

CHANGE OF ACCOUNTING PERIOD

1906

OMB No. 1545-0047

2018

Open to Public
Inspection

Form 990

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.

Go to www.irs.gov/Form990 for instructions and the latest information.Department of the Treasury
Internal Revenue Service

A For the 2018 calendar year, or tax year beginning:

10/01, 2018, and ending

06/30, 2019

B Check if applicable:

☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization

CHRISTUS GOOD SHEPHERD MEDICAL CENTER

Doing business as SEE SCHEDULE O

Number and street (or P.O. box if mail is not delivered to street address)

700 E. MARSHALL AVE.

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

LONGVIEW, TX 75601

D Employer identification number

75-0974351

E Telephone number

(903) 315-4000

G Gross receipts \$ 344,009,590.

H(a) Is this a group return for subsidiaries? Yes ☒ No ☐H(b) Are all subsidiaries included? Yes ☐ No ☐

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

H(c) Group exemption number

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)() (Insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.CHRISTUSHEALTH.ORG/GOOD-SHEPHERD/MARSHALL

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1954 M State of legal domicile: TX

Part I Summary

Activities & Governance		Revenue		Expenses		Net Assets or Fund Balances	
1	Briefly describe the organization's mission or most significant activities: TO SERVE THE COMMUNITY WITH RESPECT TO PROVIDING HEALTHCARE SERVICES AND HEALTHCARE EDUCATION REGARDLESS OF RACE, SEX, CREED, NATIONAL ORIGIN, HANDICAP, AGE OR ABILITY TO PAY						
2	Check this box <input type="checkbox"/> If the organization discontinued its operations or disposed of more than 25% of its net assets.						
3	Number of voting members of the governing body (Part VI, line 1a)	3	15.				
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12.				
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	2,877.				
6	Total number of volunteers (estimate if necessary)	6	180.				
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,388,775.				
7b	Net unrelated business taxable income from Form 990-T, line 38	7b	-1,142,289.				
8	Contributions and grants (Part VIII, line 1h)	8	545,512.	9	323,273,533.	10	182,300.
9	Program service revenue (Part VIII, line 2g)	9	560,861.	9	338,013,175.	10	53,428.
10	Investment income (Part VIII, column (A), lines 3, 4, and 10)	10	2,829,028.	10	5,372,843.	11	326,830,373.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11	175,264.	11	0.	12	344,000,307.
12	Total revenue - add lines 8 through 11 (must equal Part VIII column (A), line 12)	12	583,821.	12	0.	13	279,493,834.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13	0.	13	134,907,822.	14	198,715,058.
14	Benefits paid to or for members (Part IX, column (A), line 4)	14	0.	14	279,493,834.	15	317,585,242.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15	144,002,191.	15	118,694,920.	16a	47,336,539.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	16a	0.	16a	0.	16b	26,415,065.
16b	Total fundraising expenses (Part IX, column (D), line 25)	16b	39,027.	16b	134,907,822.	17	198,715,058.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	17	134,907,822.	17	198,715,058.	18	279,493,834.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	18	279,493,834.	18	317,585,242.	19	47,336,539.
19	Revenue less expenses. Subtract line 18 from line 12	19	47,336,539.	19	26,415,065.	20	166,740,862.
20	Total assets (Part X, line 16)	20	166,740,862.	20	211,827,311.	21	178,728,093.
21	Total liabilities (Part X, line 28)	21	178,728,093.	21	218,685,747.	22	-11,987,231.
22	Net assets or fund balances. Subtract line 21 from line 20	22	-11,987,231.	22	-6,858,436.		

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

MICHAEL CHEEK

CFO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

JANICE K MARTIN

Preparer's signature

Janice K Martin

Date

06/12/20

Check ☐ if self-employed

PTIN

P00900299

Firm's name ERNST & YOUNG U.S. LLP

Firm's EIN 34-6565596

Firm's address 111 MONUMENT CIRCLE, STE 4000 INDIANAPOLIS, IN 46204

Phone no. 317-681-7000

May the IRS discuss this return with the preparer shown above? (see instructions)

X Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2018)

JSA

8E1010 1.000

4926NP 1779

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:
TO SERVE THE COMMUNITY WITH RESPECT TO PROVIDING HEALTH CARE SERVICES
AND HEALTH CARE EDUCATION REGARDLESS OF RACE, SEX, CREED, NATIONAL
ORIGIN, HADICAP, AGE OR ABILITY TO PAY.
- 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 \$ 276,337,882 including grants of \$ 175,264) (Revenue \$ 338,013,175)

ATTACHMENT 1

4b (Code _____) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4c (Code _____) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4d Other program services (Describe in Schedule O)
(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ► 276,337,882.

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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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).	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		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? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
25b 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? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		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? If "Yes," complete Schedule L, Part III		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)		
28a a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
28b b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
28c 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? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		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? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
35b 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)? If "Yes," complete Schedule R, Part V, line 2	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		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? If "Yes," complete Schedule R, Part VI		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	

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		89
1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0.
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 2,877		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	X	
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	X	
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)? b If "Yes," enter the name of the foreign country. ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		X
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?		
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 7d		
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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12 10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders. 11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them). 11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c Enter the amount of reserves on hand 13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O		X

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 1a 15 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
b Enter the number of voting members included in line 1a, above, who are independent 1b 12		
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?	<input checked="" type="checkbox"/> 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? . .		<input checked="" type="checkbox"/> X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/> X
5 Did the organization become aware during the year of a significant diversion of the organization's assets? . . .		<input checked="" type="checkbox"/> X
6 Did the organization have members or stockholders?	<input checked="" type="checkbox"/> 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?	<input checked="" type="checkbox"/> X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<input checked="" type="checkbox"/> X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	<input checked="" type="checkbox"/> X	
b Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/> 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		<input checked="" type="checkbox"/> 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?		<input checked="" type="checkbox"/> 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? .	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> X	
13 Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/> X	
14 Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> X	
b Other officers or key employees of the organization	<input checked="" type="checkbox"/> 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?		<input checked="" type="checkbox"/> 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 (1024 or 1024-A 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, address, and telephone number of the person who possesses the organization's books and records ►
 KARLA BOUNDS 700 E MARSHALL AVE LONGVIEW, TX 75601 903-315-4000

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) R. BLAIR ABNEY VICE CHAIRMAN	1.00 0.	X		X				0.	0.	0.
(2) VALERIE ALLMAN, M.D. DIRECTOR	30.00 10.00	X		X				0.	342,840.	19,688.
(3) KEN CUNNINGHAM SECRETARY	1.00 39.00	X						0.	458,375.	71,818.
(4) KELLYN DRAYER DIRECTOR	1.00 0.	X						0.	0.	0.
(5) GAYLE ENGLISH DIRECTOR	1.00 0.	X						0.	0.	0.
(6) TODD HANCOCK GSHS PRESIDENT/CEO	1.00 39.00	X		X				0.	1,171,176.	204,302.
(7) KEITH HONEY DIRECTOR	1.00 0.	X						0.	0.	0.
(8) TED HUFFHINES VICE CHAIRMAN	1.00 1.00	X		X				0.	0.	0.
(9) MITTIE HUTCHINS DIRECTOR	1.00 0.	X						0.	0.	0.
(10) GEORGE MEISENHEIMER DIRECTOR (THRU 12/18)	1.00 0.	X						0.	0.	0.
(11) TRUNG NGUYEN, M.D. MEDICAL STAFF VICE PRESIDENT	1.00 39.00	X		X				0.	0.	0.
(12) HOMER ROCKMORE DIRECTOR	1.00 0.	X						0.	0.	0.
(13) JULIE SIMMONS DIRECTOR	1.00 0.	X		X				0.	0.	0.
(14) ALLEN STAGGERS DIRECTOR (THRU 12/18)	1.00 0.	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) LINDA THOMAS DIRECTOR (EFF 1/19)	1.00 0.	X						0.	0.	0.
(16) THOMAS TIBILETTI DIRECTOR	1.00 0.	X						0.	0.	0.
(17) FABER WHITE, M.D. DIRECTOR (EFF 1/19)	1.00 0.	X						0.	0.	0.
(18) JAMIE M. DOWELL SECRETARY (EFF 1/19)	40.00 0.			X				70,991.	0.	6,228.
(19) MICHAEL CHEEK CHIEF FINANCIAL OFFICER	12.00 28.00			X				0.	411,678.	74,103.
(20) JASON ADAMS CHIEF OPERATING OFFICER	40.00 0.				X			0.	624,187.	112,862.
(21) JOHN MCDONALD, D.O. MEDICAL STAFF	30.00 10.00				X			0.	264,947.	11,799.
(22) KEITH KIRBOW CHIEF NURSING OFFICER	40.00 0.				X			0.	200,857.	23,484.
(23) ORAN FERRELL VP PHYSICIAN SERVICES	30.00 10.00				X			0.	324,777.	33,322.
(24) BRADLEY KEITH CREEL VP ANCILLARY SERVICES	40.00 0.				X			0.	171,678.	17,999.
(25) MICHAEL ADAMSON VP MISSION INTEGRATION	40.00 0.				X			0.	306,239.	50,319.
1b Sub-total								0.	1,972,391.	295,808.
c Total from continuation sheets to Part VII, Section A								1,289,013.	4,624,121.	515,410.
d Total (add lines 1b and 1c)								1,289,013.	6,596,512.	811,218.

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 **120**

- 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
ATTACHMENT 2		

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 **14**

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) TERESA HALCOMB CHIEF NURSING OFFICER	40.00 0.				X			0.	324,316.	15,314.
(27) SHELLY JOHNSON VP OPERATIONS	40.00 0.				X			0.	269,309.	11,507.
(28) GINGER MORROW VP HUMAN RESOURCES	40.00 0.				X			0.	259,075.	40,698.
(29) ZACKARY G. LISTER CNRA	40.00 0.					X		250,247.	0.	17,851.
(30) RICHARD L. HOLLADAY CNRA	40.00 0.					X		249,775.	0.	4,171.
(31) LEE A. HOLLADAY CNRA	40.00 0.					X		247,358.	0.	21,393.
(32) JOE P. TAIT CNRA	40.00 0.					X		238,749.	0.	2,404.
(33) DANIEL D. SMITH CNRA	40.00 0.					X		231,893.	0.	20,786.
(34) RUSSELL J. COLLIER PRESIDENT (THRU 1/18)	0. 0.						X	0.	330,618.	25,284.
(35) RICKY A. PAUL, M.D. MEDICAL STAFF PRESIDENT	30.00 10.00						X	0.	486,440.	25,886.
(36) STEVE ALTMILLER FORMER GSHS PRESIDENT/CEO	0. 0.						X	0.	650,000.	0.
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 **120**

- 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				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d 479,611				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 81,250.				
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f		560,861			
Program Service Revenue	Business Code					
	2a NET PATIENT REVENUE	621990	301,727,472	301,727,472		
	b LIFE WELLNESS CENTER	713940	2,907,669	2,664,852	242,817	
	c GOVERNMENT FUNDS - TRAUMA	621400	1,588,469	1,588,469		
	d ALL OTHER PROGRAM SERVICE REVENUE	900099	31,789,565	30,643,607	1,145,958	
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		336,015,113			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts).		53,428			53,428
	4 Income from investment of tax-exempt bond proceeds		0			
	5 Royalties		0			
		(i) Real (ii) Personal				
	6a Gross rents	752,351				
	b Less rental expenses	9,283				
	c Rental income or (loss)	743,068				
	d Net rental income or (loss).		743,068			743,068
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)		0			
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a	0				
	b Less direct expenses b	0				
	c Net income or (loss) from fundraising events		0			
	9a Gross income from gaming activities See Part IV, line 19 a	0				
	b Less direct expenses b	0				
	c Net income or (loss) from gaming activities		0			
10a Gross sales of inventory, less returns and allowances a	0					
b Less cost of goods sold b	0					
c Net income or (loss) from sales of inventory		0				
Miscellaneous Revenue		Business Code				
11a FOOD SERVICE INCOME	722221	152,427			152,427	
b VENDING FOOD INCOME	722515	56,682			56,682	
c OTHER REVENUE	900099	4,420,666			4,420,666	
d All other revenue						
e Total. Add lines 11a-11d		4,629,775				
12 Total revenue. See instructions		344,000,307	336,624,400.	1,388,775	5,426,271	

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

☒ X**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	175,264.	175,264.		
2 Grants and other assistance to domestic individuals See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	77,219.	62,878.	14,327.	14.
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	97,751,062.	79,596,719.	18,136,420.	17,923.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,381,187.	1,124,612.	256,310.	265.
9 Other employee benefits	13,385,188.	10,898,929.	2,483,733.	2,526.
10 Payroll taxes	6,100,264.	4,966,958.	1,132,115.	1,191.
11 Fees for services (non-employees)				
a Management	71,990.	58,276.	13,632.	82.
b Legal	12,920.	10,462.	2,444.	14.
c Accounting	30,168.	24,422.	5,713.	33.
d Lobbying	10,437.		10,437.	
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). ATCH 3	36,928,827.	34,292,593.	2,628,549.	7,685.
12 Advertising and promotion	170.	138.	32.	
13 Office expenses	36,639,923.	29,844,234.	6,790,781.	4,908.
14 Information technology	26,256.	21,388.	4,865.	3.
15 Royalties	0.			
16 Occupancy	7,105,724.	5,787,919.	1,316,875.	930.
17 Travel	157,778.	128,205.	29,490.	83.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	138,176.	112,621.	25,551.	4.
20 Interest	8,165,354.	5,596,928.	2,568,426.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	8,195,037.	6,669,041.	1,523,694.	2,302.
23 Insurance	2,984,145.	2,429,773.	553,793.	579.
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 DEBTS	38,001,819.	38,001,819.		
b MEDICAL SUPPLIES	40,174,913.	40,174,913.		
c EQUIPMENT RENTAL	17,795,539.	14,505,710.	3,289,588.	241.
d ASO SYSTEM	232,960.	188,922.	43,841.	197.
e All other expenses	2,042,922.	1,665,158.	377,717.	47.
25 Total functional expenses Add lines 1 through 24e	317,585,242.	276,337,882.	41,208,333.	39,027.
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 SheetCheck 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	10,262,811.	1	15,143,975.
	2 Savings and temporary cash investments	3,769,000.	2	0.
	3 Pledges and grants receivable, net	0.	3	0.
	4 Accounts receivable, net	28,513,244.	4	29,741,978.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	7,189,531.	8	8,054,063.
	9 Prepaid expenses and deferred charges	415,376.	9	306,475.
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a 97,059,859.		
	b Less accumulated depreciation	10b 18,890,941.		
		62,834,882.	10c	78,168,918.
	11 Investments - publicly traded securities	0.	11	0.
	12 Investments - other securities. See Part IV, line 11	8,634,154.	12	7,460,795.
	13 Investments - program-related. See Part IV, line 11	0.	13	0.
	14 Intangible assets	858,059.	14	0.
15 Other assets. See Part IV, line 11	44,263,805.	15	72,951,107.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	166,740,862.	16	211,827,311.	
Liabilities	17 Accounts payable and accrued expenses	17,172,177.	17	14,063,737.
	18 Grants payable	0.	18	0.
	19 Deferred revenue	0.	19	0.
	20 Tax-exempt bond liabilities	123,906,282.	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	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	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	37,649,634.	25	204,622,010.
	26 Total liabilities. Add lines 17 through 25	178,728,093.	26	218,685,747.
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	-12,645,672.	27	-7,728,100.
	28 Temporarily restricted net assets	658,441.	28	869,664.
	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	-11,987,231.	33	-6,858,436.
	34 Total liabilities and net assets/fund balances	166,740,862.	34	211,827,311.

