

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form **990** (2019)

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

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** 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 \$ 380,813,072 including grants of \$ 161,512 ) (Revenue \$ 446,973,256 )  
See Additional Data





**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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

**4e** Total program service expenses ▶ 380,813,072

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	<b>1</b> Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	<b>2</b> Yes	
<b>3</b> 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	<b>3</b>	No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	<b>4</b>	No
<b>5</b> 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	<b>5</b>	No
<b>6</b> 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 	<b>6</b>	No
<b>7</b> 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 	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	<b>8</b>	No
<b>9</b> 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 	<b>9</b>	No
<b>10</b> 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 	<b>10</b>	No
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	<b>11a</b> Yes	
<b>b</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 	<b>11b</b>	No
<b>c</b> 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 	<b>11c</b>	No
<b>d</b> 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 	<b>11d</b>	No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	<b>11e</b> Yes	
<b>f</b> 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 	<b>11f</b> Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	<b>12a</b>	No
<b>b</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 	<b>12b</b> Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	No
<b>b</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	<b>14b</b>	No
<b>15</b> 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	<b>15</b>	No
<b>16</b> 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	<b>16</b>	No
<b>17</b> 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)	<b>17</b>	No
<b>18</b> 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	<b>18</b>	No
<b>19</b> 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	<b>19</b>	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 	<b>20a</b> Yes	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	<b>20b</b> Yes	
<b>21</b> 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 	<b>21</b> Yes	

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
<b>22</b>	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 . . . . .	<b>22</b>	No
<b>23</b>	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 . . . . .	<b>23</b>	Yes
<b>24a</b>	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 . . . . .	<b>24a</b>	No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>	
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>	
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>	
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .	<b>25a</b>	No
<b>b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .	<b>25b</b>	No
<b>26</b>	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II . . . . .	<b>26</b>	No
<b>27</b>	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III . . . . .	<b>27</b>	No
<b>28</b>	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):		
<b>a</b>	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV . . . . .	<b>28a</b>	No
<b>b</b>	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV . . . . .	<b>28b</b>	No
<b>c</b>	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV . . . . .	<b>28c</b>	No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .	<b>29</b>	No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .	<b>30</b>	No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .	<b>31</b>	No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .	<b>32</b>	No
<b>33</b>	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 . . . . .	<b>33</b>	No
<b>34</b>	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 . . . . .	<b>34</b>	Yes
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>	Yes
<b>b</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 . . . . .	<b>35b</b>	Yes
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .	<b>36</b>	No
<b>37</b>	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 . . . . .	<b>37</b>	No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	<b>38</b>	Yes

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V . . . . . ☐

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	<b>1a</b>	84
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	<b>1b</b>	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	Yes

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

Form **990** (2019)

**Part VI**

**Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b> 13		
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>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b> 12		
<b>2</b> 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?	<b>2</b>		No
<b>3</b> 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?	<b>3</b>		No
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		No
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		No
<b>6</b> Did the organization have members or stockholders?	<b>6</b>	Yes	
<b>7a</b> 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?	<b>7a</b>	Yes	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>	Yes	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body?	<b>8a</b>	Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	Yes	
<b>9</b> 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	<b>9</b>		No

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>		No
<b>b</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?	<b>10b</b>		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>	Yes	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b>	Yes	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>	Yes	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12c</b>	Yes	
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>	Yes	
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>	Yes	
<b>15</b> 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?			
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b>	Yes	
<b>b</b> Other officers or key employees of the organization	<b>15b</b>	Yes	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>		No
<b>b</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?	<b>16b</b>		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed

**18** Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records:  
 MICHAEL CHEEK 700 E MARSHALL AVE LONGVIEW, TX 75601 (903) 315-1814

## Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

[illegible]

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

[illegible]

<b>1b Sub-Total</b>			
<b>c Total from continuation sheets to Part VII, Section A</b>			
<b>d Total (add lines 1b and 1c)</b>	1,313,590	5,206,852	740,006

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 ► 128

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

## Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
STRYKER SALES CORPORATION, 1901 REMENCE ROAD PARKWAY PORTAGE, MI 49002	MEDICAL EQUIPMENT	4,158,944
HGR GENERAL CONTRACTORS LP, 13244 CR 285 TYLER, TX 75707	GENERAL CONTRACTING	1,976,444
SIEMENS MEDICAL SOLUTIONS USA INC, 51 VALLEY STREAM PARKWAY MALVERN, PA 19355	HEALTHCARE SERVICES	1,788,151
CANON MEDICAL SYSTEMS INC, 2441 MICHELLE DRIVE TUSTIN, CA 92780	IMAGING SERVICES	1,374,664
UNIVERSAL TIME EQUIPMENT CO, PO BOX 7279 TYLER, TX 75711	SECURITY SERVICES	1,288,320

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 21



Form 990 (2019)		Page 9					
Part VIII		Statement of Revenue					
Check if Schedule O contains a response or note to any line in this Part VIII . . . . . <input type="checkbox"/>							
		(A)	(B)	(C)	(D)		
		Total revenue	Related or exempt function revenue	Unrelated business revenue	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	233,420				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	0				
	g Noncash contributions included in lines 1a - 1f:\$	1g					
	h Total. Add lines 1a-1f . . . . . ▶		233,420				
Program Service Revenue	2a NET PATIENT REVENUE	Business Code					
		621990	438,028,264	437,197,681	830,583		
	b COMMUNITY BENEFIT REVENUE	624200	6,671,735	6,671,735	0		
	c LIFE WELLNESS CENTER	713940	2,175,150	1,976,908	198,242		
	d PHARMACY REVENUE	446110	98,107	98,107	0		
	e						
	f All other program service revenue.						
g Total. Add lines 2a-2f. . . . . ▶		446,973,256					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		8,761	0	0	8,761	
	4 Income from investment of tax-exempt bond proceeds ▶		0				
	5 Royalties . . . . . ▶		0				
	6a Gross rents	(i) Real	(ii) Personal				
		6a	1,024,764				
		b Less: rental expenses	6b	18,977			
		c Rental income or (loss)	6c	1,005,787	0		
	d Net rental income or (loss) . . . . . ▶		1,005,787		1,005,787		
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		7a		16,145			
		b Less: cost or other basis and sales expenses	7b				
		c Gain or (loss)	7c		16,145		
	d Net gain or (loss) . . . . . ▶		16,145		16,145		
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . .	8a	0				
		b Less: direct expenses . . . . .	8b	0			
		c Net income or (loss) from fundraising events . . . . . ▶		0			
	9a Gross income from gaming activities. See Part IV, line 19 . . . . .	9a	0				
		b Less: direct expenses . . . . .	9b	0			
		c Net income or (loss) from gaming activities . . . . . ▶		0			
	10aGross sales of inventory, less returns and allowances . . . . .	10a	0				
		b Less: cost of goods sold . . . . .	10b	0			
		c Net income or (loss) from sales of inventory . . . . . ▶		0			
Miscellaneous Revenue		Business Code					
11aINTERCOMPANY REVENUE		900099	5,826,170	0	0	5,826,170	
b GIFT SHOP & FOOD SERVICE		722221	256,891	0	0	256,891	
c OTHER REVENUE		900099	1,769,573	0	0	1,769,573	
d All other revenue . . . . .							
e Total. Add lines 11a-11d . . . . . ▶		7,852,634					
12 Total revenue. See instructions . . . . . ▶		456,090,003		445,944,431	1,028,825	8,883,327	

Form 990 (2019)

