

Form 990

Return of Organization Exempt From Income Tax

**Department of the Treasury
Internal Revenue Service**

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

► Do not enter social security numbers on this form as it may be made public.

► Go to www.hrsa.gov/Form380 for instructions and the latest information.

2017
Open to Public
Inspection

A For the 2017 calendar year, or this year beginning:

10/01, 2017, and ending

09/30. 2018

B <input type="checkbox"/> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Prior return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization GOOD SHEPHERD FOUNDATION, INC. D Doing business as SEE SCHEDULE O E Number and street (or P.O. box if mail is not delivered to street address) 700 E. MARSHALL AVE. F City or town, state or province, country, and ZIP or foreign postal code LONGVIEW, TX 75601					G Room/Suite	H Employer identification number 75-2056700	
I Tax-exempt status: <input checked="" type="checkbox"/> 801(c)(3) <input type="checkbox"/> 801(c)(4) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527						J Website: N/A		
						K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other (P)		
						L Year of formation: 1976 M State of incorporation/domicile: TX		
						N Group exemption number: 3		
						O Telephone number: (903) 315-2032		
						P Gross receipts \$ 728,160.		
						Q H(s) Is this a group return for subordination? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
						R H(s) Are all exemptions included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
						S If "No," attach a list. (See Instructions)		
						T H(s) Group exemption number: 3		

Part II Summary		
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE GOOD SHEPHERD FOUNDATION'S PRIMARY EXEMPT PURPOSE IS TO SUPPORT THE EXPANSION AND ONGOING OPERATIONS OF THE NOT-FOR-PROFIT GOOD SHEPHERD MEDICAL CENTER AND THE COMMUNITY.	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
3 Number of voting members of the governing body (Part VI, line 1a)	3 23.	
4 Number of independent voting members of the governing body (Part VI, line 1b)	4 22.	
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5 0.	
6 Total number of volunteers (estimate if necessary)	6 165.	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.	
b Net unrelated business taxable income from Form 990-T, line 1	7b 0.	
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OGDEN, UT		
Revenue	Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	1,100,354. 434,286.
9 Program service revenue (Part VIII, line 2g)	0. 0.	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	90,265. 64,935.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 8d-10c, and 11a)	10,883. 47,611.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,201,502. 546,832.	
Expenses	Prior Year	Current Year
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	166,146. 154,622.
14 Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	81,289. 138,880.	
16 Professional fundraising fees (Part IX, column (A), line 11a)	0. 0.	
b Total fundraising expenses (Part IX, column (D), line 25) > 90,176.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24a)	174,768. 69,763.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	422,203. 363,265.	
19 Revenue less expenses. Subtract line 18 from line 12	779,299. 183,567.	
Beginning of Current Year		End of Year
20 Total assets (Part X, line 18)	3,206,327.	3,629,071.
21 Total liabilities (Part X, line 28)	15,869.	50,657.
22 Net assets or fund balances. Subtract line 21 from line 20	3,192,458.	3,578,414.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer MICHAEL CHEEK Type or print name and title		08/15/2019 Date CEO		
Print/Type preparer's name Firm's name Firm's address	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
			Firm's EIN	Phone no.
May the IRS discuss this return with the preparer shown above? (see instructions)				Yes <input type="checkbox"/> No <input type="checkbox"/>
For Paperwork Reduction Act Notice, see the separate instructions.				

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

THE GOOD SHEPHERD FOUNDATION'S PRIMARY EXEMPT PURPOSE IS TO SUPPORT
 THE EXPANSION AND ONGOING OPERATIONS OF THE NOT-FOR-PROFIT GOOD
 SHEPHERD MEDICAL CENTER IN ITS SERVICE TO THE COMMUNITY.

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 \$ _____ including grants of \$ _____) (Revenue \$ _____)
 ATTACHMENT 1

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 ► 202,862.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3 X	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.	5 X	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6 X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7 X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8 X	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9 X	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a X	
b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b X	
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c X	
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13 X	
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16 X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17 X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19 X	

Part IV Checklist of Required Schedules (continued)

		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	20a	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21	X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a.	24a	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	X
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	25b	X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	28b	X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.	28c	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	29	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.	31	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.	37	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	X

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V

	Yes	No
1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable.	1a	0.
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable.	1b	1
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	0.
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).	7a	X
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7b	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	X
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
d If "Yes," indicate the number of Forms 8282 filed during the year	7e	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	9a	
9 Sponsoring organizations maintaining donor advised funds.	9b	
10 Section 501(c)(7) organizations. Enter		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11 Section 501(c)(12) organizations. Enter		
a Gross income from members or shareholders	11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state?	13a	
Note. See the instructions for additional information the organization must report on Schedule O		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

Part VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	X
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Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year
 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O

1b Enter the number of voting members included in line 1a, above, who are independent

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

5 Did the organization become aware during the year of a significant diversion of the organization's assets?

6 Did the organization have members or stockholders?

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following

a The governing body?

b Each committee with authority to act on behalf of the governing body?