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	344,000,307.
2	Total expenses (must equal Part IX, column (A), line 25)	2	317,585,242.
3	Revenue less expenses. Subtract line 2 from line 1	3	26,415,065.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-11,987,231.
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	-38,917,009.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	17,630,739.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-6,858,436.

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		

Form **990** (2018)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public
Inspection

Name of the organization

CHRISTUS GOOD SHEPHERD MEDICAL CENTER

Employer identification number

75-0974351

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 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3 ☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or university _____
- 10 ☐ 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)
- 11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(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) 2018

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4.						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)).	14	%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2018. 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 - 2017. 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 - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
b 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 10 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 Total support. (Add lines 9, 10c, 11, and 12)						

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** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)).	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2018.** 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 - 2017.** 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 Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
11a		
b A family member of a person described in (a) above?		
11b		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		
11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
2a			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)			

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

Section D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI) See instructions		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions		
9	Distributable amount for 2018 from Section C, line 6		
10	Line 8 amount divided by line 9 amount		

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
c	From 2015			
d	From 2016			
e	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2018 from Section D, line 7 \$			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
c	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI See instructions			
6	Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7	Excess distributions carryover to 2019. Add lines 3j and 4c			
8	Breakdown of line 7			
a	Excess from 2014			
b	Excess from 2015			
c	Excess from 2016			
d	Excess from 2017			
e	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

- ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information**

OMB No 1545-0047

2018

**Open to Public
Inspection**

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

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

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

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

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

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

Name of organization CHRISTUS GOOD SHEPHERD MEDICAL CENTER	Employer identification number 75-0974351
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions)

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) 2018

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

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2018

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		10,437.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i.			10,437.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
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?		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?		

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

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

SEE PAGE 4

Part IV Supplemental Information (continued)

PART II-B, LINE 1G

AT THE STATE AND FEDERAL LEVEL, HAD DIRECT CONTACT WITH TEXAS STATE
LEGISLATORS AND TEXAS US SENATORS ON ISSUES SUCH AS 340B AND JAIL HEALTH
CARE.

EXECUTIVE HOURS 39

CHRISTUS GOOD SHEPHERD MEDICAL CENTER - MARSHALL DID NOT SUBSTANTIALLY
LOBBY DURING THE FISCAL YEAR ENDING 6-30-2019.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information

OMB No 1545-0047

2018

Open to Public
Inspection

Name of the organization

CHRISTUS GOOD SHEPHERD MEDICAL CENTER

Employer identification number

75-0974351

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year) . .		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<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" on 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 a 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 7/25/06, 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, handling of violations, and enforcing conservation easements during the year ▶ _____

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

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

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1. ▶ \$ _____

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

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

a Revenue included on Form 990, Part VIII, line 1. ▶ \$ _____

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

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

Schedule D (Form 990) 2018

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** ☐ Public exhibition **d** ☐ Loan or exchange programs
- b** ☐ Scholarly research **e** ☐ Other _____
- c** ☐ Preservation for future generations
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|-----------------|
| c Beginning balance | 1c _____ |
| d Additions during the year | 1d _____ |
| e Distributions during the year | 1e _____ |
| f Ending balance | 1f _____ |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" on 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 on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|--|--|--------------------------|
| (i) unrelated organizations | 3a(i) <input type="checkbox"/> | <input type="checkbox"/> |
| (ii) related organizations | 3a(ii) <input type="checkbox"/> | <input type="checkbox"/> |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? **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" on 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		61,398,380.	8,546,297.	52,852,083.
c Leasehold improvements		48,068.	14,395.	33,673.
d Equipment		35,612,019.	10,330,249.	25,281,770.
e Other		1,392.		1,392.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c)				78,168,918.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on 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" on 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) _____		
(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" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) INTERCOMPANY RECEIVABLE	66,204,108.
(2) OTHER RECEIVABLES	6,614,983.
(3) MALPRACTICE REINSURANCE	132,016.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15).	72,951,107.

Part X Other Liabilities.

Complete if the organization answered "Yes" on 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) BOND LIABILITY	125,241,580.
	(3) INTERCOMPANY PAYABLES	77,800,951.
	(4) LIABILITY RESERVE	1,579,479.
	(5)	
	(6)	
	(7)	
	(8)	
	(9)	
	Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ►	204,622,010.

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" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
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		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	

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

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

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
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		
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	

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.

FORM 990, SCHEDULE D, PART X

UNCERTAIN TAX POSITIONS UNDER ASC 740

PER FOOTNOTE 3 IN THE CONSOLIDATED FINANCIAL STATEMENTS, THERE ARE NO

MATERIAL UNRECORDED TAX LIABILITIES AS OF JUNE 30, 2019 AND SEPTEMBER 30,

2018.

Part XIII Supplemental Information *(continued)*

**SCHEDULE H
(Form 990)**

Hospitals

OMB No 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service
Name of the organization

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
► Attach to Form 990
► Go to www.irs.gov/Form990 for instructions and the latest information.

CHRISTUS GOOD SHEPHERD MEDICAL CENTER

Employer identification number
75-0974351

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<input checked="" type="checkbox"/>	
1b If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other 300.0000 %	<input checked="" type="checkbox"/>	
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other %	<input checked="" type="checkbox"/>	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	<input checked="" type="checkbox"/>	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
5b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<input checked="" type="checkbox"/>	
5c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		<input checked="" type="checkbox"/>
6a Did the organization prepare a community benefit report during the tax year?	<input checked="" type="checkbox"/>	
6b If "Yes," did the organization make it available to the public?	<input checked="" type="checkbox"/>	

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			33,086,310.		33,086,310.	11.83
b Medicaid (from Worksheet 3, column a)			16,965,762.	61,515,729.		
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			50,052,072.	61,515,729.	33,086,310.	11.83
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	18	5498	3,459,767.		3,459,767.	1.24
f Health professions education (from Worksheet 5)	2	4044	283,055.		283,055.	.10
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	6	859	309,579.		309,579.	.11
j Total Other Benefits	26	10401	4,052,401.		4,052,401.	1.45
k Total. Add lines 7d and 7j	26	10401	54,104,473.	61,515,729.	37,138,711.	13.28

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

Schedule H (Form 990) 2018

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing	1		10,703.		10,703.	
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total	1		10,703.		10,703.	

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1 X	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2 38,001,819.	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3 212,810.	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements		

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5 78,122,617.
6 Enter Medicare allowable costs of care relating to payments on line 5	6 74,131,503.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7 3,991,114.
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other 2	

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a X
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b X

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information**Section A. Hospital Facilities**

(list in order of size, from largest to smallest - see instructions)

How many hospital facilities did the organization operate during the tax year? 2

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

1 THE GOOD SHEPHERD HOSP MED CTR-LNGVW
 700 E. MARSHALL AVE
 LONGVIEW TX 75601
 WWW.CHRISTUSHEALTH.ORG/GOOD-SHEPHERD
 000020

Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
X	X		X			X			A
X	X					X			A

2 CHRISTUS GOOD SHEPHERD MED CTR-MRSHLL
 811 SOUTH WASHINGTON AVE
 MARSHALL TX 75670
 WWW.CHRISTUSHEALTH.ORG/GOOD-SHEPHERD
 000020

3

4

5

6

7

8

9

10

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility

FORM 990, SCHEDULE H, PART V, SECTION B, LINE 3E

ADDRESSING SIGNIFICANT COMMUNITY NEEDS

IN RESPONSE TO THE RESULTS OF THE 2017 CHNA, THE HOSPITAL'S BOARD OF DIRECTORS AND MANAGEMENT TEAM DEVELOPED A CHNA IMPLEMENTATION PLAN IN ORDER TO PRIORITIZE AND ADDRESS THE MAJOR COMMUNITY NEEDS.

IN REGARDS TO THE #1 COMMUNITY NEED IDENTIFIED IN THE CHNA (LACK OF MENTAL HEALTH PROVIDERS/SERVICES), WE TOOK SEVERAL ACTIONS DURING THE TAX YEAR AND PLAN TO CONTINUE BUILDING UPON THESE STEPS IN THE FUTURE. THESE ACTIONS ARE PRIMARILY TO ADDRESS THE ONGOING ISSUE OF TREATING BEHAVIORAL HEALTH PATIENTS IN OUR EMERGENCY DEPARTMENT AND REFERRING THESE PATIENTS TO OTHER PSYCHIATRIC PROVIDERS. OUR GOAL IS TO BOTH IMPROVE CARE AND PROVIDE SERVICES IN A MORE APPROPRIATE TREATMENT SETTING.

FORM 990, SCHEDULE H, PART V, SECTION B, LINE 5

GOOD SHEPHERD MEDICAL CENTER - MARSHALL RECEIVED INPUT FROM REPRESENTATIVES OF THE COMMUNITY WHICH INCLUDED THE FOLLOWING INDIVIDUALS WITH;

- A.) SPECIALIZED KNOWLEDGE OR EXPERTISE IN PUBLIC HEALTH
- B.) AFFILIATION WITH LOCAL GOVERNMENT, SCHOOLS AND INDUSTRY
- C.) INVOLVEMENT WITH UNDERSERVED AND MINORITY POPULATIONS.

ALL INTERVIEWS WERE CONDUCTED USING A STANDARD QUESTIONNAIRE DEVELOPED BY BKD, LLP, A NATIONAL CPA FIRM THAT PROVIDES TAX AND OTHER ADVISORY SERVICES.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

THE FOLLOWING INDIVIDUALS PARTICIPATED IN OUR KEY INFORMANT INTERVIEW
PROCESS:

GOOD SHEPHERD MEDICAL CENTER, CLINICAL DIRECTOR OF EMERGENCY SERVICES -

LONGVIEW

GOOD SHEPHERD MEDICAL CENTER, CLINICAL DIRECTOR

GOOD SHEPHERD MEDICAL ASSOCIATES, GASTROENTEROLOGIST

GOOD SHEPHERD MEDICAL CENTER, PHARMACY DIRECTOR

GOOD SHEPHERD MEDICAL CENTER, DIRECTOR OF REIMBURSEMENT

GOOD SHEPHERD MEDICAL CENTER, CLINICAL DIRECTOR - MEDICAL/SURGICAL

GOOD SHEPHERD HEALTH SYSTEM, DIRECTOR OF PATIENT ACCESS

GOOD SHEPHERD HEALTH SYSTEM, DIRECTOR OF INFECTION CONTROL

GOOD SHEPHERD HEALTH SYSTEM, CHIEF INFORMATION OFFICER

GOOD SHEPHERD MEDICAL CENTER, DIRECTOR OF EMERGENCY SERVICES (KILGORE)

GOOD SHEPHERD HEALTH SYSTEM, EDUCATIONAL SERVICES DIRECTOR

GOOD SHEPHERD HEALTH SYSTEM, EMPLOYEE HEALTH DIRECTOR

LONGVIEW CITY COUNCILMAN, DISTRICT 5

GOOD SHEPHERD MEDICAL ASSOCIATES, FAMILY NURSE PRACTITIONER

GOOD SHEPHERD HEALTH SYSTEM, PHYSICIAN SERVICES DIRECTOR

GOOD SHEPHERD MEDICAL CENTER, INTERNAL MEDICINE RESIDENCY PROGRAM

DIRECTOR

GREGG COUNTY HEALTH DEPARTMENT

AIR LIFETEAM AIRE RESCUE

GOOD SHEPHERD HEALTH SYSTEM, VICE PRESIDENT OF HUMAN RESOURCES

COMMUNITY HEALTHCORE, EXECUTIVE DIRECTOR

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

CITY OF LONGVIEW, FIRE CHIEF

GOOD SHEPHERD MEDICAL CENTER, IMAGING SERVICES DIRECTOR

GOOD SHEPHERD MEDICAL CENTER, LAB SUPERVISOR

GOOD SHEPHERD HEALTH SYSTEM, DIRECTOR OF MARKETING

COMMUNITY HEALTHCORE, EMPLOYEE

RUSK COUNTY HEALTH DISTRICT

GOOD SHEPHERD MEDICAL CENTER, PHYSICIAN DIRECTOR OF EMERGENCY SERVICES

GOOD SHEPHERD MEDICAL CENTER, INPATIENT REHAB SERVICES DIRECTOR

GOOD SHEPHERD MEDICAL ASSOCIATES, PHYSICIAN DIRECTOR - INTERNAL MEDICINE
CLINIC

GOOD SHEPHERD MEDICAL ASSOCIATES, NURSE PRACTITIONER

LONGVIEW CITY COUNCILWOMAN, DISTRICT 3

GOOD SHEPHERD MEDICAL CENTER, VICE PRESIDENT - ANCILLARY SERVICES
(MARSHALL)

GOOD SHEPHERD MEDICAL CENTER, CHIEF NURSING OFFICER (MARSHALL)

LONGVIEW CHAMBER OF COMMERCE, CHIEF EXECUTIVE OFFICER

MARSHALL/HARRISON COUNTY HEALTH DISTRICT, EMPLOYEE

GOOD SHEPHERD MEDICAL ASSOCIATES, PHYSICIAN

LONGVIEW CITY COUNCILWOMAN, DISTRICT 4

GOOD SHEPHERD MEDICAL ASSOCIATES, EXECUTIVE VICE PRESIDENT/COO

GOOD SHEPHERD MEDICAL CENTER, COMPLIANCE SPECIALIST - QUALITY

GOOD SHEPHERD HEALTH SYSTEM, EXECUTIVE DIRECTOR - HEALTH & PREVENTION

COMMUNITY HEALTHCORE, EMPLOYEE

GOOD SHEPHERD MEDICAL CENTER, CHIEF NURSING OFFICER (LONGVIEW)

GOOD SHEPHERD MEDICAL CENTER, MEDICAL DIRECTOR - SURGICAL SERVICES

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

COMMUNITY HEALTHCORE, EMPLOYEE

GOOD SHEPHERD HEALTH SYSTEM, PATIENT EXPERIENCE DIRECTOR

GOOD SHEPHERD MEDICAL CENTER, CLINICAL DIRECTOR - ORTHO/NEURO UNIT

GOOD SHEPHERD MEDICAL CENTER, CLINICAL DIRECTOR - ONCOLOGY UNIT

GOOD SHEPHERD MEDICAL CENTER, CLINICAL DIRECTOR - ANTEPARTUM/MOTHER-BABY
UNIT

HARRISON COUNTY UNITED WAY

GOOD SHEPHERD HEALTH SYSTEM, SENIOR VICE PRESIDENT - INTEGRATION &
BUSINESS DEVELOPMENT

CUMBERLAND PRESBYTERIAN CHURCH OF MARSHALL, REVEREND

COMMUNITY HEALTHCORE, EMPLOYEE

GOOD SHEPHERD MEDICAL ASSOCIATES, PEDIATRICIAN

GOOD SHEPHERD MEDICAL ASSOCIATES, CLINIC DIRECTOR OF OPERATIONS (PRIMARY
CARE)

GOOD SHEPHERD MEDICAL ASSOCIATES, GASTROENTEROLOGIST

GOOD SHEPHERD MEDICAL CENTER, DIRECTOR OF EMERGENCY SERVICES (NORTHPARK)

GOOD SHEPHERD MEDICAL CENTER, EMERGENCY MEDICINE PHYSICIAN

GOOD SHEPHERD MEDICAL ASSOCIATES, CLINIC DIRECTOR OF OPERATIONS
(SPECIALTY CARE)

GOOD SHEPHERD MEDICAL CENTER, CLINICAL DIRECTOR - LABOR & DELIVERY

PINE TREE SCHOOL DISTRICT, SUPERINTENDENT

GOOD SHEPHERD HEALTH SYSTEM, CHIEF FINANCIAL OFFICER

GOOD SHEPHERD HEALTH SYSTEM, DIRECTOR - GOVERNMENT & COMMUNITY RELATIONS

GOOD SHEPHERD MEDICAL CENTER, DIRECTOR OF EMERGENCY SERVICES (LONGVIEW)

RUSK COUNTY UNITED WAY

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility

GOOD SHEPHERD MEDICAL ASSOCIATES, PEDIATRICIAN

THE FOLLOWING PRIORITIZED COMMUNITY NEEDS WERE IDENTIFIED THROUGH THE
CHNA

1. LACK OF MENTAL HEALTH PROVIDERS/SERVICES
2. OBESITY, DIABETES, HEART DISEASE AND OTHER CHRONIC DISEASES
3. AFFORDABLE PRIMARY AND PREVENTATIVE CARE OPTIONS
4. UNEMPLOYEMENT AND DECREASE IN INCOME IN THE COMMUNITY DUE TO ECONOMIC
DOWNTURN
5. HEALTHY BEHAVIORS/LIFESTYLE CHOICES
6. SUBSTANCE ABUSE
7. LACK OF HEALTH KNOWLEDGE/EDUCATION
8. LACK OF COMMUNITY RESOURCES TO PROMOTE HEALTH (FACILITIES, OUTDOOR
SPACES)
9. POOR NUTRITION/LIMITED ACCESS TO HEALTHY FOOD OPTIONS
10. UNINSURED/LIMITED INSURANCE DUE TO LACK OF MEDICAID EXPANSION OR HIGH
DEDUCTIBLE PLANS
11. ADULT SMOKING/TOBACCO USE
12. CRIME AND VIOLENCE

SCHEDULE H, PART V, SECTION B, LINE 6A

CHNA CONDUCTED WITH OTHER FACILITIES

GOOD SHEPHERD HEALTH SYSTEM OPERATES HOSPITALS IN LONGVIEW AND MARSHALL.