**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 ☒

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	161,512	161,512		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .	0			
<b>4</b> Benefits paid to or for members . . . . .	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	104,125	84,787	19,319	19
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
<b>7</b> Other salaries and wages . . . . .	127,223,737	103,595,724	23,604,687	23,326
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	2,486,731	2,024,784	461,469	478
<b>9</b> Other employee benefits . . . . .	18,126,839	14,759,832	3,363,586	3,421
<b>10</b> Payroll taxes . . . . .	7,984,506	6,501,145	1,481,802	1,559
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	0			
<b>b</b> Legal . . . . .	0			
<b>c</b> Accounting . . . . .	0			
<b>d</b> Lobbying . . . . .	0			
<b>e</b> Professional fundraising services. See Part IV, line 17	0			
<b>f</b> Investment management fees . . . . .	0			
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	49,587,821	45,356,753	4,215,335	15,733
<b>12</b> Advertising and promotion . . . . .	0			
<b>13</b> Office expenses . . . . .	48,547,167	39,543,014	8,997,650	6,503
<b>14</b> Information technology . . . . .	0			
<b>15</b> Royalties . . . . .	0			
<b>16</b> Occupancy . . . . .	13,421,332	10,932,255	2,487,321	1,756
<b>17</b> Travel . . . . .	207,831	168,876	38,845	110
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
<b>19</b> Conferences, conventions, and meetings . . . . .	0			
<b>20</b> Interest . . . . .	6,124,897	4,198,300	1,926,597	0
<b>21</b> Payments to affiliates . . . . .	0			
<b>22</b> Depreciation, depletion, and amortization . . . . .	12,007,921	9,771,929	2,232,619	3,373
<b>23</b> Insurance . . . . .	4,387,752	3,572,629	814,272	851
<b>24</b> 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.)				
<b>a</b> BAD DEBTS	58,834,846	58,834,846	0	0
<b>b</b> MEDICAL SUPPLIES	56,727,307	56,727,307	0	0
<b>c</b> OTHER TAXES	22,077,202	22,077,202	0	0
<b>d</b> EQUIPMENT RENTAL	1,385,288	1,129,129	256,127	32
<b>e</b> All other expenses	1,684,542	1,373,048	311,456	38
<b>25</b> Total functional expenses. Add lines 1 through 24e	431,081,356	380,813,072	50,211,085	57,199
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part IX ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	15,143,975	<b>1</b>	9,836,678
	<b>2</b> Savings and temporary cash investments . . . . .	0	<b>2</b>	0
	<b>3</b> Pledges and grants receivable, net . . . . .	0	<b>3</b>	0
	<b>4</b> Accounts receivable, net . . . . .	29,741,978	<b>4</b>	26,859,556
	<b>5</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	402,247
	<b>8</b> Inventories for sale or use . . . . .	8,054,063	<b>8</b>	9,723,434
	<b>9</b> Prepaid expenses and deferred charges . . . . .	306,475	<b>9</b>	7,232,808
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 98,640,753		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 23,866,874	78,168,918	<b>10c</b> 74,773,879
	<b>11</b> Investments—publicly traded securities . . . . .	0	<b>11</b>	132,016
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	7,460,795	<b>12</b>	0
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	4,450,910
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	72,951,107	<b>15</b>	0
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	211,827,311	<b>16</b>	133,411,528	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	14,063,737	<b>17</b>	18,839,395
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	0	<b>19</b>	45,331,075
	<b>20</b> Tax-exempt bond liabilities . . . . .	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	0	<b>21</b>	0
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	431,962
	<b>25</b> 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	204,622,010	<b>25</b>	117,442,003
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	218,685,747	<b>26</b>	182,044,435
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	-7,728,100	<b>27</b>	-48,714,907
	<b>28</b> Net assets with donor restrictions . . . . .	869,664	<b>28</b>	82,000
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
<b>32</b> <b>Total net assets or fund balances</b> . . . . .	-6,858,436	<b>32</b>	-48,632,907	
<b>33</b> <b>Total liabilities and net assets/fund balances</b> . . . . .	211,827,311	<b>33</b>	133,411,528	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	456,090,003
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	431,081,356
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	25,008,647
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	-6,858,436
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-1,908,937
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	-262,733,331
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	197,859,150
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	-48,632,907

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>b</b> Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>c</b> If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
<b>3a</b> 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?		No
<b>b</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.		

# Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 75-0974351  
**Name:** CHRISTUS Good Shepherd Medical Center

Form 990 (2019)

**Form 990, Part III, Line 4a:**

HELPING PREPARE FUTURE HEALTHCARE PROFESSIONALS IS A DISTINGUISHING CHARACTERISTIC OF NONPROFIT HOSPITALS AND CONSTITUES A SIGNIFICANT COMMUNITY BENEFIT. CHRISTUS GOOD SHEPHERD MEDICAL CENTER (CGSMC) ASSISTS IN THE EDUCATION OF HEALTHCARE PROFESSIONALS BY PROVIDING RESIDENCIES FOR PHYSICIANS. WE TRAINED 36 INTERNAL MEDICINE RESIDENTS AND 1 EMERGENCY MEDICINE RESIDENT DURING THE FISCAL PERIOD ENDED 06/30/20. TOTAL DIRECT COST (RESIDENT STIPENDS AND BENEFITS AND OTHER CHARGES FROM THE ACADEMIC PROGRAM SPONSOR) PLUS OVERHEAD ALLOCATIONS ON THE MEDICARE COST REPORT TOTALED \$3,903,022 WITH OFFSETTING MEDICARE GRADUATE MEDICAL EDUCATION PAYMENTS OF \$1,696,927, RESULTING IN A NET COMMUNITY BENEFIT OF \$2,206,095. ALSO, EACH YEAR CGSMC 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 06/30/20, CGSMC PROVIDED 6,753 TRAINING ENCOUNTERS FOR NURSING/ALLIED HEALTH STUDENTS AT A COST OF \$442,614. DURING TAX YEAR 2016 CGSMC ENTERED INTO THREE-YEAR TERM AFFILIATION AGREEMENTS WITH A LOCAL 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 TOTTALLING \$41,708 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 \$157,958 WERE MADE TO THE LONGVIEW FQHC DURING THE CURRENT YEAR. (THE AFFILIATIONS WITH THE FQHCS HELPED TO ADDRESS COMMUNITY NEED #2 "PRIMARY CARE ACCESS") DURING THE YEAR, GSMC HAD 105,128 ED VISITS, 4,651 IN-PATIENT SURGERIES, 18,805 OUT-PATIENT SURGERIES, ADMITTED 17,508 PATIENTS, AND PROVIDED 329,007 WITH OUT-PATIENT CARE.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
TODD HANCOCK ..... GSHS PRESIDENT/CEO	9.0 ..... 31.0	X		X				0	708,722	135,278
JASON ADAMS ..... COO	40.0 ..... 0.0				X			0	525,235	93,748
KEN CUNNINGHAM ..... VP, REG GENERAL COUNSEL	1.0 ..... 39.0				X			0	470,342	69,141
RICKY A PAUL MD ..... FORMER BOARD MEMBER	30.0 ..... 10.0						X	0	518,064	20,024
MICHAEL ADAMSON ..... VP MISSION INTEGRATION	40.0 ..... 0.0				X			0	404,521	131,516
MICHAEL CHEEK ..... CFO	12.0 ..... 28.0			X				0	414,303	67,779
VALARIE ALLMAN MD ..... DIRECTOR	8.0 ..... 32.0				X			0	353,840	19,575
ORAN FERRELL ..... VP PHYSICIAN SERVICES	30.0 ..... 10.0				X			0	311,516	40,875
BRETT KINMAN ..... ADMINISTRATOR	40.0 ..... 0.0				X			0	324,921	9,328
SHELLY JOHNSON ..... VP OPERATIONS	40.0 ..... 0.0				X			0	296,689	35,974

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Insttutional Trustee	Officer	Key employee	Highest compensated employee	Former			
TERESA HALCOMB ..... CHIEF NURSING OFFICER	40.0 ..... 0.0				X			0	315,483	15,431
JOHN MCDONALD DO ..... MEDICAL STAFF (THRU 12/2016)	30.0 ..... 10.0						X	0	281,584	12,703
LEE A HOLLADAY ..... CRNA	40.0 ..... 0.0					X		247,069	0	21,635
ZACKARY G LISTER ..... CRNA	40.0 ..... 0.0					X		245,802	0	19,500
DOUGLAS R WHITLOW ..... CRNA	40.0 ..... 0.0					X		244,433	0	17,322
JOE P TAIT ..... CRNA	40.0 ..... 0.0					X		238,894	0	10,230
ETHAN TAYLOR ..... CRNA	40.0 ..... 0.0					X		238,378	0	2,077
GINGER MORROW ..... VP HUMAN RESOURCES	40.0 ..... 0.0				X			0	165,645	12,759
JAMIE M DOWELL ..... SECRETARY	2.0 ..... 38.0			X				99,014	0	5,111
STEVE ALTMILLER ..... FORMER GSHS PRESIDENT/CEO	0.0 ..... 0.0						X	0	72,500	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KEITH KIRBOW ..... CHIEF NURSING OFFICER	40.0 ..... 0.0				X			0	43,487	0
R BLAIR ABNEY ..... BOARD CHAIRMAN	10.0 ..... 0.0	X		X				0	0	0
KELLYN DRAYER ..... DIRECTOR	10.0 ..... 0.0	X						0	0	0
GAYLE ENGLISH ..... DIRECTOR	11.0 ..... 0.0	X						0	0	0
KEITH HONEY ..... DIRECTOR	11.0 ..... 0.0	X						0	0	0
TED HUFFHINES ..... VICE CHAIRMAN	10.0 ..... 0.0	X		X				0	0	0
MITTIE HUTCHINS ..... DIRECTOR	12.0 ..... 0.0	X						0	0	0
TRUNG NGUYEN MD ..... MED STAFF VP	5.0 ..... 0.0	X		X				0	0	0
HOMER ROCKMORE ..... DIRECTOR	5.0 ..... 0.0	X						0	0	0
JULIE SIMMONS ..... DIRECTOR	8.0 ..... 0.0	X		X				0	0	0



Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LINDA THOMAS ..... DIRECTOR	8.0 ..... 0.0	X						0	0	0
FABER WHITE MD ..... MEDICAL STAFF PRESIDENT	9.0 ..... 0.0	X		X				0	0	0
THOMAS TIBILETTI ..... DIRECTOR	1.0 ..... 0.0	X						0	0	0

SCHEDULE A  
(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

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 **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		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge..						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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). . .						
<b>6 Public support.</b> Subtract line 5 from line 4.						
Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4. . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on. .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First five years.</b> 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 <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						
Section C. Computation of Public Support Percentage						
<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .					<b>14</b>	
<b>15</b> Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .					<b>15</b>	
<b>16a 33 1/3% support test—2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>						
<b>b 33 1/3% support test—2018.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>						
<b>17a 10%-facts-and-circumstances test—2019.</b> 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 <b>stop here.</b> 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>b 10%-facts-and-circumstances test—2018.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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.						
<b>c</b> Add lines 7a and 7b. .						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6. . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b> Add lines 10a and 10b.						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . .						
<b>14 First five years.</b> 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 <b>stop here.</b> . . . . . ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2019</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b> Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

**19a 33 1/3% support tests—2019.** 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—2018.** 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 on line 12 of 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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>1</b>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>2</b>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>3a</b>		
<b>b</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)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>		
<b>3b</b>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>		
<b>3c</b>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>4a</b>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>4b</b>		
<b>c</b> 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)? <i>If "Yes," explain in <b>Part VI</b> 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.</i>		
<b>4c</b>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b>, 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).</i>		
<b>5a</b>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>5b</b>		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>5c</b>		
<b>6</b> 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? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>6</b>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
<b>7</b>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b>		
<b>9a</b> 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))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>9a</b>		
<b>b</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? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>9b</b>		
<b>c</b> 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? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>9c</b>		
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>		
<b>10a</b>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
<b>10b</b>		

Part IV

Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
<b>1</b> 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?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

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

<b>Part V</b> <b>Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations</b>			
<b>1</b> <input type="checkbox"/> Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). <b>See instructions.</b> All other Type III non-functionally integrated supporting organizations must complete Sections A through E.			
<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014. . . . .			
b From 2015. . . . .			
c From 2016. . . . .			
d From 2017. . . . .			
e From 2018. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015. . . . .			
b Excess from 2016. . . . .			
c Excess from 2017. . . . .			
d Excess from 2018. . . . .			
e Excess from 2019. . . . .			



Additional Data

Software ID:  
Software Version:  
EIN: 75-0974351  
Name: CHRISTUS Good Shepherd Medical Center

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

Facts And Circumstances Test

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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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

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? . . . . .

☐ Yes ☐ 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? . . . . .

☐ Yes ☐ 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).  
☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space

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

	Held at the End of the 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.

Cat. No. 52283D

Schedule D (Form 990) 2019

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other .....

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .

☐ Yes

☐ No

b

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

c

Beginning balance . . . . .

d

Additions during the year . . . . .

e

Distributions during the year . . . . .

f

Ending balance . . . . .

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . .

☐

Part V

Endowment Funds.

Complete if the organization answered "Yes" 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:

(i) unrelated organizations . . . . .

(ii) related organizations . . . . .

b

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

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

4

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

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" 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 . . . . .		61,532,776	10,988,743	50,544,033
c Leasehold improvements		30,662	7,809	22,853
d Equipment . . . . .		37,022,620	12,870,322	24,152,298
e Other . . . . .		54,695		54,695
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				74,773,879

Schedule D (Form 990) 2019

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) . . . . . ▶	

Part X

Other Liabilities.

Complete if the organization answered 'Yes' 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	0
(2) INTERCOMPANY PAYABLES	31,064,469
(3) SALES TAX PAYABLE	11,083
(4) OTHER LIABILITES	86,366,451
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	117,442,003

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .		<b>5</b>	

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .		<b>5</b>	

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

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

Return Reference	Explanation

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 75-0974351  
**Name:** CHRISTUS Good Shepherd Medical Center

**Supplemental Information**

Return Reference	Explanation
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, 2020 AND 2019.

SCHEDULE H  
(Form 990)

Department of the Treasury

Internal Revenue Service

Hospitals

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.  
► Attach to Form 990.  
► Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization  
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 . . . . .	1a	Yes
b	If "Yes," was it a written policy? . . . . .	1b	Yes
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 % 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 % 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.	3a	Yes
		3b	Yes
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"? . . . . .	4	Yes
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . . . .	5a	Yes
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .	5b	Yes
c	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? . . . . .	5c	No
6a	Did the organization prepare a community benefit report during the tax year? . . . . .	6a	Yes
b	If "Yes," did the organization make it available to the public? . . . . .	6b	Yes
Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.			

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) . . . . .			25,641,883	0	25,641,883	6.890 %
b Medicaid (from Worksheet 3, column a) . . . . .			38,945,234	43,007,381	0	0 %
c Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .						
d Total Financial Assistance and Means-Tested Government Programs . . . . .			64,587,117	43,007,381	25,641,883	6.890 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4). . . . .	16	5,213	473,357	0	473,357	0.130 %
f Health professions education (from Worksheet 5) . . . . .	2	6,753	442,614	0	442,614	0.120 %
g Subsidized health services (from Worksheet 6) . . . . .						
h Research (from Worksheet 7) . . . . .						
i Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .	8	1,246	475,470	0	475,470	0.130 %
j Total. Other Benefits . . . . .	26	13,212	1,391,441	0	1,391,441	0.380 %
k Total. Add lines 7d and 7j . . . . .	26	13,212	65,978,558	43,007,381	27,033,324	7.270 %



**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
<b>1</b> Physical improvements and housing						
<b>2</b> Economic development						
<b>3</b> Community support						
<b>4</b> Environmental improvements						
<b>5</b> Leadership development and training for community members						
<b>6</b> Coalition building						
<b>7</b> Community health improvement advocacy	1		37,709	0	37,709	0.010 %
<b>8</b> Workforce development						
<b>9</b> Other						
<b>10 Total</b>	1		37,709	0	37,709	0.010 %

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

		Yes	No
<b>1</b> Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? . . . . .	<b>1</b>	Yes	
<b>2</b> Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount. . . . .	<b>2</b>	58,834,846	
<b>3</b> 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. . . . .	<b>3</b>	290,338	
<b>4</b> 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**

<b>5</b> Enter total revenue received from Medicare (including DSH and IME) . . . . .	<b>5</b>	103,911,880	
<b>6</b> Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	<b>6</b>	91,901,816	
<b>7</b> Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .	<b>7</b>	12,010,064	
<b>8</b> 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	

**Section C. Collection Practices**

<b>9a</b> Did the organization have a written debt collection policy during the tax year? . . . . .	<b>9a</b>	Yes	
<b>b</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 . . . . .	<b>9b</b>	Yes	

**Part IV Management Companies and Joint Ventures**

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(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 %
<b>1</b>				
<b>2</b>				
<b>3</b>				
<b>4</b>				
<b>5</b>				
<b>6</b>				
<b>7</b>				
<b>8</b>				
<b>9</b>				
<b>10</b>				
<b>11</b>				
<b>12</b>				
<b>13</b>				

**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)

	Other (describe)	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital
See Additional Data Table									

**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** \_\_\_\_\_**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** \_\_\_\_\_