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O

	Yes	No
1a	23	
1b	22	
2	X	
3	X	
4	X	
5	X	
6	X	
7a	X	
7b	X	
8a	X	
8b	X	
9	X	

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

10a Did the organization have local chapters, branches, or affiliates?
 b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?
 b Describe in Schedule O the process, if any, used by the organization to review this Form 990

12a Did the organization have a written conflict of interest policy? If "No," go to line 13
 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?
 c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done

13 Did the organization have a written whistleblower policy?

14 Did the organization have a written document retention and destruction policy?

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?
 a The organization's CEO, Executive Director, or top management official
 b Other officers or key employees of the organization
 If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?
 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?

	Yes	No
10a	X	
10b		
11a	X	
12a	X	
12b	X	
12c	X	
13	X	
14	X	
15a	X	
15b	X	
16a	X	
16b		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 Own website Another's website Upon request Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ►
 KARLA BOUNDS 700 E MARSHALL AVE LONGVIEW, TX 75601 903-315-5190

Part VII 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.

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated	Former			
(1)APRIL GASTON, M. D. DIRECTOR	1.00 0.	X						0.	0.	0.
(2)BETTY HORANEY DIRECTOR	1.00 0.	X						0.	0.	0.
(3)BUCK BIRDSONG DIRECTOR	2.00 0.	X						0.	0.	0.
(4)CATHEY GREEN DIRECTOR	1.00 0.	X						0.	0.	0.
(5)CLAUDETTE JONES DIRECTOR (THRU 01/2018)	1.00 0.	X						0.	0.	0.
(6)KENT LOWREY DIRECTOR	1.00 0.	X						0.	0.	0.
(7)DARREN GROCE DIRECTOR	1.00 0.	X						0.	0.	0.
(8)DAVID HAYES DIRECTOR	1.00 0.	X						0.	0.	0.
(9)TODD HANCOCK PRESIDENT/CEO	1.00 39.00	X	X					0.	662,266.	114,579.
(10)JOE BOB JOYCE DEVELOPMENT CHAIR	7.00 7.00	X						0.	0.	0.
(11)KAE MCCRORY, D.O. GRANT REVIEW CHAIR	2.00 0.	X	X					0.	0.	0.
(12)KEITH HONEY DIRECTOR	1.00 0.	X						0.	0.	0.
(13)KELLYN R. DRAYER DIRECTOR	1.00 0.	X						0.	0.	0.
(14)KIM DROEGE DIRECTOR	1.00 0.	X						0.	0.	0.

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

	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
			Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated				
15)	LEIGH ANN MAHJOOBI DIRECTOR	1.00 0.		X					0.	0.	0.
16)	LINDA R. THOMAS FINANCE CHAIR	1.00 0.		X	X				0.	0.	0.
17)	MARGIE ABERNATHY DIRECTOR	1.00 0.		X					0.	0.	0.
18)	PATSY MACHIN DIRECTOR	1.00 0.		X					0.	0.	0.
19)	ROGERS POPE, JR. DIRECTOR (THRU 02/2018)	0. 0.		X					0.	0.	0.
20)	RUSSELL E. BROWN DIRECTOR	1.00 0.		X					0.	0.	0.
21)	STAN UPCHURCH, M.D. DIRECTOR	1.00 0.		X					0.	0.	0.
22)	SYDNEY KING DIRECTOR	1.00 0.		X					0.	0.	0.
23)	TAMMY SKINNER DIRECTOR	1.00 0.		X					0.	0.	0.
24)	KIM HOWARD, M.D. CHAIR	1.00 0.		X	X				0.	0.	0.
25)	TALI WILKINSON DIRECTOR (AS OF 01/2018)	1.00 0.		X					0.	0.	0.
1b Sub-total								►	0.	662,266.	114,579.
c Total from continuation sheets to Part VII, Section A								►	0.	2,149,297.	141,272.
d Total (add lines 1b and 1c)								►	0.	2,811,563.	255,851.

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 ► 0.

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 0.

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

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 ► 0

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

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

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

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.

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

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII.

