL EVENTS EXPENSE

SCHEDULE D, PART XII, LINE 4B

OTHER EXPENSES INCLUDED ON FORM 990, PART IX, LINE 25, BUT NOT LINE 1:

\$ 56,292 BAD DEBT EXPENSE

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2013

Open to Public
Inspection

LEGACY COMMUNITY HEALTH SERVICES

Employer identification number

76-0009637

Part I

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

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

- | | |
|--|---|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |

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

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

(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			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

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

		(a) Event #1 LUNCHEON (event type)	(b) Event #2 SCHMOOZE (event type)	(c) Other events 2. (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	133,890.	127,456.	85,687.	347,033.
	2 Less: Contributions	107,640.	119,956.	57,387.	284,983.
	3 Gross income (line 1 minus line 2).	26,250.	7,500.	28,300.	62,050.
Direct Expenses	4 Cash prizes			1,831.	1,831.
	5 Noncash prizes				
	6 Rent/facility costs	3,205.		48,467.	51,672.
	7 Food and beverages	1,220.	6,500.		7,720.
	8 Entertainment			1,075.	1,075.
	9 Other direct expenses	28,294.	9,036.	6,676.	44,006.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				106,304.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-44,254.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 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 operates gaming activities: _____

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11** Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity operated in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a** 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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____~~

Part IV **Supplemental Information.** Provide the explanation 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).

SCHEDULE I
(Form 990)

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

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

▶ Attach to Form 990.

▶ Information about Schedule I (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

OMB No. 1545-0047

2013

Open to Public
Inspection

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) MONTROSE COUNSELING CENTER 401 BRANARD, 2ND FLOOR HOUSTON, TX 77006	74-2050245	501(c)(3)	430,956.				HIV EMERGENCY RELIEF
(2) _____							
(3) _____							
(4) _____							
(5) _____							
(6) _____							
(7) _____							
(8) _____							
(9) _____							
(10) _____							
(11) _____							
(12) _____							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 1
- 3 Enter total number of other organizations listed in the line 1 table 1

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2013)

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Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

1	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1	RX DRUGS DISTRTD TO RYAN WHITE GRANT PATIENTS	1,764.		1,110,305.	FMV	PHARMACEUTICALS
2	INS AND COPMTS PAID FOR RYAN WHITE GRNT PTNTS	1,386.	1,716,348.			
3						
4						
5						
6						
7						

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

ASSISTANCE PROGRAM, TEXAS MEDICAID PROGRAM, MEDICARE PART D, OR ANY OTHER THIRD-PARTY PAYER. MEDICATIONS ARE FILLED BY PHARMACIES OR MAIL ORDER AND DISTRIBUTED TO PATIENTS; PATIENTS DO NOT RECEIVE CASH DIRECTLY. RECIPIENTS OF HEALTH INSURANCE AND COST SHARING ASSISTANCE UNDER THE RYAN WHITE GRANT PROGRAM RECEIVE AID BASED ON PROGRAM GUIDELINES AS SET FORTH IN THE GRANT. TO BE ELIGIBLE, PATIENTS MUST BE HIV-INFECTED, RESIDE IN THE HOUSTON EMA AND MEET RPWC APPROVED FINANCIAL ELIGIBILITY GUIDELINES. PAYMENTS ARE MADE DIRECTLY TO THE INSURANCE COMPANIES; PATIENTS DO NOT RECEIVE CASH DIRECTLY. THE ORGANIZATION BELIEVES STRICT RECIPIENT GUIDELINES ENSURE CORRECT USE OF RYAN WHITE GRANT FUNDS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

LEGACY COMMUNITY HEALTH SERVICES

Employer identification number

76-0009637

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on 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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

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.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- 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.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2013