12

**Community Health Needs Assessment**

	Yes	No
<b>1</b> 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? . . . . .	<b>1</b>	No
<b>2</b> 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. . . . .	<b>2</b>	No
<b>3</b> 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):	<b>3</b>	Yes
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</u>		
<b>5</b> 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 . . . . .	<b>5</b>	Yes
<b>6 a</b> 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>6a</b>	Yes
<b>b</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 . . . . .	<b>6b</b>	No
<b>7</b> 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):	<b>7</b>	Yes
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE PART V, SECTION C</u>		
<b>b</b> <input type="checkbox"/> Other website (list url): _____		
<b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input type="checkbox"/> Other (describe in Section C)		
<b>8</b> 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. . . . .	<b>8</b>	Yes
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url): <u>SEE PART V, SECTION C</u>	<b>10</b>	Yes
<b>a</b>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	
<b>11</b> 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.		
<b>12a</b> 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>12a</b>	No
<b>b</b> If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b> If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

**Part V Facility Information** *(continued)***Financial Assistance Policy (FAP)**

A

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
<b>13</b>	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:	<b>13</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 300. _____ % and FPG family income limit for eligibility for discounted care of 400. _____ %		
<b>b</b>	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance discount		
<b>g</b>	<input type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b> Yes	
<b>15</b>	Explained the method for applying for financial assistance? . . . . . 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):	<b>15</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</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		
<b>c</b>	<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		
<b>d</b>	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Was widely publicized within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	<b>16</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): SEE PART V, SECTION C		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): SEE PART V, SECTION C		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): SEE PART V, SECTION C		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<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)		
<b>f</b>	<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)		
<b>g</b>	<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		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<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 LEP populations		
<b>j</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** (continued)**Billing and Collections**

A

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

	Yes	No
<b>17</b> 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? . . . . .	<b>17</b> Yes	
<b>18</b> 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:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <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 <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C) <b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b> 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? . . . . .	<b>19</b>	No
If "Yes," check all actions in which the hospital facility or a third party engaged:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <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 <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> 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):		
<b>a</b> <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>b</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) <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) <b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) <b>e</b> <input checked="" type="checkbox"/> Other (describe in Section C) <b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b> 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? . . . . .	<b>21</b> Yes	
If "No," indicate why:		
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) <b>d</b> <input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

A

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**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** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ 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** ☐ 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** ☐ 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.

**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.

	Yes	No
<b>22</b>		
<b>23</b>		No
<b>24</b>		No

**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.

[illegible]

**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)
<b>1</b> INSTITUTE FOR HEALTHY LIVING 3133 GOOD SHEPHERD WAY LONGVIEW, TX 76505	PHYSICAL THERAPY, SPEECH PATHOLOGY, OCCUPATIONAL THERAPY, CARDIAC REHAB CENTER
<b>2</b> PERFORMANCE REHAB 2220 H G MOSLEY PARKWAY LONGVIEW, TX 76504	PHYSICAL THERAPY
<b>3</b> KILGORE EMERGENCY DEPARTMENT 323 E HAWKINGS PARKWAY LONGVIEW, TX 76505	EMERGENCY SERVICES
<b>4</b> NORTHPARK EMERGENCY DEPARTMENT 323 E HAWKINGS PARKWAY LONGVIEW, TX 76505	EMERGENCY SERVICES
<b>5</b> CHRISTUS GOOD SHEPHERD HOMECARE - LNGVW 103 W LOOP 281 LONGVIEW, TX 76501	HOME HEALTH
<b>6</b> CHRISTUS GOOD SHEPHERD LIFECENTER 612 S GROVE ST MARSHALL, TX 75670	HEALTH CLINIC
<b>7</b> CHRISTUS GOOD SHEPHERD HOME CARE 401 S BOLIVAR ST MARSHALL, TX 75670	HOME HEALTH
<b>8</b>	
<b>9</b>	
<b>10</b>	



**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 and Line Reference	Explanation
<p>SCHEDULE H, PART I, LINE 3C</p>	<p>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. 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 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. SCHEDULE H, PART I, LINES 7A &amp; 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). CHRISTUS GOOD SHEPHERD MEDICAL CENTER RECOGNIZED \$31,619,959 OF MEDICAID SUPPLEMENTAL PAYMENT INCOME IN 2020. THERE WERE \$21,973,789 OF EXPENDITURES RECOGNIZED IN 2020 RELATED TO PROVIDER TAXES USED TO GENERATE THE NON-FEDERAL SHARE OF MEDICAID SUPPLEMENTAL PAYMENTS, RESULTING IN A NET P&amp;L BENEFIT OF \$9,646,170 RELATED TO MEDICAID SUPPLEMENTAL PAYMENTS UNDER THE TEXAS 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 TOTALLING \$157,958 WERE MADE TO THE FQHC DURING THE CURRENT YEAR TO COVER SUCH LOSSES. THE 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 TOTALLING \$155,000 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. SCHEDULE H, PART I, LINE 7, COL (F) BAD DEBT EXPENSE BAD DEBT IN THE AMOUNT OF \$58,834,846, 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 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 2020, 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</p>

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 3C	<p>BUILDING ACTIVITIES ARE IMPROVING 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. 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 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 ASSETS 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. DURING THE FISCAL YEAR ENDING JUNE 30, 2020, 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 3.73% 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, 2020. THUS, THE ORGANIZATION ESTIMATES THAT ONLY 0.49% OF THE BAD DEBT EXPENSES IN FISCAL YEAR ENDING JUNE 30, 2020 ARE ATTRIBUTABLE TO PATIENTS WHO WOULD LIKELY HAVE QUALIFIED</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5	<p>PROMOTION OF COMMUNITY HEALTH THE COMMUNITY BUILDING ACTIVITIES INCLUDE OUR WELLNESS CENTERS AND THE PROGRAMS WE OFFER 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 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 CLASSES FOR PERSONS TRYING TO MODIFY DIET FOR CARDIAC REASONS OR WEIGHT LOSS. 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.</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 6	<p>AFFILIATED HEALTH CARE SYSTEM CGSMC 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 AFFILIATED HEALTH CARE SYSTEM 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. A COMMON MISSION, CORE VALUES, AND VISION UNITE THE HEALTH SYSTEM. EACH REGION, INCLUDING CGSMC, 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. CGSMC, 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.</p>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 7	STATE FILING OF COMMUNITY BENEFIT REPORT A COMMUNITY BENEFIT REPORT IS PREPARED FOR THE HOSPITAL SYSTEM 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.

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 75-0974351  
**Name:** CHRISTUS Good Shepherd Medical Center

**Form 990 Schedule H, Part V Section A. Hospital Facilities**

<b>Section A. Hospital Facilities</b>  (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>2</b>		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
1	CHRISTUS GOOD SHEPHERD MED CTR-LNGVW 700 E MARSHALL AVE LONGVIEW, TX 75601 www.christushealth.org/good-shepherd 000020	X	X		X			X			A
2	CHRISTUS GOOD SHEPHERD MED CTR-MRSHLL 811 SOUTH WASHINGTON AVE MARSHALL, TX 75670 WWW.CHRISTUSHEALTH.ORG/GOOD-SHEPHERD 000020	X	X					X			A