THE CHNA WAS CONDUCTED TO INCLUDE BOTH OF THE FOLLOWING SYSTEM HOSPITAL
FACILITIES:

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility

THE GOOD SHEPHERD HOSPITAL, INC. (D/B/A GOOD SHEPHERD MEDICAL CENTER)

HARRISON COUNTY HOSPITAL ASSOCIATION (D/B/A GOOD SHEPHERD MEDICAL CENTER
- MARSHALL)

SCHEDULE H, PART V, SECTION B, LINE 7A

THE URL FOR THE COMMUNITY HEALTH NEEDS ASSESSMENT IS:

[HTTPS://WWW.CHRISTUSHEALTH.ORG/ABOUT/DONATE/COMMUNITY-HEALTH/COMMUNITY-HEALTH-NEEDS-ASSESSMENT-AND-IMPLEMENTATION-PLAN](https://www.christushealth.org/about/donate/community-health/community-health-needs-assessment-and-implementation-plan)

SCHEDULE H, PART V, SECTION B, LINE 10A

THE URL FOR THE ORGANIZATION'S MOST RECENTLY ADOPTED IMPLEMENTATION
STRATEGY IS:

[HTTPS://WWW.CHRISTUSHEALTH.ORG/ABOUT/DONATE/COMMUNITY-HEALTH/COMMUNITY-HEALTH-NEEDS-ASSESSMENT-AND-IMPLEMENTATION-PLAN](https://www.christushealth.org/about/donate/community-health/community-health-needs-assessment-and-implementation-plan)

FORM 990, SCHEDULE H, PART V, SECTION B, LINE 11

IN RESPONSE TO THE RESULTS OF THE 2017 CHNA, THE HOSPITAL'S BOARD OF
DIRECTORS AND MANAGEMENT TEAM DEVELOPED A CHNA IMPLEMENTATION PLAN IN
ORDER TO PRIORITIZE AND ADDRESS THE MAJOR COMMUNITY NEEDS.

IN REGARDS TO THE #1 COMMUNITY NEED IDENTIFIED IN THE CHNA (LACK OF
MENTAL HEALTH PROVIDERS/SERVICES), WE TOOK SEVERAL SEVERALL ACTIONS
DURING THE TAX YEAR AND PLAN TO CONTINUE BUILDING UPON THESE STEPS IN THE
FUTURE. THESE ACTIONS ARE PRIMARILY TO ADDRESS THE ONGOING ISSUE OF
TREATING BEHAVIORAL HEALTH PATIENTS IN OUR EMERGENCY DEPARTMENT AND

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc) and name of hospital facility.

REFERRING THESE PATIENTS TO OTHER PSYCHIATRIC PROVIDERS. OUR GOAL IS TO BOTH IMPROVE CARE AND PROVIDE SERVICES IN A MORE APPROPRIATE TREATMENT SETTING.

ACTIONS TAKEN TOWARDS ADDRESSING THE #1 NEED INCLUDED:

- HIRED A FULL TIME PSYCHIATRIST AND BEHAVIORAL HEALTH TECHNICIANS.
- CREATED A NEW CLINICAL DIRECTOR OF BEHAVIORAL HEALTH POSITION THAT IS STAFFED BY A BOARD-CERTIFIED PSYCHIATRIC NURSE.
- REMODELED SIX EMERGENCY ROOMS AND SIX INPATIENT ROOMS SPECIFICALLY FOR USE AS A PSYCH-SAFE CARE DELIVERY SPACES.
- ENGAGED A TELE-PSYCHIATRY PROVIDER TO PROVIDE BEHAVIORAL HEALTH SCREENINGS AND EVALUATIONS.
- HOSTED THE FIRST ANNUAL BEHAVIORAL HEALTH COLLABORATION CONFERENCE WITH LAW ENFORCEMENT, LOCAL MENTAL HEALTH PROVIDERS AND COUNTY JUDGES. ALSO, CONTINUE TO HOST QUARTERLY COMMUNITY-WIDE BEHAVIORAL HEALTH MEETINGS.
- PROVIDED SAMA DE-ESCALATION TRAINING TO HELP PREVENT PSYCHIATRIC PATIENT AGGRESSION FROM BEING PHYSICALLY HARMFUL.
- PROVIDED PSYCHIATRIC PATIENT TRANSPORTS TO SHORT-TERM REGIONAL CRISIS STABILIZATION CENTERS, LOCAL TREATMENT FACILITIES AND STATE OPERATED PSYCHIATRIC HOSPITALS.
- CONTINUED A SPECIAL PROJECT FUNDED THROUGH THE TEXAS MEDICAID WAIVER WITH CMS TO INTEGRATE PSYCHIATRIC PATIENTS INTO OUR PATIENT CENTERED MEDICAL HOME WITHIN AN INTERNAL MEDICINE CLINIC. WE ALSO CONTINUE TO EMPLOY PATIENT CARE NAVIGATORS (PCNS) WHO EVALUATE AND REFER PATIENTS TO COMMUNITY HEALTHCORE (THE REGIONAL MENTAL HEALTH AUTHORITY), AND OTHER

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

OUTPATIENT PSYCHIATRIC SERVICE PROVIDERS.

- HOSPITAL MANAGERS PARTICIPATED IN A SPECIAL CITY OF LONGVIEW TASK FORCE DEVELOPED BY THE MAYOR TO ADDRESS ISSUES (INCLUDING PSYCHIATRIC AND SUBSTANCE ABUSE NEEDS) INVOLVING THE CITY'S HOMELESS POPULATION.

THE AFOREMENTIONED ACTIONS WILL ALSO ADDRESS COMMUNITY NEED #6 (SUBSTANCE ABUSE) AND INDIRECTLY CONTRIBUTE TO A REDUCTION IN NEED #12 (CRIME AND VIOLENCE) DUE TO HIGH CRIME AND VIOLENCE RECIDIVISM OF UNTREATED PSYCHIATRIC AND SUBSTANCE ABUSE PATIENTS.

IN REGARDS TO THE REMAINING COMMUNITY NEEDS, THE HOSPITAL WILL CONTINUE TO OFFER A WIDE RANGE OF SERVICES, PROGRAMS, EDUCATION AND TRAINING TO ADDRESS NEED #'S 2, 5, 7, AND 11. ISSUE #8 IS PARTIALLY ADDRESSED THROUGH THE HOSPITAL FITNESS CENTER FACILITIES AND PROGRAMS. NEED #'S 3 AND 10 ARE ADDRESSED BY SPECIAL IN-HOUSE PROGRAMS FOR THE UNINSURED, INCLUDING CHARITY AND PAYMENT DISCOUNT PROGRAMS, ASSISTANCE WITH QUALIFYING FOR GOVERNMENT PAYMENT PROGRAMS, CERTIFIED APPLICATION COUNSELORS TO HELP ENROLL PATIENTS IN THE ACA FEDERAL MARKETPLACE EXCHANGE AND REFERRALS TO LOCAL FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs).

MORE DETAILS REGARDING OUR CHNA IMPLEMENTATION STRATEGY MAY BE FOUND AT [HTTPS://WWW.CHRISTUSHEALTH.ORG/ABOUT/DONATE/COMMUNITY-HEALTH/COMMUNITY-HEALTH-NEEDS-ASSESSMENT-AND-IMPLEMENTATION-PLAN](https://www.christushealth.org/about/donate/community-health/community-health-needs-assessment-and-implementation-plan).

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

COMMUNITY NEEDS NOT ADDRESSED:

AREAS OF NEED NOT SPECIFICALLY ADDRESSED BY THE HOSPITAL INCLUDE NEED #4 (UNEMPLOYMENT AND DECREASE IN INCOME DUE TO ECONOMIC DOWNTURN), #9 (POOR NUTRITION/LIMITED ACCESS TO HEALTHY FOODS) AND DIRECT ACTION TO MEET #12 (CRIME AND VIOLENCE). WHILE MEMBERS OF HOSPITAL MANAGEMENT PARTICIPATE IN LOCAL GROUPS AND COMMITTEES FORMED TO PROMOTE ECONOMIC GROWTH AND JOBS, DUE TO OUR FINANCIAL LIMITATIONS, THE HOSPITAL DOES NOT CHOOSE TO DIRECTLY ADDRESS ECONOMIC MATTERS OF THE COMMUNITY. ALSO, WHILE THE HOSPITAL PROVIDES SOME EDUCATION TO PATIENTS REGARDING PROPER DIET, WE DO NOT HAVE THE RESOURCES OR ABILITY TO ENSURE THAT IMPOVERISHED POPULATIONS ENJOY NUTRITIONAL AND VARIED FOOD OPTIONS WITHIN LOCAL FOOD DESERTS. FINALLY, IT IS NOT CONSIDERED A HOSPITAL ROLE TO CONFRONT RISING CRIME AND VIOLENCE THROUGH DIRECT ENFORCEMENT ACTIONS.

SCHEDULE H, PART V, SECTION B, LINE 13

DETERMINATION OF ELIGIBILITY FOR DISCOUNTED CARE

UNDER THE HOSPITAL'S POLICY, PATIENTS WHO WERE UNINSURED AND MET CERTAIN FINANCIAL CRITERIA WERE ELIGIBLE FOR FINANCIAL ASSISTANCE. THE POLICY ALSO PROVIDED FOR ASSISTANCE FOR MEDICALLY INDIGENT PATIENTS. IN GENERAL, PATIENTS WHO WERE BELOW 300% OF FEDERAL POVERTY GUIDELINES RECEIVED FREE CARE. PATIENTS WHO WERE UNINSURED AND ABOVE 300% OF THE FEDERAL POVERTY GUIDELINE WERE BILLED RATES CONSISTENT WITH AMOUNTS GENERALLY BILLED TO COMMERCIAL PAYERS. PATIENTS WHO WERE UNINSURED AND BETWEEN 300% AND 400% OF FEDERAL POVERTY GUIDELINES COULD APPLY FOR ADDITIONAL ASSISTANCE TO

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility

PAY AMOUNTS LESS THAN AGB.

SCHEDULE H, PART V, SECTION B, LINE 16A

THE FAP AND PLAIN LANGUAGE SUMMARY WERE WIDELY AVAILABLE AT THE FOLLOWING

URL:

[HTTPS://WWW.CHRISTUSHEALTH.ORG/PATIENT-RESOURCES/FINANCIAL-ASSISTANCE](https://www.christushealth.org/patient-resources/financial-assistance)

SCHEDULE H, PART V, SECTION B, LINE 16B

THE FAP APPLICATION WAS WIDELY AVAILABLE AT THE FOLLOWING URL:

[HTTPS://WWW.CHRISTUSHEALTH.ORG/-/MEDIA/FILES/FINANCE-FILES/APPLICATION-ENGLISH.ASHX?LA=EN](https://www.christushealth.org/-/media/files/finance-files/application-english.ashx?la=en)

SCHEDULE H, PART V, SECTION B, LINE 16C

THE PLAIN LANGUAGE SUMMARY WAS WIDELY AVAILABLE AT THE FOLLOWING URL:

[HTTPS://WWW.CHRISTUSHEALTH.ORG/-/MEDIA/PATIENT-RESOURCES/GOOD-SHEPHERD/LONGVIEW-FINANCIAL-ASSISTANCE/PLSGOODSHEPHERD_ENGLISH.ASHX?LA=EN](https://www.christushealth.org/-/media/patient-resources/good-shepherd/longview-financial-assistance/plsgoodshepherd_english.ashx?la=en)

FORM 990, SCHEDULE H, PART V, SECTION B, LINE 16J

A NOTIFICATION WAS PLACED IN THE NEWSPAPERS WITHIN THE TWO LARGEST CITIES IN THE HOSPITAL SERVICES ARE (LONGVIEW AND MARSHALL) WHICH EXPLAINED THE AVAILABILITY OF A FINANCIAL ASSISTANCE POLICY AND INCLUDED AN INVITATION TO SPEAK WITH A FINANCIAL COUNSELOR AND ALSO REFERENCES THE WEB-SITE WHICH PROVIDES ADDITIONAL FINANCIAL ASSISTANCE DETAILS.

IN ADDITION, IN AN EFFORT TO MORE WIDELY PUBLICIZE OUR FINANCIAL

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

ASSISTANCE WITHIN OUR COMMUNITY, INCLUDING PERSONS MORE LIKELY TO REQUIRE FINANCIAL ASSISTANCE, WE SUBMITTED A COPY OF OUR PLAIN LANGUAGE FINANCIAL ASSISTANCE POLICY TO A NUMBER OF ORGANIZATIONS THAT INTERACT WITH POOR POPULATION GROUPS. THESE ORGANIZATIONS INCLUDE COUNTY HEALTH DEPARTMENTS, FQHCS, VARIOUS NON-PROFITS AND MINISTRIES SUPPORTED BY THE UNITED WAY AND OTHER AGENCIES SERVING THE POOR.

SCHEDULE H, PART V, SECTION B, LINE 17

DID THE HOSPITAL FACILITY HAVE IN PLACE DURING THE TAX YEAR A SEPARATE BILLING AND COLLECTIONS POLICY, OR A WRITTEN FINANCIAL ASSISTANCE POLICY THAT EXPLAINED ACTION THE HOSPITAL FACILITY MAY TAKE UPON NON-PAYMENT?

THE HOSPITAL DID NOT ENGAGE IN ANY EXTRAORDINARY COLLECTION ACTIONS DURING THE TAX YEAR. THE POLICY STRICTLY PROHIBITED TAKING LEGAL ACTION AGAINST PATIENTS AND ALSO FORBADE PLACING A LIEN ON THE PATIENT'S HOME. IN THE EVENT OF NONPAYMENT, THE HOSPITAL AND ITS COLLECTIONS GROUPS WOULD SEND STATEMENTS AND MAKE PHONE CALLS.