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

Individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
KATHERINE CALDWELL	(i) 279,386.	26,500.	4,200.	5,329.	8,891.	324,306.	
1 EXECUTIVE DIRECTOR	(ii) 0	0	0	0	0	0	
BEN GLISAN	(i) 250,496.	24,000.	7,385.	4,500.	6,905.	293,286.	
2 CFO	(ii) 0	0	0	0	0	0	
DONA BOYDSTUN	(i) 262,466.	25,000.	0	6,692.	6,680.	300,838.	
3 CHIEF DEVELOPMENT OFFICER	(ii) 0	0	0	0	0	0	
THOMAS BEECH	(i) 305,282.	27,500.	0	7,639.	13,496.	353,917.	
4 CHIEF MEDICAL OFFICER	(ii) 0	0	0	0	0	0	
MICHAEL KOPPER	(i) 257,818.	24,000.	0	7,622.	12,559.	301,999.	
5 CHIEF STRATEGY OFFICER	(ii) 0	0	0	0	0	0	
JO CARCEDO	(i) 193,471.	9,630.	0	6,121.	7,415.	216,637.	
6 CHIEF OPERATING OFFICER	(ii) 0	0	0	0	0	0	
JEANETTE VALDIVIESO	(i) 252,862.	1,936.	1,147.	7,946.	15,282.	279,173.	
7 MEDICAL DIRECTOR	(ii) 0	0	0	0	0	0	
CHAD LEMAIRE	(i) 234,763.	7,023.	3,313.	6,331.	7,405.	258,835.	
8 ASSOCIATE MEDICAL DIRECTOR	(ii) 0	0	0	0	0	0	
MELISSA OCHOA-PEREZ	(i) 218,558.	3,214.	0	5,797.	6,147.	233,716.	
9 ASSISTANT MEDICAL DIRECTOR	(ii) 0	0	0	0	0	0	
ZISHAN SAMI UDDIN	(i) 218,133.	0	0	6,827.	14,470.	239,430.	
10 DIRECTOR OF MEDICAL EDUCATION	(ii) 0	0	0	0	0	0	
FAITH WHITTIER	(i) 219,758.	0	0	3,859.	6,648.	230,265.	
11 MEDICAL DIRECTOR OB-GYN	(ii) 0	0	0	0	0	0	
12	(i) 0	0	0	0	0	0	
(ii) 0	0	0	0	0	0	0	
13	(i) 0	0	0	0	0	0	
(ii) 0	0	0	0	0	0	0	
14	(i) 0	0	0	0	0	0	
(ii) 0	0	0	0	0	0	0	
15	(i) 0	0	0	0	0	0	
(ii) 0	0	0	0	0	0	0	
16	(i) 0	0	0	0	0	0	
(ii) 0	0	0	0	0	0	0	

Schedule J (Form 990) 2013

Part III Supplemental Information

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

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.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

- ▶ **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.**

OMB No. 1545-0047

2013

**Open To Public
Inspection**

Name of the organization

LEGACY COMMUNITY HEALTH SERVICES

Employer identification number

76-0009637

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions 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	3.	1,281.	COST
20 Drugs and medical supplies	X	23.	178,618.	COST
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (EQUIPMENT)	X	2.	2,651.	COST
26 Other ▶ (SPEC EVENT)	X	5.	2,093.	COST
27 Other ▶ ()				
28 Other ▶ ()				

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

- 30 a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?
- 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?
- 32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
- 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.

	Yes	No
30a		X
31	X	
32a		X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2013)

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Part II **Supplemental Information.** Complete this part to 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.

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.

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

LEGACY COMMUNITY HEALTH SERVICES

Employer identification number

76-0009637

FORM 990, PART III, LINE 1

ORGANIZATION'S MISSION:

MISSION: WE EMPOWER OUR CLIENTS TO LEAD BETTER LIVES BY PROVIDING
PREMIUM, COMPASSIONATE PRIMARY HEALTHCARE SERVICES. WE ARE COMMITTED TO
SERVING A DIVERSE COMMUNITY, INCLUDING THOSE PERSONS WHO HAVE
TRADITIONALLY FACED PROBLEMS ACCESSING QUALITY HEALTHCARE.

THE FIRST PART OF THIS MISSION IS SIMPLE - WE WANT EACH OF OUR
EXTRAORDINARY PATIENTS TO RECEIVE EXTRAORDINARY HEALTHCARE WHETHER THEY
NEED AN EYE EXAM, WANT TO TALK TO A COUNSELOR ABOUT STD PREVENTION, OR
JUST HAVE A COLD. WE TAKE THEIR NEEDS SERIOUSLY AND WE ARE HERE TO HELP.

THE SECOND PART OF THIS MISSION IS WHAT SETS LEGACY APART. WE BELIEVE
THAT A COMPASSIONATE, NON-JUDGMENTAL ENVIRONMENT IS THE KEY TO GREAT,
COMPREHENSIVE HEALTHCARE. THIS MEANS THAT EVERY PATIENT IS ACCEPTED
UNCONDITIONALLY, REGARDLESS OF: CULTURE, RACE OR BACKGROUND, GENDER OR
SEXUAL ORIENTATION, FINANCIAL SITUATION, HIV STATUS, STDs, OR ANY OTHER
ILLNESS.