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 5	<p>CHRISTUS GOOD SHEPHERD MEDICAL CENTER (CGSMC) ENGAGED TEXAS HEALTH INSTITUTE (THI), A NON-PROFIT, NON-PARTISAN PUBLIC HEALTH INSTITUTE, TO CONDUCT A CHNA. FIRST, THI CONDUCTED KEY INFORMANT INTERVIEWS OF RESIDENTS LIVING IN THE REPORT AREA AND WHO POSSESS KNOWLEDGE ABOUT THE REGIONS HEALTH-RELATED CHALLENGES. FOR EXAMPLE, KEY STAKEHOLDERS INCLUDED NONPROFIT LEADERS, HEALTH DEPARTMENT AUTHORITIES, UNIVERSITY AND COLLEGE LEADERS, HEALTHCARE PROVIDERS OR LEADERS, HUMAN SERVICES PROVIDERS, LOCAL AND STATE AGENCIES, PEOPLE REPRESENTING DISTINCT GEOGRAPHIC AREAS AND PEOPLE REPRESENTING DIVERSE RACIAL/ETHNIC GROUPS. ALL INTERVIEWS WERE CONDUCTED USING A STANDARD QUESTIONNAIRE DEVELOPED BY THI. FOLLOWING THE KEY INFORMANT INTERVIEWS, A FOCUS GROUP WAS DEVELOPED TO OBTAIN CLARITY AROUND NEEDS AND CONCEPTS PROPOSED FOR INCLUSION IN THE CHNA. THE FOCUS GROUP REPRESENTED DIVERSE POPULATION GROUPS, OCCUPATIONS, AND HEALTHCARE OR RELATED SERVICE PROVIDERS (E.G., CLINICS, COMMUNITY ORGANIZATIONS AND SOCIAL SERVICE AGENCIES). THE GROUP FOLLOWED A SEMI-STRUCTURED PROTOCOL INTENDED TO ELICIT RESPONSES ALIGNED WITH THE FOLLOWING OBJECTIVES: 1. IDENTIFY SIGNIFICANT HEALTH NEEDS 2. IDENTIFY COMMUNITY RESOURCES TO MEET ITS HEALTH NEEDS 3. IDENTIFY BARRIERS AND REASONS FOR UNMET NEEDS 4. IDENTIFY SUPPORTS, PROGRAMS, AND SERVICES THAT WOULD HELP IMPROVE THE NEEDS OR ISSUES 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: 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 FULL CHNA REPORT IS LOCATED AT: <a href="https://www.christushealth.org/-/media/files/chip/christus-good-shepherd-longview-chna-2019.ashx?la=en">https://www.christushealth.org/-/media/files/chip/christus-good-shepherd-longview-chna-2019.ashx?la=en</a> SCHEDULE H, PART V, SECTION B, LINE 10A THE FULL CHNA IMPLEMENTATION STRATEGY REPORT IS LOCATED AT: <a href="https://www.christushealth.org/-/media/about/christus-good-shepherd-chip-2019.ashx?la=en">https://www.christushealth.org/-/media/about/christus-good-shepherd-chip-2019.ashx?la=en</a></p>



**Section C. Supplemental Information for Part V, Section B.**Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 11	<p>THE FOLLOWING PRIORITIZED COMMUNITY NEEDS WERE IDENTIFIED THROUGH THE CHNA: 1. MENTAL HEALTH 2. PRIMARY CARE ACCESS 3. HEALTH SYSTEMS PERFORMANCE 4. HOMELESSNESS 5. EMPLOYMENT SPECIFIC HOSPITAL SERVICES AND PROGRAMS IN PLACE DURING 2020 TO ADDRESS PRIORITY COMMUNITY HEALTH NEEDS ARE AS FOLLOWS: 1) MENTAL HEALTH MENTAL HEALTH IS CONSIDERED THE NUMBER ONE COMMUNITY NEED IN NORTHEAST TEXAS, MUCH LIKE THE REST OF THE STATE OF TEXAS. SERVICES FOR PATIENTS AND THEIR FAMILIES HAVE LONG WAIT TIMES FOR APPOINTMENTS, LITTLE INPATIENT CARE AVAILABILITY, AND FEW PROFESSIONALS IN THE REGION. THE CHNA REPORT AREA ALSO HAS A GROWING NUMBER OF YOUNG PEOPLE AND AGING ADULTS WHO NEED SERVICES WITH VERY LITTLE ACCESS OR AVAILABILITY. WITHIN THE RURAL COMMUNITIES THERE IS A RECURRING THEME OF DRUG ABUSE, PARTICULARLY WITH METH AND OPIOIDS. HOSPITAL EMERGENCY PSYCHIATRIC EVALUATION AND STABILIZATION SERVICES - EMPLOYED A FULL-TIME PSYCHIATRIST AND CLINICAL DIRECTOR OF HEALTH/BOARD CERTIFIED PSYCHIATRIC NURSE TO HELP EVALUATE AND STABILIZE MENTAL HEALTH EMERGENCY PATIENTS - CONTINUED UTILIZATION OF SIX PSYCH-SAFE EMERGENCY ROOMS AND SIX PSYCH-SAFE OUTPATIENT OBSERVATION ROOMS - CONTRACTED WITH TELE-PSYCH PROVIDERS FOR BEHAVIORAL HEALTH SCREENINGS AND EVALUATIONS PSYCHIATRIC TRANSPORT SERVICES PROVIDED \$284,386 OF SUPPORT PAYMENTS IN 2020 TO THE REGIONAL MENTAL HEALTH AUTHORITY TO PROVIDE 439 PSYCH PATIENT TRANSPORTS TO SHORT-TERM REGIONAL PSYCH TRANSPORTS TO SHORT-TERM REGIONAL CRISIS STABILIZATION CENTERS, LOCAL TREATMENT FACILITIES AND STATE OPERATED INPATIENT PSYCHIATRIC HOSPITALS. OUTPATIENT PSYCHIATRIC SERVICES REFERRED PSYCHIATRIC PATIENTS FOR EVALUATION/TREATMENT BY A PSYCHIATRIST AND PSYCHOLOGIST WITHIN OUR INTERNAL MEDICINE CLINIC. A TOTAL OF 292 OF THESE PATIENTS WERE SEEN IN THE CLINIC IN 2020 WITH 23 PERCENT BEING MEDICAID OR UNINSURED PATIENTS. ALL PATIENTS WERE SEEN WITHIN 30 DAYS; IN OUR REGION THE TYPICAL WAIT FOR A MENTAL HEALTH PROVIDER IS 6-12 MONTHS. OTHER MENTAL HEALTH INITIATIVES - DONATED \$2,669 OF FURNITURE AND APPLIANCES TO RAHABS RETREAT, A CENTER THAT HELPS TRANSFORM THE LIVES OF WOMEN AND THEIR CHILDREN WHO HAVE COME OUT OF THE SEX INDUSTRY, VICTIMS OF HUMAN TRAFFICKING, AS WELL AS THOSE WHO ARE BROKEN AND ABUSED. - IN 2020 CHRISTUS GOOD SHEPHERD MEDICAL CENTER LONGVIEW WITH ANOTHER LOCAL HOSPITAL, COMMUNITY HEALTHCORE (THE REGIONAL MENTAL HEALTH AUTHORITY) AND FOUR AREA SCHOOL DISTRICTS BEGAN A COMMUNITY AWARENESS CAMPAIGN ABOUT ADOLESCENT SUICIDE PREVENTION. AS A PARTICIPANT IN THE COALITION DURING 2020, HOSPITAL MANAGEMENT WAS INVOLVED WITH CREATION OF A VIDEO AND OTHER ACTIVITIES PROMOTING SUICIDE AWARENESS AND PREVENTION. MANAGEMENT TIME AND OTHER EXPENDITURES RELATED TO THIS INITIATIVE WERE \$524. COMMUNITY EDUCATION WAS HALTED BEGINNING IN THE SPRING DUE TO RESTRICTIONS TO REDUCE THE SPREAD OF COVID-19. - COST OF STAFF TIME ON A PROGRAM FOR REMEMBERING BABIES LOST IN PREGNANCY AND INFANCY TOTALLED \$576. 2) PRIMARY CARE ACCESS THIS PRIORITY</p>