FORM 990, SCHEDULE H, PART V, SECTION B, LINE 20E

EFFORTS TO INITIATE EFFORTS FROM LINE 19

CHRISTUS HEALTH USES AN OUTSIDE VENDOR, PARO DECISION SUPPORT, LLC, WHICH UTILIZES PUBLIC RECORDS TO MODEL PRESUMPTIVE CHARITY. THE VENDOR'S SOCIO-ECONOMIC MODEL IS DESIGNED TO ELIMINATE BARRIERS MANY PATIENTS FACE TO TRADITIONAL APPLICATION PROCESSES WHICH MIGHT INCLUDE LITERACY AND UNDERSTANDING OF FORMS, DOCUMENTATION, OR CULTURAL BARRIERS THAT PRECLUDE

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

THEM FROM SEEKING ASSISTANCE. THE MODEL PROJECTS FAMILY SIZE AND INCOME LEVELS WHICH IS USED TO PRESUMPTIVELY DETERMINE QUALIFICATION UNDER THE HOSPITAL FINANCIAL ASSISTANCE POLICY; THEREBY, EXTENDING OUR OUTREACH FOR FINANCIAL ASSISTANCE WITHIN OUR COMMUNITIES.

FORM 990, SCHEDULE H, PART V, SECTION B, LINE 22A

DETERMINE THE MAXIMUM AMOUNTS THAT CAN BE CHARGED TO FAP-ELIGIBLE INDIVIDUALS FOR EMERGENCY OR OTHER MEDICALLY NECESSARY CARE

THE HOSPITAL USED THE AVERAGE COMMERCIAL INSURANCE REIMBURSEMENT RATE FROM FISCAL YEAR ENDING 6/30/09 TO DETERMINE AMOUNTS GENERALLY BILLED TO PATIENTS WITH INSURANCE. THIS AVERAGE RATE WAS THE AVERAGE REIMBURSEMENT RECEIVED FOR CATEGORIES OF SERVICES FROM ALL PRIVATE INSURERS THAT REIMBURSE HOSPITALS ACROSS THE CHRISTUS HEALTH SYSTEM, EXCEPT FOR ST. VINCENT AND LONG-TERM HOSPITALS, AND EXCLUDING IMPLANT AND DRUG CONTRIBUTION DOLLARS. ALL UNINSURED PATIENTS WERE CHARGED NO MORE THAN THE AVERAGE REIMBURSEMENT RATE FOR THE RELEVANT SERVICE LINE. PATIENTS ELIGIBLE FOR ADDITIONAL FINANCIAL ASSISTANCE WERE CHARGED 70% OF THE AVERAGE RATE (FOR INCOME LEVELS FROM 301% TO 400% OF FPL), 50% OF THE AVERAGE RATE (FOR INCOME LEVELS FROM 201% TO 300% OF FPL) OR RECEIVED FREE CARE (INCOMES BELOW 200% FPL). FOR LAB SERVICES, ELIGIBLE PATIENTS WERE CHARGED A PERCENTAGE OF THE MEDICARE RATE.

Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 7

Name and address	Type of Facility (describe)
1 INSTITUTE FOR HEALTHY LIVING 3133 GOOD SHEPHERD WAY LONGVIEW TX 75605	PHYSICAL THERAPY, SPEECH PATHOLOGY, OCCUPATIONAL THERAPY, CARDIAC REHAB CENTER
2 PERFORMANCE REHAB 2220 H G MOSLEY PARKWAY LONGVIEW TX 75604	PHYSICAL THERAPY
3 KILGORE EMERGENCY DEPARTMENT 323 E. HAWKINGS PARKWAY LONGVIEW TX 75605	EMERGENCY SERVICES
4 NORTHPARK EMERGENCY DEPARTMENT 323 E. HAWKINS PARKWAY LONGVIEW TX 75605	EMERGENCY SERVICES
5 CHRISTUS GOOD SHEPHERD HOMECARE - LNGVW 103 W. LOOP 281 LONGVIEW TX 75601	HOME HEALTH
6 CHRISTUS GOOD SHEPHERD LIFECENTER 612 S GROVE ST MARSHALL TX 75670	HEALTH CLINIC
7 CHRISTUS GOOD SHEPHERD HOME CARE 401 S BOLIVAR ST MARSHALL TX 75670	HOME HEALTH
8	
9	
10	

Schedule H (Form 990) 2018

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group ALine number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1-2**Community Health Needs Assessment**

- 1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?
- 2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C
- 3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12
If "Yes," indicate what the CHNA report describes (check all that apply)
- a ☒ A definition of the community served by the hospital facility
- b ☒ Demographics of the community
- c ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community
- d ☒ How data was obtained
- e ☒ The significant health needs of the community
- f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups
- g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs
- h ☒ The process for consulting with persons representing the community's interests
- i ☒ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)
- j ☐ Other (describe in Section C)
- 4 Indicate the tax year the hospital facility last conducted a CHNA 20 16
- 5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted
- 6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C
- b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C
- 7 Did the hospital facility make its CHNA report widely available to the public?
If "Yes," indicate how the CHNA report was made widely available (check all that apply).
- a ☒ Hospital facility's website (list url). SEE PART V, SECTION C
- b ☐ Other website (list url) _____
- c ☒ Made a paper copy available for public inspection without charge at the hospital facility
- d ☐ Other (describe in Section C)
- 8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11
- 9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 16
- 10 Is the hospital facility's most recently adopted implementation strategy posted on a website?
- a If "Yes," (list url) SEE PART V, SECTION C
- b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?
- 11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed
- 12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?
- b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?
- c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$

	Yes	No
1		X
2		X
3	X	
5	X	
6a		X
6b		X
7	X	
8	X	
10	X	
10b		
12a		X
12b		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group A

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13 X	
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>300 0000</u> % and FPG family income limit for eligibility for discounted care of <u>400 0000</u> %		
b <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input checked="" type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance status		
g <input type="checkbox"/> Residency		
h <input type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	14 X	
15 Explained the method for applying for financial assistance?	15 X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility?	16 X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url). <u>SEE PART V, SECTION C</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url). <u>SEE PART V, SECTION C</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url). <u>SEE PART V, SECTION C</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j <input checked="" type="checkbox"/> Other (describe in Section C)		

Schedule H (Form 990) 2018

Part V Facility Information (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group A

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	X	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?		X
If "Yes," check all actions in which the hospital facility or a third party engaged		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)		
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)		
b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
e <input checked="" type="checkbox"/> Other (describe in Section C)		
f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	X	
If "No," indicate why		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b <input type="checkbox"/> The hospital facility's policy was not in writing		
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d <input type="checkbox"/> Other (describe in Section C)		

Schedule H (Form 990) 2018

Part V Facility Information (continued)**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**Name of hospital facility or letter of facility reporting group A

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a	<input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d	<input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C		X
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C		X

Schedule H (Form 990) 2018

Part VI Supplemental Information

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.)
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

FORM 990, SCHEDULE H, PART I, LINE 3C

CRITERIA FOR DETERMINING ELIGIBILITY FOR FREE OR DISCOUNTED CARE THE
HOSPITAL FOLLOWS FINANCIAL ASSISTANCE POLICIES OF CHRISTUS HEALTH. THE
QUALIFICATION THRESHOLD FOR FINANCIAL ASSISTANCE IS 400% OF FPG.
ELIGIBILITY FOR FREE CARE (100% DISCOUNTS) IS AT OR BELOW 300% FPG.

SCHEDULE H, PART I, LINE 5

BUDGETED CHARITY CARE

THE ORGANIZATION BUDGETS CHARITY CARE FOR INTERNAL FINANCIAL REVIEW
PURPOSES ONLY. THE PROVISION OF CHARITY CARE IS NOT LIMITED TO AMOUNTS
ESTABLISHED FOR BUDGETARY PURPOSES.

FORM 990, SCHEDULE H, PART I, LINE 6A

ANNUAL COMMUNITY BENEFIT REPORT

A REPORT OF COMMUNITY BENEFIT IS INCLUDED IN A WRITTEN ANNUAL REPORT FOR
CHRISTUS HEALTH, THE ORGANIZATION'S PARENT COMPANY. CHRISTUS HEALTH IS AN
INTERNATIONAL, CATHOLIC, FAITH BASED, NONPROFIT HEALTH SYSTEM FORMED IN
1999 WITH A MISSION "TO EXTEND THE HEALING MINISTRY OF JESUS CHRIST." THE

Part VI Supplemental Information

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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ANNUAL COMMUNITY BENEFIT REPORT SUMMARIZES ACTIVITIES AND PROGRAMS
CONDUCTED DURING THE PAST YEAR TO IMPROVE HEALTH INCLUDING PROACTIVE
COMMUNITY HEALTH SERVICES. HOWEVER, THE ANNUAL REPORT IS ONLY A SNAPSHOT
OF HOW THE ORGANIZATION DISTINGUISHES ITSELF IN ITS VISION TO BE A
LEADER, A PARTNER, AND AN ADVOCATE IN CREATING INNOVATIVE HEALTH AND
WELLNESS SOLUTIONS THAT IMPROVE THE LIVES OF INDIVIDUALS AND COMMUNITIES.

FORM 990, SCHEDULE H, PART I, LINES 7A & 7B
ALLOCATION OF MEDICAID SUPPLEMENTAL PAYMENTS
DURING THE CURRENT REPORTING PERIOD, THE STATE OF TEXAS PARTICIPATED IN A
SPECIAL 1115 MEDICAID WAIVER WITH THE CENTERS FOR MEDICARE AND MEDICAID
SERVICES (CMS). VARIOUS SUPPLEMENTAL PAYMENTS UNDER THE WAIVER ARE
INTENDED TO HELP HOSPITALS OFFSET MEDICAID AND UNINSURED LOSSES AND/OR
CREATE NEW PROGRAMS DESIGNED TO IMPROVE THE PATIENT CARE EXPERIENCE,
ENHANCE HEALTH OUTCOMES AND REDUCE COSTS FOR THESE SAME PATIENT
POPULATIONS. SUPPLEMENTAL PAYMENTS ARE CAPPED BY MEDICAID AND UNINSURED
LOSSES DETERMINED FROM A SPECIAL UNCOMPENSATED CARE (UC) TOOL DESIGNED BY
THE TEXAS HEALTH AND HUMAN SERVICES COMMISSION (HHSC).

Part VI Supplemental Information

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
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IN FISCAL YEAR 2019, THE HOSPITAL RECOGNIZED \$37,420,896 OF SUPPLEMENTAL PAYMENT INCOME UNDER THE MEDICAID WAIVER. FOR PURPOSES OF IRS FORM 990 SCHEDULE H REPORTING, CONSISTENT WITH CHRISTUS HEALTH POLICY, 100% OF NET MEDICAID SUPPLEMENTAL PAYMENTS ARE REPORTED AS MEDICAID DIRECT OFFSETTING REVENUE.

CASH CONTRIBUTIONS-

DURING TAX YEAR 2016 GOOD SHEPHERD MEDICAL CENTER MARSHALL ENTERED INTO THREE YEAR AFFILIATION AGREEMENTS WITH A LOCAL FEDERALLY QUALIFIED HEALTH CENTER (FQHC). THE PURPOSE OF THESE AGREEMENTS WAS TO PROVIDE ACCESSIBLE, HIGH QUALITY HEALTH CARE SERVICES, AS WELL AS UNCOMPENSATED CARE FOR PATIENTS WITH LITTLE OR NO INSURANCE, WHILE PROMOTING GENERAL PUBLIC HEALTH AND IMPROVING THE HEALTH STATUS OF CITIZENS LIVING IN MARSHALL, TEXAS. AS PART OF THESE AGREEMENTS, GSMC - MARSHALL MADE GRANTS TO COVER OPERATING SHORTFALLS OF FAMILY PRACTICE AND PEDIATRIC CLINICS OF FQHC OPERATED CLINICS IN MARSHALL. CASH CONTRIBUTIONS TALLING \$52,718 WERE MADE TO THE FQHC DURING THE CURRENT YEAR TO COVER SUCH LOSSES. THE

Part VI Supplemental Information

Provide the following information

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PURPOSE OF THIS GRANT IS TO PROVIDE ACCESSIBLE, HIGH QUALITY HEALTH CARE SERVICES, AS WELL AS UNCOMPENSATED CARE FOR PATIENTS WITH LITTLE OR NO INSURANCE WHILE PROMOTING GENERAL PUBLIC HEALTH AND IMPROVING THE HEALTHCARE STATUS OF PATIENTS LIVING IN MARSHALL, TEXAS.

DURING THE 2018 TAX YEAR, GOOD SHEPHERD MEDICAL CENTER - LONGVIEW ENTERED INTO A THREE YEAR COMMUNITY BENEFIT GRANT RELATED TO WOMEN AND CHILDREN'S SERVICES WITH WELLNESS POINTE, A LOCAL FEDERALLY QUALIFIED HEALTH CENTER (FQHC). GRANT PAYMENTS TOTTALLING \$116,250 WERE MADE TO WELLNESS POINTE THIS YEAR. THE PURPOSE OF THIS GRANT IS FOR ENHANCEMENT AND EXPANSION OF WOMEN'S AND CHILDREN'S HEALTH SERVICES.

FORM 990, SCHEDULE H, PART I, LINE 7, COL (F)

BAD DEBT EXPENSE

BAD DEBT IN THE AMOUNT OF \$38,001,819, WAS NOT INCLUDED IN TOTAL EXPENSE USED TO COMPUTE THE PERCENTAGE REPORTED IN PART I, LINE 7 COL (F).

SCHEDULE H, PART I, LINE 7

Part VI Supplemental Information

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LINE 7A: RATIO OF PATIENT CARE COST TO CHARGES BASED ON SCHEDULE H,
WORKSHEET 2

LINE 7B: RATIO OF PATIENT CARE COST TO CHARGES BASED ON SCHEDULE H,
WORKSHEET 2

LINE 7E: ACTUAL EXPENSES LESS ANY DIRECT OFFSETTING REVENUE

LINE 7F: ACTUAL EXPENSES LESS ANY DIRECT OFFSETTING REVENUE

LINE 7I: ACTUAL EXPENSE OF THE CONTRIBUTIONS

SCHEDULE H, PART II

COMMUNITY BUILDING ACTIVITIES

THE CHRISTUS HEALTH ADVOCACY DEPARTMENT IS WORKING IN PARTNERSHIP WITH LOCAL, STATE AND FEDERAL POLICY MAKERS TO ENSURE ACTIVITIES AND PROGRAMS ARE IN PLACE THAT WILL ENHANCE PUBLIC HEALTH AND ADVANCE GENERAL KNOWLEDGE. DURING FY 2019, CHRISTUS HEALTH ADVOCATED FOR IMPROVING PUBLIC POLICIES, WORKING TO ESTABLISH, AND IN SOME INSTANCES AUGMENT, GRASSROOTS ADVOCACY AND GREATER ACCESS TO HEALTH CARE SERVICES FOR THE PATIENTS WE SERVE. SOME OF THE MAIN COMMUNITY BUILDING ACTIVITIES ARE IMPROVING

Part VI Supplemental Information

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ACCESS TO HEALTH SERVICES AND BUILDING COLLABORATIVE RELATIONSHIPS WITH
OTHER ORGANIZATIONS SEEKING TO ADDRESS CHRONIC CONDITIONS THAT
DISPROPORTIONATELY IMPACT THE POOR AND UNDERSERVED.

SCHEDULE H, PART III, SECTION A, LINE 1

BAD DEBT REPORTING IN ACCORDANCE WITH HFMA STATEMENT 15

CHRISTUS HEALTH FOLLOWS IN PRINCIPLE HEALTHCARE FINANCIAL MANAGEMENT
ASSOCIATION STATEMENT NO. 15. THE SYSTEM HAS ADOPTED AN UNCOMPENSATED
CARE POLICY WHERE REVENUE FROM SERVICES PROVIDED TO THE UNINSURED IS
RECOGNIZED AT THE TIME OF PAYMENT, RATHER THAN AT THE TIME OF SERVICE.
THIS POLICY IS THE RESULT OF A LACK OF REASONABLE ASSURANCE OF COLLECTION
FOR SERVICES PROVIDED TO THE UNINSURED DUE TO THE SYSTEM'S HISTORICALLY
LOW COLLECTION RATE. MANAGEMENT HAS ESTIMATED THAT THE DIFFERENCE BETWEEN
RECORDING REVENUE FROM THE UNINSURED ON A CASH BASIS, RATHER THAN THE
ACCRUAL BASIS, IS IMMATERIAL. ACCORDINGLY, ALL ACCOUNTS RECEIVABLE FROM
THE UNINSURED HAVE BEEN FULLY RESERVED IN THE ALLOWANCE FOR UNCOMPENSATED
CARE.