VISION: LEGACY'S VISION IS TO CONTINUE TO SERVE AS A HEALTHCARE HOME BY
BUILDING A NETWORK OF COMMUNITY CLINICS WHERE PEOPLE WILL FEEL WELCOMED
AND RESPECTED WHILE RECEIVING THE HIGHEST QUALITY HEALTHCARE SERVICES,
REGARDLESS OF THEIR ABILITY TO PAY.

Name of the organization

LEGACY COMMUNITY HEALTH SERVICES

Employer identification number

76-0009637

VALUES:

*HEALTHCARE IS A RIGHT NOT A PRIVILEGE - AT LEGACY WE BELIEVE QUALITY COMPREHENSIVE HEALTHCARE IS A FUNDAMENTAL HUMAN RIGHT THAT GROUNDS AN INDIVIDUAL PHYSICALLY, EMOTIONALLY, AND SPIRITUALLY. THIS RIGHT PROMOTES BALANCE AND STABILITY FOR OUR PATIENTS, WHICH RESULTS IN A HEALTHIER AND MORE PRODUCTIVE COMMUNITY.

*COMPASSIONATE CARE FOR THE WHOLE PERSON - WE PROVIDE HEALTHCARE, EDUCATION, AND WELLNESS SERVICES TO ALL. WE TREAT EACH PERSON WITH RESPECT AS AN INDIVIDUAL, CELEBRATING THEIR UNIQUE CULTURE.

*EMBRACE THE DIVERSITY OF OUR COMMUNITY - LEGACY VALUES OUR DIVERSE COMMUNITY. WE ENGAGE AND RESPECT EVERYONE.

*BOLD LEADERSHIP WITH SOUND FISCAL MANAGEMENT - LEGACY VALUES BOLD AND DRIVEN LEADERSHIP WITH SOUND FINANCIAL MANAGEMENT. WE LOOK TO THE FUTURE ~~WHILE NEVER FORGETTING OUR PAST.~~

*NATIONALLY RECOGNIZED WITH VISIONARY SOLUTIONS - LEGACY VALUES THE INTELLECTUAL CAPACITY OF OUR BOARD AND STAFF TO DEVELOP VISIONARY SOLUTIONS THAT ARE RECOGNIZED ON A NATIONAL LEVEL.

FORM 990, PART III, LINE 4A

PROGRAM SERVICES:

HEALTH CARE FOR MEN:

Name of the organization

LEGACY COMMUNITY HEALTH SERVICES

Employer identification number

76-0009637

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.

TRANSGENDER SERVICES:

LEGACY SPECIALIZES IN ADDRESSING THE UNIQUE PRIMARY HEALTHCARE NEEDS OF
TRANSGENDER PATIENTS. AT LEGACY, YOU CAN ACCESS THE HIGHEST QUALITY OF
HEALTHCARE IN A WARM AND WELCOMING ENVIRONMENT. OUR STAFF UNDERSTANDS
YOUR NEEDS AND OFFERS YOU ACCEPTANCE AND RESPECT.

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OUR TRANSGENDER HEALTH SERVICES INCLUDE:

HORMONE THERAPY: MONITORED DOSAGES OF HORMONES TO AID YOUR TRANSITION.

MALE-TO-FEMALE CARE: SPECIALIZED ATTENTION TO YOUR TRANSITIONAL NEEDS.

FEMALE-TO-MALE CARE: SPECIALIZED ATTENTION TO YOUR TRANSITIONAL NEEDS.

PHYSICAL EXAMS: REGULAR CHECK-UPS TO MONITOR YOUR HEALTH.

PROSTATE AND TESTICULAR EXAMS: CAREFUL EXAMINATIONS TO DISCOVER PROBLEMS
EARLY.

GYNECOLOGICAL SERVICES: PAP SMEARS, BREAST EXAMS, AND OTHER SCREENINGS.

STD SCREENING AND TREATMENT: TESTING AND SCREENING ON HOW TO AVOID STDs.

FAMILY PLANNING COUNSELING: PREVENT PREGNANCY AND PROTECT YOUR HEALTH.