**Section C. Supplemental Information for Part V, Section B.**Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 11	<p>RITY IS BASED ON THE OBSERVATION THAT EVEN INSURED INDIVIDUALS IN THE REPORT AREA LACK A M EDICAL HOME, A CONTINUUM OF CARE, ROUTINE PREVENTATIVE CARE, AND CARE COORDINATION. SPECIF IC ACTIONS TAKEN INCLUDED: GRANT AGREEMENTS AND COLLABORATION WITH FEDERALLY QUALIFIED HEA LTH CENTERS CGSMC PROVIDED \$157,958 OF GRANT PAYMENTS TO LOCAL FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs). THE PURPOSE OF THESE GRANTS IS TO PROVIDE ACCESSIBLE, HIGH QUALITY HEALTH CARE SERVICES, AS WELL AS UNCOMPENSATED CARE FOR PATIENTS WITH LITTLE OR NO INSURANCE AND TO ENHANCE/EXPAND WOMENS AND CHILDRENS HEALTH SERVICES. DURING 2020 CGSMC ALSO REFERRED UN INSURED OR UNDERINSURED PATIENTS LACKING A MEDICAL HOME TO THE SAME AND OTHER FQHCs THAT O FFER PRIMARY AND PREVENTATIVE SERVICES AT SLIDING SCALE RATES. SPORTS MEDICINE ATHLETIC TR AINERS SPORTS MEDICINE ATHLETIC TRAINERS WERE PROVIDED TO AREA SCHOOLS DURING THE YEAR AT A COST OF \$119,681. PATIENT CENTERED MEDICAL HOME/PRIMARY CARE CLINICS CHRISTUS GOOD SHEPH ERDS INTERNAL MEDICINE RESIDENCY PROGRAM OPERATES A PRIMARY CARE CLINIC SO THE RESIDENTS A RE ABLE TO FOLLOW THEIR OWN INPATIENT POPULATION IN AN OUTPATIENT CONTINUITY CLINIC. THIS IS A TRAINING ENVIRONMENT FOR THE RESIDENTS TO DEVELOP SKILLS AND COMPETENCIES FOR IMPLEME NTING COORDINATED MULTIDISCIPLINARY CARE INTO THEIR FUTURE PRACTICE. IT IS WELL RECOGNIZED THAT PATIENT POPULATIONS WITH THIS LEVEL OF CHRONIC DISEASE MORBIDITY MAY EXPERIENCE FRAG MENTED AND UNCOORDINATED CARE IN THE CURRENT HEALTHCARE ENVIRONMENT. THIS PROJECT HELPS EX PAND PRIMARY CARE ACCESS TO THE LEVEL OF COORDINATED CARE WHICH THE PCMH OFFERS. THIS INIT IATIVE AIMS TO ELIMINATE FRAGMENTED AND UNCOORDINATED CARE, WHICH CAN LEAD TO EMERGENCY DE PARTMENT AND HOSPITAL OVER-UTILIZATION. DURING FISCAL YEAR 2020, 3,272 PATIENTS WERE SEEN IN THE INTERNAL MEDICINE RESIDENT CLINIC WITH 22 PERCENT OF THOSE PATIENTS BEING EITHER ME DICAID OR UNINSURED. IN ADDITION TO THE RESIDENT CLINIC, GSMC AND TRINITY CLINICS AFFILIAT ED WITH CHRISTUS HEALTH ALSO PROVIDE FAMILY MEDICINE, INTERNAL MEDICINE, URGENT CARE, OB/G YN AND PEDIATRIC PRIMARY CARE SERVICES AT FOUR HOSPITAL BASED AND SEVEN FREE-STANDING CLIN ICS IN LONGVIEW, MARSHALL AND SURROUNDING CITIES. CPR/FIRST AID CLASSES A TOTAL OF 925 PER SONS FROM VARIOUS SCHOOL DISTRICTS, COLLEGES AND COMMUNITY GROUPS WERE TRAINED IN CPR AND FIRST AID AT A COST OF \$3,313. TELEMEDICINE VISITS/COVID-19 RESPONSE IN RESPONSE TO THE CO VID-19 PANDEMIC, CGSMC AND TRINITY CLINICS DRASTICALLY EXPANDED TELEHEALTH SERVICES AND ON LINE SCREENING TOOLS WITH THE LAUNCH OF SECURE VIDEO AND TELEPHONE VISITS. THESE SERVICES PROVIDED BOTH CONTINUED ACCESS AND PATIENT SAFETY DURING THE PANDEMIC. TO FURTHER ENHANCE PATIENT ACCESS AND SAFETY, DRIVE-THROUGH EMERGENCY SERVICES, INCLUDING REDUCED COST COVID- 19 SCREENING, WERE AVAILABLE AT OUR EMERGENCY CENTERS IN NORTH LONGVIEW AND KILGORE. 3) HE ALTH SYSTEM PERFORMANCE STAKEHOLDERS STATED THE NEED FOR INCREASED COORDINATION AMONG LOCA L ORGANIZATIONS TO PROVIDE INT</p>

**Section C. Supplemental Information for Part V, Section B.**Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 11	EGRATED CARE AND INCREASED ACCESS TO SERVICES. INCREASING THE COORDINATION WITHIN HEALTH S YSTEMS WILL IMPROVE ACCESS TO CARE AND REDUCE OVERUTILIZATION OF THE EMERGENCY DEPARTMENT. SPECIFIC ACTIONS TAKEN BY CGSMC INCLUDED: HEALTH PROFESSIONALS EDUCATION & TRAINING PRIMA RY AND SPECIALTY CARE ACCESS CANNOT BE MAINTAINED WITHOUT AVAILABLE TRAINED PROFESSIONALS TO PROVIDE PATIENT CARE. CGSMC IS A LEADER IN THE NORTHEAST TEXAS REGION IN PROVIDING HEAL TH PROFESSIONALS TRAINING AND EDUCATION. DURING FISCAL YEAR 2020, GSMC PROVIDED THE FOLLOW ING TRAINING AT THE LONGVIEW AND MARSHALL CAMPUSES: - TRAINED 36 INTERNAL MEDICINE RESIDEN TS AND ONE EMERGENCY MEDICINE RESIDENT AT A NET COST OF OVER \$3 MILLION. (SINCE INCEPTION OF THE RESIDENCY TRAINING PROGRAM IN 2012 OVER 100 RESIDENTS HAVE COMPLETED TRAINING WITH SEVEN PROGRAM GRADUATES CHOOSING CAREERS AT CGSMC AND MANY OTHERS CHOOSING TO TAKE POSITIO NS WITHIN THE EAST TEXAS REGION.) - PROVIDED OVER 5,118 NURSING STUDENT TRAINING ENCOUNTER S (USUALLY 8 TO 10 HOURS EACH) AT A COST OF \$334,415. - PROVIDED 1,635 TRAINING ENCOUNTERS FOR THERAPISTS AND OTHER ALLIED HEALTH PROFESSIONAL STUDENTS AT A COST OF \$108,199. - IN A PARTNERSHIP WITH THE UNIVERSITY OF NORTH TEXAS HEALTH SCIENCE CENTER FT. WORTH, TRAINED SIX THIRD AND FOURTH YEAR MEDICAL STUDENTS WHO ARE INTERESTED IN BECOMING RURAL PHYSICIANS . SEXUAL ASSAULT NURSE EXAMINER (SANE) PROGRAM IN PAST YEARS, SEXUAL ASSAULT SURVIVORS HAD TO MAKE A 90-MILE ROUNDTRIP TO TYLER FOR SEXUAL ASSAULT EXAMS AND EVIDENCE COLLECTION. IN COLLABORATION WITH THE LONGVIEW POLICE DEPARTMENT, GREGG COUNTY SHERIFFS OFFICE, MARTIN H OUSE CHILDRENS ADVOCACY CENTER AND THE WOMENS CENTER OF EAST TEXAS, CGSMC IMPLEMENTED A SA NE PROGRAM WITHIN THE EMERGENCY DEPARTMENT OF THE LONGVIEW CAMPUS IN 2020. DEVELOPMENT OF THIS PROGRAM REQUIRED RECRUITMENT OF NURSE VOLUNTEERS AND NUMBERS OF HOURS OF EDUCATION AN D TRAINING REQUIRED FOR SANE CERTIFICATION. BESIDES PROVIDING SANE FORENSIC EXAMS, A CGSMC INTERNAL MEDICINE CLINIC ALSO PROVIDES SURVIVORS ACCESS TO MENTAL HEALTH SERVICES FOR POS T-TRAUMATIC STRESS CAUSED BY THE ASSAULT. TOTAL NURSING COSTS DEDICATED TO THIS PROGRAM IN 2020 WERE \$83,222. CGSMC OFFERS THE ONLY SANE PROGRAM IN GREGG AND HARRISON COUNTIES. COM MUNITY EDUCATION & OUTREACH HEALTH EDUCATION OPPORTUNITIES WERE PROVIDED DURING THE YEAR I NCLUDING: - AGE WELL LIVE WELL LUNCHEONS FOR 290 SENIOR CITIZENS AT A COST OF \$4,493. - HE ALTHFAIRS OPEN TO THE GENERAL PUBLIC WERE ATTENDED BY 1,076 PERSONS AT A COST OF \$18,742. - BARIATRIC SEMINARS FOR PERSONS SEEKING WEIGHT LOSS SOLUTIONS WERE PROVIDED TO 293 PERSON S AT A COST OF \$2,433. SUPPORT FOR COMMUNITY AGENCIES & NOT-FOR-PROFIT GROUPS - CGSMC EMPL OYEEES PROVIDE THEIR TIME AND EXPERTISE SERVING ON VARIOUS COMMITTEES AND ATTENDING MEETING S OF COMMUNITY AGENCIES AND NOT-FOR-PROFIT GROUPS. THE VALUE OF TIME SPENT SERVING THE COM MUNITY THROUGH THESE ACTIVITIES IN 2020 WAS \$13,136. - HOSPITAL SPACE WITH A RENTAL VALUE OF \$9,972 WAS PROVIDED TO COMM