Part VI Supplemental Information

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SCHEDULE H, PART III, SECTION A, LINE 2

METHODOLOGY USED IN DETERMINING BAD DEBT

THE ORGANIZATION'S TOTAL BAD DEBT EXPENSE (TOTAL OF ALL HOSPITAL FACILITIES) IS IN ACCORDANCE WITH THE ORGANIZATION'S FINANCIAL STATEMENTS, WHICH IS COMPUTED AS BAD DEBT NET OF CONTRACTUAL ALLOWANCE, PAYMENTS RECEIVED AND RECOVERIES OF BAD DEBT PREVIOUSLY WRITTEN OFF.

SCHEDULE H, PART III, SECTION A, LINE 3

ESTIMATE OF BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER ORGANIZATION'S CHARITY CARE POLICY

THE FILING ORGANIZATION RECOGNIZES THAT SOME PATIENTS ARE UNABLE OR UNWILLING TO SEEK FINANCIAL ASSISTANCE DUE TO BARRIERS SUCH AS EDUCATIONAL LEVEL, LITERACY, DOCUMENTATION REQUIREMENTS, OR BEING INTIMIDATED BY THE APPLICATION PROCESS.

IN ORDER TO ESTIMATE THE AMOUNT OF THE ORGANIZATION'S BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS WHO MAY BE ELIGIBLE FOR FINANCIAL ASSISTANCE BUT HAVE NOT SUBMITTED AN APPLICATION, THE ORGANIZATION ENGAGED PARO DECISION

Part VI Supplemental Information

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SUPPORT, LLC. PARO CHARITY SCORE IS DESIGNED TO IDENTIFY PATIENTS THAT
LIKELY QUALIFY FOR FINANCIAL ASSISTANCE BASED ON A PREDICTIVE MODEL AND
OTHER FINANCIAL AND ASSET ESTIMATES FOR THE PATIENT DERIVED FROM PUBLIC
RECORD SOURCES.

FOR THE FISCAL YEAR ENDING JUNE 30, 2011, THE ORGANIZATION REPORTED THAT
30% OF BAD DEBT EXPENSES WERE ATTRIBUTABLE TO PATIENTS WHO MAY HAVE BEEN
ELIGIBLE FOR FINANCIAL ASSISTANCE BUT WERE NOT RESPONSIVE TO THE
APPLICATION PROCESS EXISTING AT THAT TIME. THIS FIGURE WAS BASED ON THE
PARO ANALYSIS AND ESTIMATES OF PATIENTS' FINANCIAL NEEDS THAT EXAMINED
WHETHER PATIENTS WERE CHARACTERISTIC OF OTHERS WHO HISTORICALLY QUALIFIED
FOR ASSISTANCE UNDER THE TRADITIONAL APPLICATION PROCESS.

THE PRESUMPTIVE CHARITY CARE ANALYSIS PERFORMED FOR THE PRIOR FISCAL YEAR
DETERMINED A BENCHMARK OF BAD DEBT ACCOUNTS IN THE CHRISTUS HEALTH SYSTEM
THAT LACKED THE INFORMATION TO QUALIFY FOR CHARITY CARE UNDER THE FILING
ORGANIZATION'S CUSTOMARY PROCESS BUT WOULD HAVE LIKELY QUALIFIED FOR
ASSISTANCE.

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DURING THE FISCAL YEAR ENDING JUNE 30, 2019, THE ORGANIZATION UTILIZED THE PARO SCORE TO IDENTIFY THE ACCOUNTS OF INDIVIDUAL PATIENTS THAT WERE LIKELY ELIGIBLE FOR FINANCIAL ASSISTANCE DESPITE HAVING NOT COMPLETED AN APPLICATION, AND SUCH ANALYSIS DETERMINED THAT 0.56% OF SUCH ACCOUNTS WERE LIKELY ELIGIBLE FOR FINANCIAL ASSISTANCE. THE ORGANIZATION GRANTED PRESUMPTIVE ELIGIBILITY FOR THESE ACCOUNTS AND THEY WERE RECLASSIFIED UNDER OUR FINANCIAL ASSISTANCE POLICY. THE AMOUNTS WERE NOT REPORTED AS BAD DEBT.

THE AMOUNT REPORTED ON SCHEDULE H, PART III, LINE 3 IS THE DIFFERENCE BETWEEN THE PRESUMPTIVE CHARITY CARE BENCHMARK ESTABLISHED IN THE FISCAL YEAR ENDING JUNE 30, 2011 AND THE AGGREGATE OF INDIVIDUAL ACCOUNTS FOR WHICH THE ORGANIZATION GRANTED PRESUMPTIVE ELIGIBILITY IN THE FISCAL YEAR ENDING JUNE 30, 2019. THUS, THE ORGANIZATION ESTIMATES THAT ONLY 42.9% OF THE BAD DEBT EXPENSES IN FISCAL YEAR ENDING JUNE 30, 2019 ARE ATTRIBUTABLE TO PATIENTS WHO WOULD LIKELY HAVE QUALIFIED FOR FINANCIAL ASSISTANCE. IT IS IMPORTANT TO NOTE THAT THE FIGURE CALCULATED FOR FISCAL

Part VI Supplemental Information

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- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

YEAR ENDING JUNE 30, 2011 WAS ESTIMATED AND NOT EXACT, AND THEREFORE THE DIFFERENCE BETWEEN THE AMOUNTS QUALIFIED AS PRESUMPTIVE CHARITY CARE IN ANY FISCAL YEAR MAY VARY FROM THE BENCHMARK ESTABLISHED IN FISCAL YEAR ENDING JUNE 30, 2011.

SCHEDULE H, PART III, SECTION A, LINE 4

BAD DEBT EXPENSE FOOTNOTE

THE FOOTNOTE TO THE CHRISTUS HEALTH CONSOLIDATED FINANCIAL STATEMENTS SAYS, "THE PREPARATION OF THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS IN CONFORMITY WITH ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES (U.S. GAAP) REQUIRES MANAGEMENT OF THE SYSTEM TO MAKE ASSUMPTIONS, ESTIMATES, AND JUDGMENTS THAT AFFECT THE AMOUNTS REPORTED IN THE FINANCIAL STATEMENTS, INCLUDING THE NOTES THERETO, AND RELATED DISCLOSURES OF COMMITMENTS AND CONTINGENCIES, IF ANY. THE SYSTEM CONSIDERS CRITICAL ACCOUNTING POLICIES TO BE THOSE THAT REQUIRE MORE SIGNIFICANT JUDGMENTS AND ESTIMATES IN THE PREPARATION OF ITS FINANCIAL STATEMENTS, INCLUDING THE FOLLOWING: RECOGNITION OF NET PATIENT SERVICE REVENUES, WHICH INCLUDE CONTRACTUAL ALLOWANCES; AND THE PROVISIONS FOR

Part VI Supplemental Information

Provide the following information

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- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
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BAD DEBT; ESTIMATES FOR REIMBURSEMENT UNDER THE UPPER PAY LIMIT,
DISPROPORTIONATE SHARE MEDICAID 1115 WAIVER PROGRAMS; RESERVES FOR LOSSES
AND EXPENSES RELATED TO HEALTH CARE PROFESSIONAL AND GENERAL LIABILITIES;
ACCRUALS FOR CLAIMS INCURRED BUT NOT YET REPORTED RELATED TO THE SYSTEM'S
HEALTH PLANS; DETERMINATION OF FAIR VALUES OF CERTAIN FINANCIAL
INSTRUMENTS; DETERMINATION OF FAIR VALUE OF CERTAIN GOODWILL AND
LONG-LIVED ASSETS, INCLUDING ASSETS ACQUIRED; AND RISKS AND ASSUMPTIONS
FOR MEASUREMENT OF PENSION AND RETIREE MEDICAL LIABILITIES. MANAGEMENT
RELIES ON HISTORICAL EXPERIENCE AND ON OTHER ASSUMPTIONS BELIEVED TO BE
REASONABLE UNDER THE CIRCUMSTANCES IN MAKING ITS JUDGMENT AND ESTIMATES.
ACTUAL RESULTS COULD DIFFER MATERIALLY FROM THESE ESTIMATES." ACTUAL
RESULTS COULD DIFFER MATERIALLY FROM THESE ESTIMATES."

FORM 990, SCHEDULE H, PART III, LINE 8

COSTING METHODOLOGY

THE SOURCE OF INFORMATION ON LINES 5 AND 6 IS THE FYE SEPTEMBER 30, 2019
MEDICARE COST REPORT. THE REVENUES WERE DERIVED FROM COST REPORT
WORKSHEETS E PART A, E PART B AND E-3, PART III. COST INFORMATION WAS

Part VI Supplemental Information

Provide the following information

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OBTAINED BY SUMMING OF MEDICARE PART A ALLOWABLE COSTS REPORTED ON
WORKSHEET D-1, PART II (FOR BOTH INPATIENT ACUTE PPS AND INPATIENT REHAB
FACILITY) AND WORKSHEET DV, COLUMNS 5.00 THROUGH 7.00 FOR MEDICARE
OUTPATIENT PPS SERVICES. SINCE ALLOWABLE COSTS ARE NOT DETERMINED FOR
SERVICES RENDERED TO MEDICARE PATIENTS ENROLLED IN MEDICARE ADVANTAGE
(MEDICARE PART C) OR FOR PHYSICIAN SERVICES BILLED UNDER MEDICARE PART B,
NEITHER THE REVENUES OR COSTS RELATED TO THESE SERVICES HAVE BEEN
INCLUDED ON LINES 5 OR 6.

THE COST REPORT USES FINANCIAL AND STATISTICAL DATA TO DEVELOP PER DIEMS
AND COST TO CHARGE RATIOS THAT ULTIMATELY DETERMINE ALLOWABLE MEDICARE
INPATIENT AND OUTPATIENT COSTS. (NOTE: EFFECTIVE AUGUST 1, 2017, THE
LICENSE AND MEDICARE PROVIDER NUMBER OF GOOD SHEPHERD MEDICAL CENTER -
LONGVIEW AND GOOD SHEPHERD MEDICAL CENTER - MARSHALL WERE COMBINED. THIS
MERGER RESULTED IN ONE COST REPORT FOR THE COMBINED HOSPITALS.

FORM 990, SCHEDULE H, PART III, LINE 9B
COLLECTION POLICY

Part VI Supplemental Information

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IT IS THE POLICY OF THE ORGANIZATION TO PURSUE COLLECTIONS OF PATIENT BALANCES FROM PATIENTS WHO HAVE THE ABILITY TO PAY FOR THESE SERVICES. CHRISTUS HEALTH APPLIES ITS COLLECTION EFFORTS CONSISTENTLY AND FAIRLY TO ALL PATIENTS REGARDLESS OF INSURANCE. IF A PATIENT DOES NOT HAVE THE FINANCIAL RESOURCES TO PAY THEIR OUTSTANDING BALANCES, THE GOAL OF THE ORGANIZATION IS TO QUALIFY THESE PATIENTS THROUGH THE ORGANIZATION'S CHARITY POLICY OR SCREEN THE PATIENTS THROUGH ORGANIZATION'S PRESUMPTIVE CHARITY TESTS. IF THE PATIENT QUALIFIES UNDER EITHER POLICY THE ACCOUNT WILL BE WRITTEN OFF BASED UPON LEVEL OF QUALIFICATION. THESE POLICIES SUPPORT THE MISSION AND VISION OF THE ORGANIZATION AND ARE APPROVED BY SENIOR LEADERSHIP.

FORM 990, SCHEDULE H, PART VI, LINE 2

NEED ASSESSMENT

GOOD SHEPHERD MEDICAL CENTER ENGAGED BKD, LLP TO CONDUCT A FORMAL CHNA.

BKD, LLP IS ONE OF THE LARGEST CPA AND ADVISORY FIRMS IN THE UNITED STATES, WITH APPROXIMATELY 2,000 PARTNERS AND EMPLOYEES IN 34 OFFICES.

BKD SERVES MORE THAN 900 HOSPITALS AND HEALTH CARE SYSTEMS ACROSS THE

Part VI Supplemental Information

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b.
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COUNTRY. THE CHNA WAS CONDUCTED DURING THE FISCAL YEAR ENDING SEPTEMBER 30, 2016.

BASED ON CURRENT LITERATURE AND OTHER GUIDANCE FROM THE TREASURY AND THE IRS, THE FOLLOWING STEPS WERE CONDUCTED AS PART OF GOOD SHEPHERD'S CHNA:

- AN EVALUATION OF THE IMPACT OF ACTIONS TAKEN TO ADDRESS THE SIGNIFICANT HEALTH NEEDS IDENTIFIED IN THE TAX YEAR 2013 CHNA WAS COMPLETED AND AN IMPLEMENTATION STRATEGY SCORECARD WAS PREPARED TO UNDERSTAND THE EFFECTIVENESS OF GOOD SHEPHERD'S CURRENT STRATEGIES AND PROGRAMS.
- THE "COMMUNITY" SERVED BY GOOD SHEPHERD WAS DEFINED BY UTILIZING INPATIENT DATA REGARDING PATIENT ORIGIN. THIS PROCESS IS FURTHER DESCRIBED IN COMMUNITY SERVED BY THE HOSPITAL.
- POPULATION DEMOGRAPHICS AND SOCIOECONOMIC CHARACTERISTICS OF THE COMMUNITY WERE GATHERED AND REPORTED UTILIZING VARIOUS THIRD PARTIES (SEE REFERENCES IN APPENDICES). THE HEALTH STATUS OF THE COMMUNITY WAS THEN REVIEWED. INFORMATION ON THE LEADING CAUSES OF DEATH AND MORBIDITY INFORMATION WAS ANALYZED IN CONJUNCTION WITH HEALTH OUTCOMES AND FACTORS

Part VI Supplemental Information

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REPORTED FOR THE COMMUNITY BY COUNTYHEALTHRANKINGS.ORG. HEALTH FACTORS

WITH SIGNIFICANT OPPORTUNITY FOR IMPROVEMENT WERE NOTED.

- COMMUNITY INPUT WAS PROVIDED THROUGH KEY STAKEHOLDER SURVEYS. RESULTS AND FINDINGS ARE DESCRIBED IN THE KEY STAKEHOLDER SURVEY RESULTS SECTION OF THIS REPORT.

- INFORMATION GATHERED IN THE ABOVE STEPS WAS ANALYZED AND REVIEWED TO IDENTIFY HEALTH ISSUES OF UNINSURED PERSONS, LOW-INCOME PERSONS AND MINORITY GROUPS AND THE COMMUNITY AS A WHOLE. HEALTH NEEDS WERE RANKED UTILIZING A WEIGHTING METHOD THAT WEIGHS 1) THE SIZE OF THE PROBLEM, 2) THE SERIOUSNESS OF THE PROBLEM, 3) THE IMPACT OF THE ISSUES ON VULNERABLE POPULATIONS, 4) THE PREVALENCE OF COMMON THEMES AND 5) HOW IMPORTANT THE ISSUE IS TO THE COMMUNITY.