~~MAMMOGRAPHY REFERRALS: ACCESS TO PROVIDERS THAT SPECIALIZE IN MAMMOGRAMS.~~

PEDIATRIC SERVICES:

LEGACY OFFERS PEDIATRIC CARE FOR CHILDREN. YOU AND YOUR CHILD CAN VISIT
THE SAME PLACE TO TAKE CARE OF YOUR HEALTHCARE NEEDS.

OUR DOCTORS PROVIDE WELL-CHILD CHECKUPS AND PHYSICAL EXAMINATIONS TO HELP
YOUR CHILD GROW UP HEALTHY AND STRONG. WE ALSO OFFER CHILDREN'S

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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,

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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.

BEHAVIORIAL HEALTH SERVICES:

LEGACY OFFERS A FULL RANGE OF OUTPATIENT BEHAVIORAL HEALTH SERVICES PROVIDED BY A GROWING NETWORK OF COMMUNITY CLINICS OFFERING ASSESSMENT, MEDICATION MANAGEMENT, TESTING AND THERAPY FOR CHILDREN, TEENS AND ADULTS.

AT LEGACY, WE UNDERSTAND THAT CARING FOR ONE'S MENTAL HEALTH IS AS IMPORTANT AS CARING FOR YOUR PHYSICAL HEALTH.

WE ALSO RECOGNIZE THAT QUALITY MENTAL HEALTH SHOULD BE ACCESSIBLE TO PEOPLE FROM ALL INCOME BRACKETS. FOR THIS REASON, WE ACCEPT MOST INSURANCES AS WELL AS OFFER SLIDING SCALE FEES FOR OUR SERVICES FOR THOSE WITH NO INSURANCE. THE ECONOMIC CIRCUMSTANCES OF EACH PATIENT ARE TAKEN INTO ACCOUNT. WE BELIEVE TREATMENT SHOULD BE WITHIN THE FINANCIAL REACH OF EVERYONE. WE PROUDLY SERVE A DIVERSE POPULATION IN AN ENVIRONMENT THAT IS ACCEPTING AND UNDERSTANDING.

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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.

FORM 990, PART III, LINE 4C

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

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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: LEGACY'S PROJECT CORRE (CYBER OUTREACH RISK REDUCTION EDUCATION) IS ONE OF THE FIRST OF ITS KIND IN TEXAS AND WAS MODELED AFTER SIMILAR PROGRAMS IN SAN FRANCISCO, NEW ORLEANS, AND BOSTON. CYBER OUTREACH IS THE LATEST STRATEGY TO PROVIDE HIV AND STD INFORMATION TO ~~THOSE WITH THE GREATEST RISK DURING A TIME WHEN THEY NEED IT THE MOST.~~

RECENT INFORMATION HAS IDENTIFIED INTERNET CHAT ROOMS AS THE NUMBER ONE WAY FOR GAY AND BISEXUAL MEN TO FIND CASUAL AND ANONYMOUS SEX PARTNERS. PROJECT CORRE USES CHAT ROOMS AND OTHER INTERNET VENUES TO ADDRESS THE HIV/STD PREVENTION NEEDS OF GAY, BISEXUAL, AND OTHER MEN WHO HAVE SEX WITH MEN (MSM) ENGAGING IN SEXUAL PRACTICES WITH SEX PARTNERS WHO MET ONLINE. INTERNET ACTIVITIES ARE CONDUCTED IN A CULTURALLY SENSITIVE MANNER, USING LEGACY'S TRAINED CYBER OUTREACH HEALTH EDUCATORS WHO ARE GAY OR BISEXUAL MEN. THESE CYBER HEALTH EDUCATORS CAN PROVIDE PREVENTION

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EDUCATION AND RISK REDUCTION COUNSELING, REFERRALS AND SUPPORT TO GAY, BISEXUAL AND OTHER MSM WHO USE THE INTERNET. CYBER HEALTH EDUCATORS ALSO PROMOTE HEALTH AND WELLNESS THROUGH THE ENCOURAGEMENT OF POSITIVE HEALTH-SEEKING BEHAVIORS, INCLUDING GETTING TESTED FOR STDs AND HIV, GETTING VACCINATED FOR HEPATITIS A AND B, AND ACCESSING PRIMARY CARE SERVICES FOR ILLNESSES. BY PROVIDING ANONYMITY, THE INTERNET ALLOWS THE CYBER HEALTH EDUCATOR TO ANSWER QUESTIONS THAT SOME MEN MIGHT FEEL RELUCTANT TO DISCUSS IN AN HIV COUNSELING SESSION, AT A BAR EVENT OR OTHER PLACES WHERE LEGACY PROVIDES SERVICES. THE INTERNET OFFERS A SAFER, LESS THREATENING SPACE FOR PARTICIPANTS TO OPENLY AND HONESTLY DISCUSS SENSITIVE ISSUES.