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 16 H & J	A NOTIFICATION WAS PLACED IN THE NEWSPAPERS WITHIN THE TWO LARGEST CITIES IN THE HOSPITAL SERVICES AREA (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 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. SCHEDULE H, PART V, SECTION B, LINE 18F 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. SCHEDULE H, PART V, SECTION B, LINE 20E WHEN COLLECTION CALLS RESULTED IN PATIENT CONTACT, BUSINESS AGENTS PERFORMED A VERBAL SCREENING TO SEE IF THE PATIENT MIGHT BE ELIGIBLE FOR CHARITY CARE. IN ADDITION, BILLING STATEMENTS CONTAINED THE FOLLOWING NOTICE: "YOU MAY QUALIFY FOR FINANCIAL ASSISTANCE BASED UPON YOUR INCOME LEVEL. IF YOU DO NOT QUALIFY AND CANNOT MAKE PAYMENT IN FULL, WE WILL WORK WITH YOU TO SET UP AN ACCEPTABLE PAYMENT PLAN."

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 22B	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 6/30/20 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 45% OF THE CHARGES FOR THE RELEVANT SERVICE LINE. PATIENTS ELIGIBLE FOR ADDITIONAL FINANCIAL ASSISTANCE WERE CHARGED NO MORE THAN THE AVERAGE RATE (FOR INCOME LEVELS FROM 301% TO 400% OF FPL), OR RECEIVED FREE CARE (INCOMES BELOW 300% FPL). FOR LAB SERVICES, ELIGIBLE PATIENTS WERE CHARGED A PERCENTAGE OF THE MEDICARE RATE.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I  
(Form 990)

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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2019

Open to Public  
Inspection

Department of the  
Treasury  
Internal Revenue Service

Name of the organization  
CHRISTUS Good Shepherd Medical Center

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.

(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)	155,000				HEALTHCARE SERVICES

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

**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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash 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.

Return Reference	Explanation
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

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization  
CHRISTUS Good Shepherd Medical Center

Employer identification number  
75-0974351

Part I Questions Regarding Compensation		Yes	No
<b>1a</b> 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 idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</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		<b>1b</b>	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?		<b>2</b>	
<b>3</b> 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		
<b>4</b> 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:			
<b>a</b> Receive a severance payment or change-of-control payment?		<b>4a</b>	Yes
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?		<b>4b</b>	Yes
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?		<b>4c</b>	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>			
<b>5</b> 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:			
<b>a</b> The organization?		<b>5a</b>	No
<b>b</b> Any related organization?		<b>5b</b>	No
If "Yes," on line 5a or 5b, describe in Part III.			
<b>6</b> 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:			
<b>a</b> The organization?		<b>6a</b>	No
<b>b</b> Any related organization?		<b>6b</b>	No
If "Yes," on line 6a or 6b, describe in Part III.			
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		<b>7</b>	No
<b>8</b> 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.		<b>8</b>	No
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		<b>9</b>	



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

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

[illegible]

**Part III Supplemental Information**

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

Return Reference	Explanation
Schedule J, Part I, Line 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.
Schedule J, Part I, Line 4A	SEVERANCE PAYMENTS THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE PAYMENTS: MICHAEL ADAMSON \$40,215 STEVE ALTMILLER \$72,500 KEITH KIRBOW \$38,685 GINGER MORROW \$91,223 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. 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 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 2019. 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 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.

Additional Data

Software ID:  
Software Version:  
EIN: 75-0974351  
Name: CHRISTUS Good Shepherd Medical Center

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1VALARIE ALLMAN MD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	306,823	45,134	1,883	9,800	9,775	373,415	0
1KEN CUNNINGHAM VP, REG GENERAL COUNSEL	(i)	0	0	0	0	0	0	0
	(ii)	344,495	125,847	0	52,938	16,203	539,483	0
2TODD HANCOCK GSHS PRESIDENT/CEO	(i)	0	0	0	0	0	0	0
	(ii)	467,084	239,149	2,489	122,004	13,274	844,000	0
3MICHAEL CHEEK CFO	(i)	0	0	0	0	0	0	0
	(ii)	287,191	127,112	0	56,374	11,405	482,082	0
4JASON ADAMS COO	(i)	0	0	0	0	0	0	0
	(ii)	357,114	167,253	868	78,053	15,695	618,983	0
5JOHN MCDONALD DO MEDICAL STAFF (THRU 12/2016)	(i)	0	0	0	0	0	0	0
	(ii)	196,907	10,459	74,218	9,800	2,903	294,287	0
6LEE A HOLLADAY CRNA	(i)	215,269	2,188	29,612	9,116	12,519	268,704	0
	(ii)	0	0	0	0	0	0	0
7KEITH KIRBOW CHIEF NURSING OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	0	0	43,487	0	0	43,487	0
8ZACKARY G LISTER CRNA	(i)	237,923	2,100	5,779	9,019	10,481	265,302	0
	(ii)	0	0	0	0	0	0	0
9JOE P TAIT CRNA	(i)	204,544	0	34,350	8,388	1,842	249,124	0
	(ii)	0	0	0	0	0	0	0
10ETHAN TAYLOR CRNA	(i)	228,990	700	8,688	0	2,077	240,455	0
	(ii)	0	0	0	0	0	0	0
11DOUGLAS R WHITLOW CRNA	(i)	231,257	1,488	11,688	8,368	8,954	261,755	0
	(ii)	0	0	0	0	0	0	0
12RICKY A PAUL MD FORMER BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	483,609	26,955	7,500	9,800	10,224	538,088	0
13BRETT KINMAN ADMINISTRATOR	(i)	0	0	0	0	0	0	0
	(ii)	204,657	58,405	61,859	0	9,328	334,249	0
14ORAN FERRELL VP PHYSICIAN SERVICES	(i)	0	0	0	0	0	0	0
	(ii)	238,236	68,395	4,885	28,800	12,075	352,391	0
15MICHAEL ADAMSON VP MISSION INTEGRATION	(i)	0	0	0	0	0	0	0
	(ii)	260,546	74,701	69,274	102,921	28,595	536,037	0
16TERESA HALCOMB CHIEF NURSING OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	226,449	83,632	5,402	9,800	5,631	330,914	0
17SHELLY JOHNSON VP OPERATIONS	(i)	0	0	0	0	0	0	0
	(ii)	209,153	84,335	3,201	22,222	13,752	332,663	0
18GINGER MORROW VP HUMAN RESOURCES	(i)	0	0	0	0	0	0	0
	(ii)	53,023	0	112,622	9,920	2,839	178,404	0
19STEVE ALTMILLER FORMER GSHS PRESIDENT/CEO	(i)	0	0	0	0	0	0	0
	(ii)	0	0	72,500	0	0	72,500	0

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019****Open to Public  
Inspection****Employer identification number**

75-0974351

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
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 CHRIS TUS GOOD SHEPHERD SURGERY CENTER GOOD SHEPHERD MEDICAL CENTER GOOD SHEPHERD OCCUPATIONAL M EDICINE MARSHALL LIFE CENTER WOUND HEALING CENTER - MARSHALL (FOR CLIA REGISTRATION ONLY)

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1A	DELEGATION OF AUTHORITY THE EXECUTIVE COMMITTEE SHALL HAVE THE AUTHORITY OF THE BOARD TO T RANSACT ALL REGULAR BUSINESS OF THE CORPORATION BETWEEN MEETINGS OF THE BOARD.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	MEMBERS OR STOCKHOLDERS THE SOLE MEMBER OF THE ORGANIZATION IS GOOD SHEPHERD HEALTH SYSTEM,INC.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, LINE 7B	<p>DESCR CLASSES OF PERSONS, DECISIONS REQUIRING APPR &amp; 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 ORGANIZATIONS 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 ORGANIZATIONS 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 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 ORGANIZATIONS 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.</p>