- AN INVENTORY OF HEALTH CARE FACILITIES AND OTHER COMMUNITY RESOURCES POTENTIALLY AVAILABLE TO ADDRESS THE SIGNIFICANT HEALTH NEEDS IDENTIFIED THROUGH THE CHNA WAS PREPARED AND COLLABORATIVE EFFORTS WERE IDENTIFIED. HEALTH NEEDS WERE THEN PRIORITIZED TAKING INTO ACCOUNT THE PERCEIVED DEGREE OF INFLUENCE GOOD SHEPHERD HAS TO IMPACT THE NEED AND THE HEALTH NEEDS IMPACT ON OVERALL HEALTH FOR THE COMMUNITY. INFORMATION GAPS

Part VI Supplemental Information

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IDENTIFIED DURING THE PRIORITIZATION PROCESS HAVE BEEN REPORTED.

FORM 990, SCHEDULE H, PART VI, LINE 3

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE

CHRISTUS GOOD SHEPHERD MEDICAL CENTER MAKES EVERY EFFORT TO EDUCATE PATIENTS ON ITS CHARITY AND DISCOUNT POLICY AND ABOUT THEIR ELIGIBILITY FOR ASSISTANCE UNDER FEDERAL, STATE, OR LOCAL GOVERNMENT PROGRAMS DURING REGISTRATION, PRE REGISTRATION (FOR SCHEDULED TESTS AND SURGERIES), POST REGISTRATION (DURING THEIR HOSPITALIZATION) AND FOLLOWING DISCHARGE (TELEPHONE OR WRITTEN INQUIRY) IN LANGUAGES APPROPRIATE FOR THE POPULATION BEING SERVED. PATIENTS ARE GIVEN INFORMATION AND FORMS BY A FINANCIAL COUNSELOR WHO HELPS THEM COMPLETE THE FORMS DURING THEIR INPATIENT AND OUTPATIENT VISITS. PATIENTS ARE ASKED TO BRING OR MAIL SUPPORTING DOCUMENTATION TO DETERMINE INCOME, ASSETS AND HOUSEHOLD EXPENSES. THE BUSINESS OFFICE REVIEWS THE APPLICATION BASED ON THE INFORMATION PROVIDED BY THE PATIENT. IF THE PATIENT QUALIFIES FOR CHARITY CARE OR A DISCOUNT, A NEW BILL IS GENERATED. PATIENTS WHO DO NOT PROVIDE THE REQUIRED DOCUMENTATION ARE CONSIDERED INELIGIBLE AND ARE BILLED

Part VI Supplemental Information

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ACCORDINGLY. IF THE DOCUMENTATION IS PROVIDED AT A LATER TIME, THE PATIENT MAY THEN BE DETERMINED TO BE ELIGIBLE FOR CHARITY CARE OR A DISCOUNT. DOCUMENTATION IS RETAINED BY THE BILLING OFFICE FOR SEVEN YEARS.

A PUBLIC NOTICE REGARDING THE CHARITY CARE POLICY IS POSTED IN PROMINENT PLACES THROUGHOUT THE HOSPITALS, INCLUDING BUT NOT LIMITED TO THE EMERGENCY ROOM WAITING AREAS AND THE ADMISSIONS OFFICE WAITING AREAS, AS REQUIRED BY BOTH THE STATE OF TEXAS COMMUNITY BENEFIT STANDARD (WHICH ADDRESSES THE DUTIES AND RESPONSIBILITIES OF NONPROFIT HOSPITALS) AND CHRISTUS HEALTH COMMUNITY BENEFIT GUIDELINES #050. IN ADDITION, A PUBLIC NOTICE REGARDING THE CHARITY CARE POLICY AND INFORMATION ON FINANCIAL ASSISTANCE ARE ALSO POSTED ON THE CHRISTUS HEALTH WEBSITE. THE INFORMATION ON FINANCIAL ASSISTANCE INCLUDES EXPLANATIONS ON THE AVAILABILITY OF FINANCIAL ASSISTANCE, WHO QUALIFIES, AND HOW TO APPLY FOR FINANCIAL ASSISTANCE.

Part VI Supplemental Information

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FORM 990, SCHEDULE H, PART VI, LINE 4

COMMUNITY INFORMATION

CHRISTUS GOOD SHEPHERD MEDICAL CENTER - MARSHALL IS LOCATED IN THE PINEY WOOD OF EAST TEXAS AND SERVICES A RURAL COMMUNITY WHICH INCLUDES HARRISON, NORTHERN PANOLA AND SOUTHERN MARION COUNTIES. THE POPULATION IN EACH OF THESE COUNTIES IS DIVERSE IN INCOME AND ETHNICITY. HARRISON COUNTY, ESTABLISHED IN 1839, IS LOCATED IN NORTHEASTERN TEXAS ALONG THE LOUISIANA BORDER AND COMPRISES 984 SQUARE MILES. MARSHALL, THE COUNTY SEAT IS LOCATED 152 MILES EAST OF DALLAS AND 39 MILES WEST OF SHREVEPORT.

ACCORDING TO THE 2018 CENSUS ESTIMATES, 17.3% OF HARRISON COUNTY POPULATION LIVES IN POVERTY. 16.9% OF HARRISON COUNTY RESIDENTS ARE AGE 65 OR OLDER. THE CENSUS BUREAU REPORTS THAT ONLY 18.8% OF ADULTS HOLD A COLLEGE DEGREE OR HIGHER LEVEL OF EDUCATION. EDUCATION LEVEL IMPACTS THE TYPES OF AVAILABLE JOBS AND BENEFIT LEVELS, INCLUDING HEALTHCARE COVERAGE. IN OTHER SERVICE LOCATIONS, MARION COUNTY HAS A MEDIAN ANNUAL INCOME OF \$36,938 AND 22.8% OF ITS RESIDENTS LIVE IN POVERTY. PANOLA

Part VI Supplemental Information

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COUNTY HAS A MEDIAN ANNUAL HOUSEHOLD INCOME OF \$49,704 AND 15.0% OF ITS RESIDENTS LIVE IN POVERTY. UNEMPLOYMENT IN HARRISON, PANOLA AND MARION COUNTIES IS CURRENTLY BETWEEN 3.8% TO 4.2%. IT IS CLEAR THAT WITHIN THE AREA SERVED THERE ARE MANY OBSTACLES TO OVERCOME REGARDING HEALTH CARE COVERAGE. MANY FIND IT DIFFICULT TO AFFORD THE COST OF HEALTHCARE BOTH IN BASIC PREVENTION AND IN TREATMENT OF EXISTING CONDITIONS. (SOURCE: U.S. CENSUS BUREAU & FEDERAL RESERVE BANK OF ST. LOUIS-TEXAS COUNTIES: UNEMPLOYMENT RATE)

GOOD SHEPHERD MEDICAL CENTER - LONGVIEW SERVES AN 11-COUNTY REGION INCLUDING THE FOLLOWING COUNTIES: GREGG, HARRISON, MARION, MORRIS, PANOLA, RUSK, UPSHUR, CAMP, CASS, WOOD AND TITUS. CHRISTUS GOOD SHEPHERD MEDICAL CENTERS IN LONGVIEW AND MARSHALL OFFER A TRUE SYSTEM OF HEALTHCARE THAT ENCOMPASSES THE REACH OF OUR REGION. TO MEET THE EVERYDAY HEALTHCARE NEEDS OF THE RESIDENTS IN OUR REGION, GOOD SHEPHERD HEALTH SYSTEM OPERATES FAMILY HEALTH CENTERS IN THE COMMUNITIES OF LONGVIEW, GLADEWATER, HENDERSON AND KILGORE. THE PROJECTED 2017 PRIMARY 6 COUNTIES POPULATIONS ARE GREGG 131,827, HARRISON 70,179, MARION 11,220,

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UPSHUR 43,368, RUSK 60,164 AND PANOLA 25,325 AND TOTAL 342,083. (SOURCE:

[HTTPS://WWW.DSHS.TEXAS.GOV/CHS/POPDAT/ST2017.SHTM.](https://www.dshs.texas.gov/chs/popdat/st2017.shtm))

FORM 990, SCHEDULE H, PART VI, LINE 5

PROMOTION OF COMMUNITY HEALTH

THE COMMUNITY BUILDING ACTIVITIES INCLUDE OUR WELLNESS CENTERS AND THE PROGRAMS WE OFFER IN AN ATTEMPT TO KEEP OUR COMMUNITY HEALTHY. THE WELLNESS CENTERS ARE THE HUB OF OUR PROGRAM OFFERING FITNESS AND WELLNESS PROGRAMS FOR INDIVIDUALS, FAMILIES AND BUSINESSES IN OUR COMMUNITIES, INCLUDING HOSPITAL EMPLOYEES AND THEIR FAMILIES. WE ALSO OFFER A VARIETY OF WATER AEROBICS, ADULT AEROBIC CLASSES, SENIOR EXERCISE CLASSES, SPECIALTY CLASSES SUCH AS ZUMBA, CARDIAC REHAB, ETC. WE ALSO OFFER ACUTE, CHRONIC AND PREVENTATIVE EDUCATIONAL PROGRAMS TO OUR COMMUNITY. WE ARE INVOLVED IN THE SCHOOLS WITH PRENATAL CLASSES FOR PREGNANT TEENS AND ALSO WORK WITH THE SCHOOLS ON OBESITY PROGRAMS. IN ADDITION, WE PROVIDE COMMUNITY EDUCATIONAL SERVICES AND PROGRAMS, SUCH AS CPR, CERTIFIED DIABETIC EDUCATION PROGRAMS, WOUND CARE EDUCATION AND PREVENTION, SEATBELT AWARENESS, HARD HATS FOR LITTLE HEADS BICYCLE RODEO AND SHOPPING

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CLASSES FOR PERSONS TRYING TO MODIFY DIET FOR CARDIAC REASONS OR WEIGHT LOSS. FURTHERMORE, WE OFFER HEALTH FAIRS THAT PROVIDE BASIC SCREENING EXAMS AT NO COST TO OUR COMMUNITY. OUR CASE MANAGEMENT AND SOCIAL SERVICES PROGRAM OFFERS THE AVAILABILITY OF EXTERNAL SOURCES AND PROGRAMS TO ASSIST PATIENTS AND THEIR FAMILIES, SUCH AS WIC AND OTHER GOVERNMENT AND PRIVATE PROGRAMS.

SCHEDULE H, PART VI, LINE 6

AFFILIATED HEALTH CARE SYSTEM

GOOD SHEPHERD MEDICAL CENTER - MARSHALL IS PART OF CHRISTUS HEALTH, AN INTERNATIONAL, CATHOLIC, FAITH BASED, NONPROFIT HEALTH SYSTEM COMPRISED OF ALMOST 350 SERVICES AND FACILITIES INCLUDING MORE THAN 60 HOSPITALS AND LONG TERM CARE FACILITIES, 175 CLINICS AND OUTPATIENT CENTERS, AND OTHER COMMUNITY HEALTH MINISTRIES AND COMMUNITY DEVELOPMENT VENTURES. CHRISTUS SERVICES CAN BE FOUND IN: ARKANSAS, GEORGIA, IOWA, LOUISIANA, MISSOURI, NEW MEXICO, TEXAS, AND IN SIX PROVINCES OF MEXICO, COLUMBIA AND CHILE.

Part VI Supplemental Information

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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

A COMMON MISSION, CORE VALUES, AND VISION UNITE THE HEALTH SYSTEM. EACH REGION, INCLUDING GOOD SHEPHERD MEDICAL CENTER - MARSHALL, DEVELOPS FIVE-YEAR AND TEN-YEAR STRATEGIC PLANS THAT HELP SET THE YEARLY OPERATIONAL PLANS AND BUDGETS. REGIONAL STRATEGIC GOALS ARE SET IN COLLABORATION WITH CHRISTUS HEALTH AND INCLUDE METRICS THAT WILL BE USED TO MEASURE COMMUNITY BENEFIT, CLINICAL OUTCOMES, PATIENT SATISFACTION, AND ASSOCIATE ENGAGEMENT. CHRISTUS HEALTH PROVIDES UPDATED MARKET, DEMOGRAPHICS, AND HEALTH INDICATOR DATA ON AN ANNUAL BASIS.

THE DATA SUPPLIED FROM CHRISTUS HEALTH ALONG WITH THE SYSTEM WIDE STRATEGIC INITIATIVES ARE CONSISTENT WITH THE COMMUNITY NEEDS ASSESSMENT OF THE REGION. GOOD SHEPHERD MEDICAL CENTER - MARSHALL, IN TURN, PARTNERS WITH OTHER NONPROFIT GROUPS (CHURCHES, HEALTH CARE PROVIDERS, AND GOVERNMENT AGENCIES) TO CREATE COLLABORATIONS WHERE HEALTH NEEDS CAN BE ADDRESSED AND THE GENERAL HEALTH OF INDIVIDUALS AND THE COMMUNITY IS IMPROVED.

Part VI Supplemental Information

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.)
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

FORM 990, SCHEDULE H, PART VI, LINE 7

STATE FILING OF COMMUNITY BENEFIT REPORT

A COMMUNITY BENEFIT REPORT IS PREPARED FOR THE HOSPITAL EACH YEAR AND IS
SUBMITTED ALONG WITH AN AHA SURVEY TO THE TEXAS DEPARTMENT OF STATE
HEALTH SERVICES WITH A COPY PROVIDED TO HARRISON COUNTY AND GREGG COUNTY.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

CHRISTUS GOOD SHEPHERD MEDICAL CENTER

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

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

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public
Inspection

Employer identification number

75-0974351

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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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 noncash assistance	(h) Purpose of grant or assistance
(1) WELLNESS POINTE 1107 E MARSHALL AVE LONGVIEW, TX 75601	75-2723993	501 (C) (3)	116,250				HEALTHCARE SERVICES
(2) EAST TEXAS BORDER HEALTH CLINIC P O BOX 1326 MARSHALL, TX 75671	03-0538912	501 (C) (3)	52,719				HEALTHCARE SERVICES
(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
- 3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2018)

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) 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. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

SCHEDULE I, PART I, LINE 2

PROCEDURE FOR MONITORING THE USE OF GRANT FUNDS

AFTER A NEED IS DETERMINED FOR ASSISTANCE, A REQUEST FROM THE SERVICE

ORGANIZATION OF GOOD SHEPHERD IS SUBMITTED, IDENTIFYING THE FUNDS NEEDED

FOR THE PROGRAM AND/OR PATIENT. THE REQUEST IS REVIEWED AND APPROVED BY

THE CFO BEFORE FUNDS ARE TRANSFERRED. A SERVICE LOG IS SUBMITTED TO THE

CFO TO DOCUMENT HOURS INCURRED ON PROJECTS AND SUPPORT USE OF FUNDS.