BODY POSITIVE: THROUGH OUR BODY POSITIVE WELLNESS CENTER, LEGACY OFFERS A COMPREHENSIVE PROGRAM DESIGNED TO IMPROVE YOUR OVERALL HEALTH. OUR MULTI-WEEK PROGRAM INTEGRATES EXERCISE AND NUTRITION AS WELL AS MASSAGE THERAPY AND PHYSICAL THERAPY WHERE NECESSARY.

NUTRITIONAL SERVICES: LEGACY'S LICENSED AND REGISTERED DIETITIANS OFFER COUNSELING AND NUTRITION RECOMMENDATIONS TO KEEP YOUR BODY HEALTHY. WE CAN HELP YOU IMPROVE YOUR IMMUNE SYSTEM, MANAGE DIABETES, MAINTAIN AN OPTIMAL WEIGHT, OR AVOID COUNTERACTIONS BETWEEN THE FOODS YOU EAT AND THE MEDICINES YOU TAKE. DURING YOUR NUTRITIONAL COUNSELING SESSIONS, OUR DIETITIANS WILL PERFORM A THOROUGH HISTORY AND MEASURE YOUR BODY FAT PERCENTAGE. WE THEN DEVELOP DIETARY RECOMMENDATIONS TO KEEP YOU AT YOUR HEALTHIEST. VITAMINS AND OTHER NUTRITIONAL SUPPLEMENTS ARE AVAILABLE AS

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PRESCRIBED BY OUR DIETITIANS OR REFERRING MEDICAL PROVIDERS.

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.

FORM 990, PART VI, SECTION B, LINE 12C

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, ~~REVIEWES 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

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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.

FORM 990, PART VI, SECTION B, LINE 15A

EXECUTIVE DIRECTOR COMPENSATION REVIEW:

A COMMITTEE OF THE BOARD OF DIRECTORS IS RESPONSIBLE FOR THE REVIEW

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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 2014.

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

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PURPOSE, AS DETERMINED BY TOP MANAGEMENT. COPIES WILL BE MAILED IF A
BUSINESS PURPOSE IS DETERMINED.

FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS OR FUND BALANCES:

\$ 1,773,054 CHANGE IN INTEREST IN N/A OF LEGACY COMM HEALTH ENDOWMENT

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No. 1545-0087

For calendar year 2013 or other tax year beginning 07/01, 2013, and ending 06/30, 2014

2013

Department of the Treasury
Internal Revenue Service

See separate instructions.

Information about Form 990-T and its instructions is available at www.irs.gov/form990t.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

A <input type="checkbox"/> Check box if address changed	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.)	D Employer identification number (Employees' trust, see instructions.)
B Exempt under section <input type="checkbox"/> 501(c) () <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type LEGACY COMMUNITY HEALTH SERVICES Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 66308 City or town, state or province, country, and ZIP or foreign postal code HOUSTON, TX 77266-6308	76-0009637
C Book value of all assets at end of year 34,312,383.	F Group exemption number (See instructions.)	E Unrelated business activity codes (See instructions.)
G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust		

H Describe the organization's primary unrelated business activity. ATTACHMENT 1

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☐ Yes ☒ No
If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of BEN GLISAN Telephone number 713-830-3000

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
c	Balance	1c		
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit. Subtract line 2 from line 1c	3		
4a	Capital gain net income (attach Form 8949 and Schedule D)	4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from partnerships and S corporations (attach statement)	5		
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11		
12	Other income (See instructions; attach schedule.)	12		
13	Total. Combine lines 3 through 12	13	0	