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	PROCESS TO REVIEW FORM 990 THE FORM 990 IS PREPARED AND REVIEWED BY THE ORGANIZATIONS EXTERNAL INDEPENDENT ACCOUNTANTS. THE CHRISTUS HEALTH ACCOUNTING DEPARTMENT WORKS WITH AN EXTERNAL ACCOUNTING FIRM IN PREPARATION 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 2021 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.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
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.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, LINE 15A	<p>COMPENSATION DETERMINATION PROCESS 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.</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER CHANGES IN NET ASSETS CONTRIBUTED CAPITAL \$274,611,179 CHANGES IN CAPITAL FROM DISCONTINUED OPERATIONS -\$ 15,343,191 CHANGES IN MINORITY INTEREST \$ 18,979,651 CHANGES IN RESTRICTED NET ASSETS -\$ 82,000 CHANGES IN UNRESTRICTED NET ASSETS -\$ 75,924,193 INVESTMENT IN FOUNDATION (RESTRICTED) -\$ 787,664 INVESTMENT IN FOUNDATION (UNRESTRICTED) -\$ 3,594,632 - ----- TOTAL \$197,859,150

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:PHYSICIAN FEES TOTAL FEES:28253508

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:MAINTENANCE TOTAL FEES:21334313

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493130036551	
SCHEDULE R (Form 990)	Related Organizations and Unrelated Partnerships				OMB No. 1545-0047
					2019
	▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. ▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.				Open to Public Inspection
Department of the Treasury Internal Revenue Service					
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

**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.

See Additional Data Table

(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



**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	
<b>(1)</b> GSHS CUSTOMER SERVICE BUILDING I LTD  700 E MARSHALL AVE LONGVIEW, TX 75601 02-0636726	CUSTOMER SERV	TX	GSHS INC								No	

**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
<b>(1)</b> GSHS ENTERPRISES INC  700 E MARSHALL AVE LONGVIEW, TX 75601 75-2027162	HEALTHCARE	TX	GSHS INC	C Corp				Yes	
<b>(2)</b> GS PHYSICIAN SERVICES INC  700 E MARSHALL AVE LONGVIEW, TX 75601 75-2762417	MEDICAL SERVICES	TX	GSHS ENTERPRISE	C Corp				Yes	
<b>(3)</b> MARSHALL PHYSICIAN HOSPITAL ORGANIZATION  700 E MARSHALL AVE LONGVIEW, TX 75601 75-2580689	INACTIVE	TX	GSMC	C Corp				Yes	
<b>(4)</b> GSHS CUSTOMER SERVICE BUILDING LLC  700 E MARSHALL AVE LONGVIEW, TX 75601 71-0896055	CUSTOMER SERVICES	DE	GSHS INC	LLC				Yes	
<b>(5)</b> GOOD SHEPHERD HEALTH NETWORK  700 E MARSHALL AVE LONGVIEW, TX 75601 75-2554695	INACTIVE	TX	GSH INC	C CORP	0	0	100.000 %	Yes	
<b>(6)</b> SERVICE ORGANIZATION OF GOOD SHEPHERD  700 E MARSHALL AVE LONGVIEW, TX 75601 38-3914883	MEDICAL SERVICES	TX	GSHS INC	C CORP				Yes	

**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?

**a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity . . . . .

**b** Gift, grant, or capital contribution to related organization(s) . . . . .

**c** Gift, grant, or capital contribution from related organization(s) . . . . .

**d** Loans or loan guarantees to or for related organization(s) . . . . .

**e** Loans or loan guarantees by related organization(s) . . . . .

**f** Dividends from related organization(s) . . . . .

**g** Sale of assets to related organization(s) . . . . .

**h** Purchase of assets from related organization(s) . . . . .

**i** Exchange of assets with related organization(s) . . . . .

**j** Lease of facilities, equipment, or other assets to related organization(s) . . . . .

**k** Lease of facilities, equipment, or other assets from related organization(s) . . . . .

**l** Performance of services or membership or fundraising solicitations for related organization(s) . . . . .

**m** Performance of services or membership or fundraising solicitations by related organization(s) . . . . .

**n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .

**o** Sharing of paid employees with related organization(s) . . . . .

**p** Reimbursement paid to related organization(s) for expenses . . . . .

**q** Reimbursement paid by related organization(s) for expenses . . . . .

**r** Other transfer of cash or property to related organization(s) . . . . .

**s** Other transfer of cash or property from related organization(s) . . . . .

Yes

No

1a

Yes

1b

No

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

Yes

1k

Yes

1l

Yes

1m

Yes

1n

No

1o

Yes

1p

Yes

1q

Yes

1r

Yes

1s

No

**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.

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Schedule R (Form 990) 2019

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.

[illegible]

**Part VII**      **Supplemental Information**

Provide additional information for responses to questions on Schedule R. (see instructions).

Return Reference	Explanation
SCHEDULE R, PART III	GSHS CUSTOMER SERVICE BUILDING I, LTD. EIN: 02-0636726 ADDRESS: 700 E. MARSHALL AVE., LONGVIEW, TX 75601

Additional Data

Software ID:

Software Version:

EIN: 75-0974351

Name: CHRISTUS Good Shepherd Medical Center

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(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
700 E MARSHALL AVE LONGVIEW, TX 75601 75-2580686	HEALTHCARE	TX	501(c)(3)	3	CTMFHS	Yes	
811 S WASHINGTON AVE MARSHALL, TX 75670 75-2605699	SUPPORT	TX	501(c)(3)	7	GSHS INC	Yes	
700 E MARSHALL AVE LONGVIEW, TX 75601 75-1041154	HEALTHCARE	TX	501(c)(3)	3	GSHS INC	Yes	
700 E MARSHALL AVE LONGVIEW, TX 75601 86-1132471	ADMIN SUPPORT	TX	501(c)(3)	12A	GSHS INC	Yes	
404 N KAUFMAN STREET LINDEN, TX 75563 01-0829282	HEALTHCARE	TX	501(c)(3)	3	GSHS INC	Yes	
404 N KAUFMAN STREET LINDEN, TX 75563 20-0845127	SUPPORT	TX	501(c)(3)	12a	GSHS INC	Yes	
919 HIDDEN RIDGE DRIVE IRVING, TX 75038 76-0590551	SUPT HLTH SVC	TX	501(c)(3)	10	NA		No
700 E MARSHALL AVE LONGVIEW, TX 75601 75-2056700	SUPPORT	TX	501(c)(3)	12A	GSHS INC	Yes	
700 E MARSHALL AVE LONGVIEW, TX 75601 75-2027157	HLTHCARE SVCS	TX	501(c)(3)	12B	CH		No

**Form 990, Schedule R, Part V - Transactions With Related Organizations**

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
GOOD SHEPHERD FOUNDATION INC	C	233,420	ACCRUAL
CHRISTUS GOOD SHEPHERD HEALTH SYSTEM INC	K	6,693,097	ACCRUAL
CHRISTUS GOOD SHEPHERD HEALTH SYSTEM INC	L	45,395,905	ACCRUAL
CHRISTUS GOOD SHEPHERD HEALTH SYSTEM INC	M	5,841,915	ACCRUAL
CHRISTUS GOOD SHEPHERD HEALTH SYSTEM INC	O	13,256,437	ACCRUAL
CHRISTUS GOOD SHEPHERD HEALTH SYSTEM INC	P	11,934,796	ACCRUAL
CHRISTUS GOOD SHEPHERD HEALTH SYSTEM INC	Q	317,425	ACCRUAL
CHRISTUS GOOD SHEPHERD HEALTH SYSTEM INC	R	418,603	ACCRUAL
CHRISTUS TRINITY MOTHER FRANCES HEALTH SYSTEM	L	2,409,884	ACCRUAL
CHRISTUS TRINITY MOTHER FRANCES HEALTH SYSTEM	M	1,204,942	ACCRUAL
GOOD SHEPHERD FOUNDATION INC	L	200,095	ACCRUAL
GOOD SHEPHERD FOUNDATION INC	M	200,095	ACCRUAL
GOOD SHEPHERD FOUNDATION INC	P	200,095	ACCRUAL
MOTHER FRANCES HOSPITAL REGIONAL HLTH CARE CT	L	299,227	ACCRUAL
MOTHER FRANCES HOSPITAL REGIONAL HLTH CARE CT	M	299,227	ACCRUAL
TRINITY CLINIC	K	122,400	ACCRUAL
TRINITY CLINIC	L	42,792,177	ACCRUAL
TRINITY CLINIC	M	866,736	ACCRUAL
TRINITY CLINIC	A(IV)	7,410	ACCRUAL