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

CHRISTUS GOOD SHEPHERD MEDICAL CENTER

Compensation Information

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

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public
Inspection

Employer identification number

75-0974351

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

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

- a Receive a severance payment or change-of-control payment?
- 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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

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

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

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

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

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

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

	Yes	No
1b		
2		
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) 2018

Schedule J (Form 990) 2018

Page **2****Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 VALERIE ALLMAN, M.D. DIRECTOR	(i) 0.	0.	0.	0.	0.	0.	0.
(ii) 284,510.	58,330.	0.	0.	8,250.	11,438.	362,528.	0.
2 KEN CUNNINGHAM SECRETARY	(i) 0.	0.	0.	0.	0.	0.	0.
(ii) 330,618.	121,087.	6,670.	0.	50,336.	21,482.	530,193.	0.
3 TODD HANCOCK GSHS PRESIDENT/CEO	(i) 0.	0.	0.	0.	0.	0.	0.
(ii) 433,569.	712,364.	25,243.	0.	180,254.	24,048.	1,375,478.	0.
4 MICHAEL CHEEK CHIEF FINANCIAL OFFICER	(i) 0.	0.	0.	0.	0.	0.	0.
(ii) 279,979.	129,463.	2,236.	0.	54,444.	19,659.	485,781.	0.
5 JASON ADAMS CHIEF OPERATING OFFICER	(i) 0.	0.	0.	0.	0.	0.	0.
(ii) 368,593.	170,346.	85,248.	0.	87,531.	25,331.	737,049.	0.
6 JOHN McDONALD, D.O. MEDICAL STAFF	(i) 0.	0.	0.	0.	0.	0.	0.
(ii) 264,947.	0.	0.	0.	7,994.	3,805.	276,746.	0.
7 RICKY A. PAUL, M.D. MEDICAL STAFF PRESIDENT	(i) 0.	0.	0.	0.	0.	0.	0.
(ii) 476,958.	9,482.	0.	0.	8,250.	17,636.	512,326.	0.
8 STEVE ALTMILLER FORMER GSHS PRESIDENT/CEO	(i) 0.	0.	0.	0.	0.	0.	0.
(ii) 0.	0.	650,000.	0.	0.	0.	650,000.	0.
9 RUSSELL J. COLLIER PRESIDENT (THRU 1/18)	(i) 0.	0.	0.	0.	0.	0.	0.
(ii) 85,400.	0.	245,218.	0.	21,263.	4,021.	355,902.	0.
10 KEITH KIRBOW CHIEF NURSING OFFICER	(i) 0.	0.	0.	0.	0.	0.	0.
(ii) 107,089.	55,156.	38,612.	0.	5,087.	18,397.	224,341.	0.
11 ORAN FERRELL VP PHYSICIAN SERVICES	(i) 0.	0.	0.	0.	0.	0.	0.
(ii) 245,688.	72,513.	6,576.	0.	26,750.	6,572.	358,099.	0.
12 ZACKARY G. LISTER CNRA	(i) 0.	0.	0.	0.	0.	0.	0.
(ii) 224,399.	0.	25,848.	0.	7,758.	10,093.	268,098.	0.
13 RICHARD L. HOLLADAY CNRA	(i) 0.	0.	0.	0.	0.	0.	0.
(ii) 217,726.	0.	32,049.	0.	0.	4,171.	253,946.	0.
14 LEE A. HOLLADAY CNRA	(i) 0.	0.	0.	0.	0.	0.	0.
(ii) 212,722.	0.	34,636.	0.	7,797.	13,596.	268,751.	0.
15 JOE P. TAIT CNRA	(i) 0.	0.	0.	0.	0.	0.	0.
(ii) 224,309.	0.	14,440.	0.	1,592.	812.	241,153.	0.
16 DANIEL D. SMITH CNRA	(i) 0.	0.	0.	0.	0.	0.	0.
(ii) 204,598.	0.	27,295.	0.	7,273.	13,513.	252,679.	0.
(iii) 0.	0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) 2018

JSA

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4926NP 1779

Schedule J (Form 990) 2018

Page **2****Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 BRADLEY KEITH CREEL VP ANCILLARY SERVICES	(i) 0. (ii) 122,248.	0.	0.	0.	0.	0.	0.
MICHAEL ADAMSON VP MISSION INTEGRATION	(i) 0. (ii) 202,774.	0.	0.	5,362.	12,637.	189,677.	0.
TERESA HALCOMB CHIEF NURSING OFFICER	(i) 0. (ii) 224,440.	65,024.	38,441.	38,404.	11,915.	356,558.	0.
SHELLY JOHNSON VP OPERATIONS	(i) 0. (ii) 195,574.	64,720.	35,156.	4,593.	10,721.	339,630.	0.
GINGER MORROW VP HUMAN RESOURCES	(i) 0. (ii) 187,364.	65,889.	7,846.	5,888.	5,619.	280,816.	0.
	(i) 0. (ii) 0.	60,569.	11,142.	22,060.	18,638.	299,773.	0.
6	(i) 0. (ii) 0.						
7	(i) 0. (ii) 0.						
8	(i) 0. (ii) 0.						
9	(i) 0. (ii) 0.						
10	(i) 0. (ii) 0.						
11	(i) 0. (ii) 0.						
12	(i) 0. (ii) 0.						
13	(i) 0. (ii) 0.						
14	(i) 0. (ii) 0.						
15	(i) 0. (ii) 0.						
16	(i) 0. (ii) 0.						

Schedule J (Form 990) 2018

JSA

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4926NP 1779

Part III Supplemental Information

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

SCHEDULE J, PART I, LINE 3

EXPLANATION OF RELATED ORGANIZATION DETERMINING EXECUTIVE DIRECTOR

COMPENSATION

THE FILING ORGANIZATION'S PRESIDENT/CEO IS AN EMPLOYEE OF CHRISTUS HEALTH, A RELATED ORGANIZATION. AS A RESULT, COMPENSATION IS ESTABLISHED AT THE CHRISTUS HEALTH LEVEL AND THE FILING ORGANIZATION DOES NOT HAVE A ROLE IN IMPLEMENTING THE METHODS USED TO ESTABLISH COMPENSATION OR IN DETERMINING THE PRESIDENT/CEO COMPENSATION. CHRISTUS HEALTH USES AN EXECUTIVE COMPENSATION COMMITTEE TO ESTABLISH AND APPROVE THE COMPENSATION OF THE FILING ORGANIZATION'S CEO/EXECUTIVE DIRECTOR. THIS COMMITTEE USES AN INDEPENDENT COMPENSATION CONSULTANT WHO PERFORMS BI-ANNUAL COMPENSATION SURVEY.

FORM 990, SCHEDULE J, PART I, LINE 4A

SEVERANCE PAMENTS

THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE PAYMENTS:

STEVE ALTMILLER	\$650,000
RUSSELL COLLIER	\$232,712
RAY DELK	\$ 24,769

Schedule J (Form 990) 2018

Page 3

Part III Supplemental Information

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

KEITH KIRBOW \$ 34,296

SCHEDULE J, PART I, LINE 4B**SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN**

DEFERRED COMPENSATION INCLUDES EXECUTIVE DEFERRED INCOME ACCOUNT, SUPPLEMENTAL EXECUTIVE RETIREMENT AND RETENTION PLAN, AND PENSION RESTORATION PLAN. ESTIMATED PENSION BENEFITS WERE CALCULATED BASED ON THE PROVISIONS OF THE CURRENT PENSION RESTORATION PLAN AT 6% OF PENSIONABLE EARNINGS WHICH ARE OVER THE IRS LEGISLATIVE COMPENSATION LIMIT. SOME ASSOCIATES ARE GRANDFATHERED UNDER AN EARLIER LEGACY PENSION PLAN. IF A PARTICIPANT HAS PROTECTED PENSION BENEFITS UNDER SUCH LEGACY PLANS, HIS/HER PERCENTAGE IS ZERO UNDER THE SUPPLEMENTAL EXECUTIVE RETIREMENT AND RETENTION PLAN, AS THE PROTECTED BENEFIT IS ALREADY EQUAL TO OR BETTER THAN CURRENT MARKET.

SUPPLEMENTAL COMPENSATION INFORMATION

FORM 990, SCHEDULE J, PART II

W-2 COMPENSATION MAY INCLUDE PAYMENTS RELATED TO COMPENSATION DEFERRED IN

PRIOR YEARS. DEFERRED COMPENSATION MAY INCLUDE DEFERRALS OF CURRENT YEAR

Schedule J (Form 990) 2018

JSA

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Part III Supplemental Information

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

COMPENSATION UNDER EXECUTIVE DEFERRED INCOME ACCOUNT, SUPPLEMENTAL
EXECUTIVE RETIREMENT AND RETENTION PLAN AND PENSION RESTORATION PLAN.

SUPPLEMENTAL COMPENSATION INFORMATION

FORM 990, SCHEDULE J, PART II, COLUMN B (II)

BONUS AND INCENTIVE COMPENSATION MAY INCLUDE AMOUNTS THAT WERE DEFERRED
IN A PRIOR YEAR BUT PAID OUT IN CALENDAR YEAR 2018.

DEFERRED COMPENSATION

FORM 990, SCHEDULE J, PART II, COLUMN C

DEFERRED COMPENSATION INCLUDES EXECUTIVE DEFERRED INCOME ACCOUNT,
SUPPLEMENTAL EXECUTIVE RETIREMENT AND RETENTION PLAN, EMPLOYER
CONTRIBUTION TO 403(B) MATCHED SAVINGS PLAN, PENSION RESTORATION PLAN AND
ESTIMATED PENSION BENEFITS UNDER CHRISTUS HEALTH CASH BALANCE PLAN.
ESTIMATED PENSION BENEFITS WERE CALCULATED BASED ON THE PROVISIONS OF THE
CURRENT CASH BALANCE PLAN AT 6% OF PENSIONABLE EARNINGS. SOME ASSOCIATES
ARE GRANDFATHERED UNDER AN EARLIER PENSION PLAN. THESE GRANDFATHERED
PARTICIPANTS, BASED ON COMPUTATION AT THE TIME OF THEIR RETIREMENT, WILL

Part III Supplemental Information

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

RECEIVE THE LARGER OF THE RETIREMENT BENEFIT COMPUTED UNDER THE CASH
BALANCE PLAN COMPARED TO THE PREVIOUS PENSION PLAN. DUE TO THE COMPLEXITY
OF CALCULATING AN ACCURATE BENEFIT COST FOR GRANDFATHERED PARTICIPANTS,
THE FORM 990 REPORTS AS PENSION BENEFITS THEIR ANNUAL ESTIMATED CASH
BALANCE PLAN ACCRUAL.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

CHRISTUS GOOD SHEPHERD MEDICAL CENTER

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018

**Open to Public
Inspection**

Employer identification number

75-0974351

FORM 990, PART I, ITEM C

DOING BUSINESS AS

CHRISTUS GOOD SHEPHERD MEDICAL CENTER OPERATES UNDER THE FOLLOWING

NAMES:

CHRISTUS GOOD SHEPHERD BREAST CENTER

CHRISTUS GOOD SHEPHERD HEALTHY LIVING SPA

CHRISTUS GOOD SHEPHERD MEDICAL CENTER - LONGVIEW

CHRISTUS GOOD SHEPHERD MEDICAL CENTER - MARSHALL

CHRISTUS GOOD SHEPHERD SURGERY CENTER

GOOD SHEPHERD OCCUPATIONAL MEDICINE

MARSHALL LIFE CENTER

WOUND HEALING CENTER - MARSHALL (FOR CLIA REGISTRATION ONLY)

FORM 990, PART VI, SECTION A, LINE 1A

DELEGATION OF AUTHORITY

THE EXECUTIVE COMMITTEE SHALL HAVE THE AUTHORITY OF THE BOARD TO TRANSACT

ALL REGULAR BUSINESS OF THE CORPORATION BETWEEN MEETINGS OF THE BOARD.

FORM 990, PART VI, SECTION A, LINE 2

RICHARD HOLLADAY AND LEE ALLEN HOLLADAY HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 6

MEMBERS OR STOCKHOLDERS

Name of the organization

CHRISTUS GOOD SHEPHERD MEDICAL CENTER

Employer identification number

75-0974351

THE SOLE MEMBER OF THE ORGANIZATION IS GOOD SHEPHERD HEALTH SYSTEM, INC.

FORM 990, PART VI, SECTION A, LINE 7A

GOOD SHEPHERD HEALTH SYSTEM, INC., THE SOLE CORPORATE MEMBER OF THE FILING ORGANIZATION, HAS THE POWER TO APPOINT ALL MEMBERS OF THE FILING ORGANIZATION'S GOVERNING BODY.

FORM 990, PART VI, LINE 7B

DESCR CLASSES OF PERSONS, DECISIONS REQUIRING APPR & TYPE OF VOTING RIGHTS

A NUMBER OF DECISIONS OF THE ORGANIZATION ARE SUBJECT TO APPROVAL OF THE MEMBER OF THE ORGANIZATION. THESE RESERVED POWERS ARE STATED BELOW:

A. THE APPOINTMENT OF ONE MEMBER OF THE ORGANIZATION'S BOARD OF DIRECTORS, AND THE APPROVAL OF THE REMAINING DIRECTORS FOLLOWING THE NOMINATION PROCESS AND SUBJECT TO THE PROVISIONS GOVERNING STAFF DIRECTOR;

B. THE REMOVAL OF A MEMBER OF THE ORGANIZATION'S BOARD AND ALSO THE APPROVAL OF REMOVAL AND APPOINTMENTS TO FILL VACANCIES ON THE BOARD AND SET THE SIZE OF THE BOARD;

C. APPROVE THE ELECTION AND REMOVAL OF OFFICERS OF THE ORGANIZATION AND ESTABLISH, TERMINATE, AND/OR REVISE ALL EMPLOYMENT CONTRACTS, COMPENSATION, AND BENEFIT PACKAGES OF THE OFFICERS OF THE ORGANIZATION REGARDLESS OF WHICH ENTITY ACTUALLY PAYS SUCH COMPENSATION OR BENEFITS;

D. DESIGNATE THE FISCAL YEAR;

E. APPROVE THE SELECTION AND REMOVAL OF INDEPENDENT AUDITORS, OUTSIDE

Name of the organization	Employer identification number
CHRISTUS GOOD SHEPHERD MEDICAL CENTER	75-0974351

GENERAL LEGAL COUNSEL, AND OUTSIDE INVESTMENT ADVISORS;

F. AMEND THE ARTICLES OF INCORPORATION;

G. APPROVE ALL MERGERS, ACQUISITIONS, CONSOLIDATIONS, OR AFFILIATIONS WITH OTHER ENTITIES, THE SALE OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF THE CORPORATION, OR THE SALE, MORTGAGE, OR ENCUMBRANCE OF ANY REAL PROPERTY OWNED BY THE CORPORATION;

H. APPROVE THE DISSOLUTION OR LIQUIDATION OF THE ORGANIZATION;

I. APPROVE CAPITAL PLANS, STRATEGIC PLANS, AND ANNUAL OPERATING AND CAPITAL BUDGETS;

J. APPROVE ANY EXCEPTION TO THE CAPITAL BUDGET FOR A SINGLE ITEM OR RELATED ITEM THAT EXCEEDS \$100,000 AND/OR APPROVE ANY AGGREGATE ANNUAL EXPENDITURES THAT EXCEEDS THE BUDGET BY \$50,000;

K. SELECT OFFICIAL DEPOSITORIES FOR THE ORGANIZATION'S FUNDS;

L. CREATE OR INVEST IN ANY SUBSIDIARY ENTITY OR ENTER INTO ANY PARTNERSHIP OR JOINT VENTURE;

M. AUTHORIZE ANY LOANS, GUARANTEES, OR INCURRENCE OF DEBT;

N. AUTHORIZE THE COMMENCEMENT OF ANY LITIGATION OR OTHER LEGAL PROCEEDING, OR THE SETTLEMENT, DISPOSITION, OR TERMINATION OF ANY SUCH LITIGATION OR OTHER LEGAL PROCEEDING OR OF ANY CLAIM OR THREAT OF LITIGATION OR OTHER LEGAL PROCEEDING NOT FULLY COVERED BY INSURANCE; AND

O. APPROVE THE ADMISSION OF ADDITIONAL MEMBERS OF THE ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 11B

PROCESS TO REVIEW FORM 990

THE FORM 990 IS PREPARED AND REVIEWED BY THE ORGANIZATION'S EXTERNAL INDEPENDENT ACCOUNTANTS. THE CHRISTUS HEALTH ACCOUNTING DEPARTMENT WORKS

Name of the organization

CHRISTUS GOOD SHEPHERD MEDICAL CENTER

Employer identification number

75-0974351

WITH AN EXTERNAL ACCOUNTING FIRM IN PERPARATION AND REVIEW OF THE FORM

990. THE FILING ORGANIZATION'S CFO, OR OTHER DESIGNEE, REVIEWS THE FORM

990.