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)		
14	Compensation of officers, directors, and trustees (Schedule K)	14
15	Salaries and wages	15
16	Repairs and maintenance	16
17	Bad debts	17
18	Interest (attach schedule)	18
19	Taxes and licenses	19
20	Charitable contributions (See instructions for limitation rules.)	20
21	Depreciation (attach Form 4562)	21
22	Less depreciation claimed on Schedule A and elsewhere on return	22a
23	Depletion	23
24	Contributions to deferred compensation plans	24
25	Employee benefit programs	25
26	Excess exempt expenses (Schedule I)	26
27	Excess readership costs (Schedule J)	27
28	Other deductions (attach schedule)	28
29	Total deductions. Add lines 14 through 28	29
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30
31	Net operating loss deduction (limited to the amount on line 30)	31
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)	33
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here ☐ See instructions and:

a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):

(1) \$ (2) \$ (3) \$

b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$

(2) Additional 3% tax (not more than \$100,000) \$

c Income tax on the amount on line 34

35c

36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on

the amount on line 34 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041)

36

37 Proxy tax. See instructions

37

38 Alternative minimum tax

38

39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies

39

Part IV Tax and Payments

40 a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)

40a

b Other credits (see instructions)

40b

c General business credit. Attach Form 3800 (see instructions)

40c

d Credit for prior year minimum tax (attach Form 8801 or 8827)

40d

e **Total credits.** Add lines 40a through 40d

40e

41 Subtract line 40e from line 39

41

42 Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule)

42

43 Total tax. Add lines 41 and 42

43

44 a Payments: A 2012 overpayment credited to 2013

44a

b 2013 estimated tax payments

44b

c Tax deposited with Form 8868

44c

d Foreign organizations: Tax paid or withheld at source (see instructions)

44d

e Backup withholding (see instructions)

44e

f Credit for small employer health insurance premiums (Attach Form 8941)

44f

g Other credits and payments:

☐ Form 2439

☐ Form 4136

☐ Other

Total

44g

45 Total payments. Add lines 44a through 44g

45

46 Estimated tax penalty (see instructions). Check if Form 2220 is attached

46

47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed

47

48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid

48

49 Enter the amount of line 48 you want: Credited to 2014 estimated tax

Refunded

49

Part V Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2013 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here

Yes No

X

2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.

Yes No

X

3 Enter the amount of tax-exempt interest received or accrued during the tax year \$

Schedule A - Cost of Goods Sold. Enter method of inventory valuation

1 Inventory at beginning of year

1

2 Purchases

2

3 Cost of labor

3

4 a Additional section 263A costs (attach schedule)

4a

b Other costs (attach schedule)

4b

5 Total. Add lines 1 through 4b

5

6 Inventory at end of year

6

7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2.

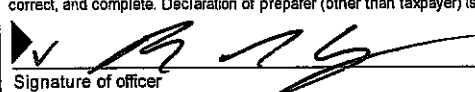
7

8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?

Yes No

X

Sign Here



2-3-15

Chief Financial Officer

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

Paid Preparer Use Only

Print/Type preparer's name

BRIAN D TODD

Preparer's signature

Brian D Todd, CPA

Date

1/31/15

Check ☐ if self-employed

PTIN

P00422601

Firm's name BKD, LLP

Firm's EIN

44-0160260

Firm's address 910 E ST LOUIS #200/PO BOX 1190

Phone no.

417 865-8701

SPRINGFIELD, MO 65806-2523

Form 990-T (2013)

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)
(2)
(3)
(4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶**(b) Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ▶**Schedule E - Unrelated Debt-Financed Income (see instructions)**

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Totals ▶				

Total dividends-received deductions included in column 8 ▶**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)**

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

Totals ▶

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Enter here and on page 1, Part I, line 9, column (A).				Enter here and on page 1, Part I, line 9, column (B).
Totals ▶				

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Enter here and on page 1, Part I, line 10, col. (A).		Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
Totals ▶						

Schedule J - Advertising Income (see instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)) . . . ▶						

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I						
Enter here and on page 1, Part I, line 11, col. (A).		Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5) . . . ▶						

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14. ▶			

ATTACHMENT 1ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY.

THE TAXPAYER DOES NOT HAVE ANY ACTIVITIES GENERATING UNRELATED BUSINESS TAXABLE INCOME (AS DEFINED IN IRC §512(A)) IN THE CURRENT YEAR. FORM 990-T IS BEING FILED TO COMMENCE RUNNING ON THE PERIOD UNDER THE STATUTES OF LIMITATION FOR REPORTING UNRELATED BUSINESS INCOME.