THE FINAL FORM 990 THAT WILL BE FILED WITH THE IRS IS POSTED TO A SECURE
INTERNET PORTAL FOR ALL MEMBERS OF THE BOARD OF DIRECTORS TO VIEW. REVIEW
OF THE FINAL FORM 990 OCCURS PRIOR TO FILING WITH THE IRS IN THE SPRING
2020 VIA EITHER MEETING, CONFERENCE CALL OR WEB PORTAL POLLING TOOL BY
THE RESPECTIVE CHRISTUS ORGANIZATION'S BOARD, BASED ON A SET OF SUGGESTED
REVIEW PROCESSES DEVELOPED BY CHRISTUS HEALTH.

FORM 990, PART VI, LINE 12C

DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST
AT THE END OF EACH CALENDAR YEAR, THE CHRISTUS HEALTH CORPORATE SECRETARY
DISTRIBUTES A CONFLICT OF INTEREST QUESTIONNAIRE TO ALL OF THE
ORGANIZATION'S BOARD AND COMMITTEE MEMBERS FOR COMPLETION PRIOR TO THE
1ST OF JANUARY IN THE NEXT YEAR. THE CORPORATE SECRETARY THOROUGHLY
REVIEWS ALL COMPLETED AND EXECUTED CONFLICT OF INTEREST QUESTIONNAIRE
FORMS TO ENSURE ACCURACY AND THAT NO POTENTIAL OR IDENTIFIED CONFLICT IS
DISCLOSED OR EXISTS.

THE ORGANIZATION'S BOARD OF DIRECTORS IS RESPONSIBLE FOR ENFORCEMENT OF
THE CONFLICT OF INTEREST POLICY OF THE ORGANIZATION.

FORM 990, PART VI, LINE 15A

COMPENSATION DETERMINATION PROCESS

Name of the organization

CHRISTUS GOOD SHEPHERD MEDICAL CENTER

Employer identification number

75-0974351

THE EXECUTIVE DIRECTOR OF THE FILING ORGANIZATION IS PAID BY A RELATED ORGANIZATION; THEREFORE, THE FILING ORGANIZATION WAS NOT INVOLVED IN THE PROCESS OF DETERMINING COMPENSATION FOR THE EXECUTIVE DIRECTOR OF THE FILING ORGANIZATION. THE RELATED ORGANIZATION DETERMINES THE COMPENSATION OF THE EXECUTIVE DIRECTOR OF THE FILING ORGANIZATION BY USE OF AN INDEPENDENT AND EXTERNAL CONSULTANT. THE CONSULTANT HELPS DETERMINE PAY RATES FOR THE ASSOCIATES OF THE RELATED ORGANIZATION, TAKING INTO ACCOUNT MARKET DATA AND SHIFT DIFFERENTIAL. THE COMPENSATION RATES ARE APPROVED BY THE RELATED ORGANIZATION. BASED ON THE AFOREMENTIONED PROCEDURE, THE EXECUTIVE DIRECTOR'S COMPENSATION IS NOT REVIEWED BY A COMPENSATION COMMITTEE. THE EXECUTIVE DIRECTOR'S SALARY IS SPLIT BETWEEN THE FILING ORGANIZATION AND THE RELATED ORGANIZATION.

FORM 990, PART VI, LINE 19

AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY, & FIN STMTS TO GEN PUBLIC
THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF CHRISTUS HEALTH ARE MADE AVAILABLE TO THE PUBLIC VIA THE CHRISTUS HEALTH WEBSITE. THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT MADE AVAILABLE TO THE PUBLIC.

FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS

CONTRIBUTED CAPITAL	-\$ 71,661,359
CHANGES IN CAPITAL FROM DISCONTINUED OPS	\$ 15,343,191
CHANGES IN UNRESTRICTED NET ASSETS	\$ 77,735,351
PURCHASE ACCOUNTING ADJUSTMENT	-\$ 4,162,027

Name of the organization

CHRISTUS GOOD SHEPHERD MEDICAL CENTER

Employer identification number

75-0974351

INVESTMENT IN FOUNDATION (RESTRICTED) \$ 211,223

INVESTMENT IN FOUNDATION (UNRESTRICTED) \$ 164,360

TOTAL \$ 17,630,739

ATTACHMENT 1FORM 990, PART III - PROGRAM SERVICE, LINE 4A

HELPING PREPARE FUTURE HEALTHCARE PROFESSIONALS IS A DISTINGUISHING CHARACTERISTIC OF NONPROFIT HOSPITALS AND CONSTITUTES A SIGNIFICANT COMMUNITY BENEFIT. CHRISTUS GOOD SHEPHERD MEDICAL CENTER ASSISTS IN THE EDUCATION OF HEALTHCARE PROFESSIONALS BY PROVIDING RESIDENCIES FOR PHYSICIANS. WE TRAINED 35 INTERNAL MEDICINE RESIDENT DURING THE FISCAL PERIOD ENDED 06/30/19. TOTAL DIRECT COST (RESIDENT STIPENDS AND BENEFITS AND OTHER CHARGES FROM THE ACADEMIC PROGRAM SPONSOR) PLUS OVERHEAD ALLOCATIONS ON THE COST REPORT TOTALED \$3,539,641 WITH OFFSETTING MEDICARE PAYMENTS OF \$1,286,799.

EACH YEAR CHRISTUS GOOD SHEPHERD MEDICAL CENTER ASSISTS IN THE EDUCATION OF NURSES AND ALLIED HEALTHCARE PROFESSIONALS BY PROVIDING CLINICAL SETTINGS AND INTERNSHIPS FOR NURSES, PHYSICAL THERAPISTS, SPEECH THERAPISTS, RESPIRATORY THERAPISTS, EMT, AND LAB. EDUCATION IS PROVIDED AT BOTH THE LONGVIEW AND MARSHALL CAMPUSES. IN THE FISCAL PERIOD ENDED 06/30/19, CHRISTUS GOOD SHEPHERD HELPED TRAIN 4,044 STUDENTS AT A COST OF \$283,055.

DURING TAX YEAR 2016 GOOD SHEPHERD MEDICAL CENTER - MARSHALL ENTERED INTO THREE YEAR TERM AFFILIATION AGREEMENTS WITH A LOCAL

Name of the organization

CHRISTUS GOOD SHEPHERD MEDICAL CENTER

Employer identification number

75-0974351

ATTACHMENT 1 (CONT'D)

FEDERALLY QUALIFIED HEALTH CENTER (FQHC). THE PURPOSE OF THESE AGREEMENTS IS TO PROVIDE ACCESSIBLE, HIGH QUALITY HEALTH CARE SERVICES, AS WELL AS UNCOMPENSATED CARE FOR PATIENTS WITH LITTLE OR NO INSURANCE, WHILE PROMOTING GENERAL PUBLIC HEALTH AND IMPROVING THE HEALTH STATUS OF CITIZENS LIVING IN MARSHALL, TEXAS. AS PART OF THESE AGREEMENTS, GSMC - MARSHALL MADE GRANTS TO COVER OPERATING SHORTFALLS OF FAMILY PRACTICE AND PEDIATRIC CLINICS OF FQHC OPERATED CLINICS IN MARSHALL. CASH CONTRIBUTIONS TALLING \$52,718 WERE MADE TO THE FQHC DURING THE CURRENT TAX YEAR TO COVER SUCH LOSSES. IN TAX YEAR 2017 A GRANT AGREEMENT WAS MADE WITH A LONGVIEW FQHC TO PROVIDE GRANTS TO PROVIDE COST EFFECTIVE WOMEN AND CHILDREN'S SERVICES AND UNCOMPENSATED CARE FOR PATIENTS WITH LITTLE OR NO INSURANCE. PAYMENTS OF \$116,250 WERE MADE TO THE LONGVIEW FQHC DURING THE CURRENT YEAR. (THE AFFILIATIONS WITH THE FQHC'S HELPED TO ADDRESS COMMUNITY NEED #3 "AFFORDABLE PRIMARY AND PREVENTIVE CARE OPTIONS" AND NEED #10 "UNINSURED/LIMITED INSURANCE DUE TO LACK OF MEDICAID EXPANSION OR HIGH DEDUCTIBLE PLANS".)

ATTACHMENT 2990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
GAHC 3 EAST TEXAS MOB 18191 VON KARMAN AVE STE 300 IRVINE, CA 92612-7106	BUILDING SERVICES	4,737,717.
HHS ENVIRONMENTAL SERVICES, LLC 12495 SILVER CREEK RD. DRIPPINGS SPRINGS, TX 78620	JANITORIAL	1,454,846.

Name of the organization

Employer identification number

CHRISTUS GOOD SHEPHERD MEDICAL CENTER

75-0974351

ATTACHMENT 2 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
HGR GENERAL CONTRACTORS LP 13244 COUNTRY ROAD 285 TYLER, TX 75707	GENERAL CONTRACTING	842,913.
GOOD SHEPHERD NORTH PARK LP 700 E. MARSHALL AVE LONGVIEW, TX 75601-5580	BUILDING SERVICES	662,308.
STORER EQUIPMENT COMPANY LTD 504 WEST 67TH STREET SHREVEPORT, LA 71106	BUILDING SERVICES	659,136.

ATTACHMENT 3FORM 990, PART IX - OTHER FEES

<u>DESCRIPTION</u>	<u>(A) TOTAL FEES.</u>	<u>(B) PROGRAM SERVICE EXP.</u>	<u>(C) MANAGEMENT AND GENERAL</u>	<u>(D) FUNDRAISING EXPENSES</u>
PHYSICIAN FEES	23,348,439.	23,169,957.	177,418.	1,064.
IT SERVICES	3,113,805.	2,496,119.	617,686.	0.
MAINTENANCE SERVICE	689,337.	689,337.	0.	0.
OTHER FEES	9,777,246.	7,937,180.	1,833,445.	6,621.
TOTALS	<u>36,928,827.</u>	<u>34,292,593.</u>	<u>2,628,549.</u>	<u>7,685.</u>

SCHEDULE R
(Form 990)**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

Department of the Treasury
Internal Revenue Service

Name of the organization

CHRISTUS GOOD SHEPHERD MEDICAL CENTER

▶ Go to www.irs.gov/Form990 for instructions and the latest information.**2018**
Open to Public
Inspection

OMB No 1545-0047

Employer identification number

75-0974351

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	MARSHALL HEALTH SERVICES, INC 700 E MARSHALL AVE LONGVIEW, TX 75601 75-2580686	HEALTHCARE	TX	501(C)(3)	3	CTMEHS	X	
(2)	MARSHALL HOSPITAL FOUNDATION 811 S WASHINGTON AVE MARSHALL, TX 75670 75-2605699	HEALTHCARE	TX	501(C)(3)	7	GSMC	X	
(3)	THE GOOD SHEPHERD HOSPITAL INC 700 E MARSHALL AVE LONGVIEW, TX 75601 75-1041154	HEALTHCARE	TX	501(C)(3)	3	GSHS INC	X	
(4)	GSHS ADMINISTRATIVE SERVICES ORG INC 700 E MARSHALL AVE LONGVIEW, TX 75601 86-1132471	ADMIN SUPPORT	TX	501(C)(3)	12A	GSHS INC	X	
(5)	GOOD SHEPHERD MEDICAL CENTER - LINDEN, I 700 E MARSHALL AVE LONGVIEW, TX 75601 01-0829282	HEALTH SVCS	TX	501(C)(3)	3	GSHS INC	X	
(6)	GSMC - LINDEN FOUNDATION, INC 404 N KAUFMAN STREET LINDEN, TX 75563 20-0845127	SUPPORT	TX	501(C)(3)	12A	GSHS INC	X	
(7)	CHRISTUS HEALTH 919 HIDDEN RIDGE DRIVE IRVING, TX 75038 76-0590551	SUPT HLTH SVC	TX	501(C)(3)	10	N/A		X

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

Schedule R (Form 990) 2018

SCHEDULE R
(Form 990)Department of the Treasury
Internal Revenue Service**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018Open to Public
Inspection

Name of the organization

CHRISTUS GOOD SHEPHERD MEDICAL CENTER

Employer identification number

75-0974351

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) GOOD SHEPHERD FOUNDATION 700 E MARSHALL AVE LONGVIEW, TX 75601 75-2056700	SUPPORT	TX	501(C)(3)	12A	GSHS INC		X
(2) GOOD SHEPHERD HEALTH SYSTEM, INC 700 E MARSHALL AVE LONGVIEW, TX 75601 75-2027157	HLTHCARE SVCS	TX	501(C)(3)	12B	CH		X
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2018

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) GSHS CUSTOMER SERVICE BUILDING SEE PART VII	CUSTOMER SERV	TX	GSHS INC								X	
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) GSHS ENTERPRISES, INC 700 E MARSHALL AVE LONGVIEW, TX 75601	HEALTHCARE	TX	GSHS INC	C CORP					X
(2) GS PHYSICIAN SERVICES, INC 700 E MARSHALL AVE LONGVIEW, TX 75601	MEDICAL SERVICES	TX	GSHS ENTERPRISE	C CORP					X
(3) MARSHALL PHYSICIAN HOSPITAL ORGANIZATION 700 E MARSHALL AVE LONGVIEW, TX 75601	INACTIVE	TX	GSHS INC	C CORP					X
(4) GSHS CUSTOMER SERVICE BUILDING, LLC 700 E MARSHALL AVE LONGVIEW, TX 75601	CUSTOMER SERVICES	DE	GSHS INC	LLC					X
(5) GOOD SHEPHERD HEALTH NETWORK 700 E MARSHALL AVE LONGVIEW, TX 75601	INACTIVE	TX	GSH INC	C CORP	0	0	100.0000	X	
(6) SERVICE ORGANIZATION OF GOOD SHEPHERD 700 E MARSHALL AVE LONGVIEW, TX 75601	MEDICAL SERVICES	TX	GSHS INC	C CORP					X
(7)									

Schedule R (Form 990) 2018

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		1a X
b Gift, grant, or capital contribution to related organization(s)		1b X
c Gift, grant, or capital contribution from related organization(s)		1c X
d Loans or loan guarantees to or for related organization(s)		1d X
e Loans or loan guarantees by related organization(s)		1e X
f Dividends from related organization(s)		1f X
g Sale of assets to related organization(s)		1g X
h Purchase of assets from related organization(s)		1h X
i Exchange of assets with related organization(s)		1i X
j Lease of facilities, equipment, or other assets to related organization(s)		1j X
k Lease of facilities, equipment, or other assets from related organization(s)		1k X
l Performance of services or membership or fundraising solicitations for related organization(s)		1l X
m Performance of services or membership or fundraising solicitations by related organization(s)		1m X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		1n X
o Sharing of paid employees with related organization(s)		1o X
p Reimbursement paid to related organization(s) for expenses		1p X
q Reimbursement paid by related organization(s) for expenses		1q X
r Other transfer of cash or property to related organization(s)		1r X
s Other transfer of cash or property from related organization(s)		1s X

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	CHRISTUS TRINITY MOTHER FRANCES HEALTH SYSTEM	L	978,936.	ACCRUAL
(2)	TRINITY CLINIC	L	18,666,512.	ACCRUAL
(3)	GOOD SHEPHERD FOUNDATION	C	357,025.	ACCRUAL
(4)	TRINITY MOTHER FRANCES HEALTH CARE CENTER	L	329,112.	ACCRUAL
(5)				
(6)				

Schedule R (Form 990) 2018

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Schedule R (Form 990) 2018

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

SCHEDULE R, PART III

GSHS CUSTOMER SERVICE BUILDING I, LTD.

EIN: 02-0636726

ADDRESS: 700 E. MARSHALL AVE., LONGVIEW, TX 75601