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	36,200			
	d Related organizations	1d	63,774			
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	774,712			
	g Noncash contributions included in lines 1a-1f \$		26,000			
	i Total. Add lines 1a-1f ►		434,286			
Program Service Revenue	2a	Business Code				
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f ►		0			
	3 Investment income (including dividends, interest, and other similar amounts). ►		64,935			
4 Income from investment of tax-exempt bond proceeds ►		0				
5 Royalties ►		0				
6a Gross rents	(i) Real	(ii) Personal				
b Less rental expenses						
c Rental income or (loss)						
d Net rental income or (loss) ►			0			
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
b Less cost or other basis and sales expenses						
c Gain or (loss)						
d Net gain or (loss) ►			0			
8a Gross income from fundraising events (not including \$ 36,200 of contributions reported on line 1c) See Part IV, line 18 a	ATCH 2	200,440				
b Less direct expenses b		161,320				
c Net income or (loss) from fundraising events ►	ATCH 3 ►	47,112				
9a Gross income from gaming activities See Part IV, line 19 a	20,000					
b Less direct expenses b	20,000					
c Net income or (loss) from gaming activities ►	ATCH 4 ►	0				
10a Gross sales of inventory, less returns and allowances a						
b Less cost of goods sold b						
c Net income or (loss) from sales of inventory ►		0				
Miscellaneous Revenue	Business Code					
11a INTERCOMPANY REVENUE	900099	499				499
b						
c						
d All other revenue						
e Total. Add lines 11a-11d ►		499				499
12 Total revenue. See instructions ►		546,832				546,832

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	150,116.	150,116.		
2 Grants and other assistance to domestic individuals See Part IV, line 22	4,506.	4,506.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	0.			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	128,951.	32,238.	32,238.	64,475.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0.			
9 Other employee benefits	741.	185.	185.	371.
10 Payroll taxes	9,188.	2,297.	2,297.	4,594.
11 Fees for services (non-employees)				
a Management	0.			
b Legal	0.			
c Accounting	0.			
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17.	0.			
f Investment management fees	0.			
g Other (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	13,382.		12,713.	669.
12 Advertising and promotion	0.			
13 Office expenses	6,811.	1,703.	1,703.	3,405.
14 Information technology.	1,540.	385.	385.	770.
15 Royalties.	0.			
16 Occupancy	28,576.	7,144.	7,144.	14,288.
17 Travel	1,020.	255.	255.	510.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	0.			
20 Interest	147.		147.	
21 Payments to affiliates.	0.			
22 Depreciation, depletion, and amortization	831.	208.	208.	415.
23 Insurance	44.		44.	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a MEDICAL SUPPLIES	3,825.	3,825.		
b EQUIPMENT RENTAL	954.		906.	48.
c OTHER	12,408.		11,788.	620.
d DUES & SUBSCRIPTIONS	225.		214.	11.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	363,265.	202,862.	70,227.	90,176.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

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

		(A) Beginning of year	(B) End of year	
Assets	1 Cash - non-interest-bearing	80,595.	1 398,875.	
	2 Savings and temporary cash investments	919,653.	2 0.	
	3 Pledges and grants receivable, net	0.	3 0.	
	4 Accounts receivable, net	1,827.	4 2,750.	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees			
	Complete Part II of Schedule L		0.	5 0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		0.	6 0.
	7 Notes and loans receivable, net		0.	7 0.
	8 Inventories for sale or use		0.	8 0.
	9 Prepaid expenses and deferred charges		767.	9 0.
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 4,500.		
	b Less accumulated depreciation	10b 4,500.	0.	10c 0.
	11 Investments - publicly traded securities		2,205,485.	11 3,224,546.
	12 Investments - other securities See Part IV, line 11		0.	12 0.
	13 Investments - program-related See Part IV, line 11		0.	13 0.
	14 Intangible assets		0.	14 0.
15 Other assets See Part IV, line 11		0.	15 2,900.	
16 Total assets. Add lines 1 through 15 (must equal line 34)		3,208,327.	16 3,629,071.	
Liabilities	17 Accounts payable and accrued expenses	4,585.	17 4,857.	
	18 Grants payable	0.	18 0.	
	19 Deferred revenue	0.	19 0.	
	20 Tax-exempt bond liabilities	0.	20 0.	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		0.	21 0.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0.	22 0.
	23 Secured mortgages and notes payable to unrelated third parties		0.	23 0.
	24 Unsecured notes and loans payable to unrelated third parties		0.	24 0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		11,284.	25 45,800.
	26 Total liabilities. Add lines 17 through 25		15,869.	26 50,657.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,966,239.	27 3,354,115.	
	28 Temporarily restricted net assets	226,219.	28 224,299.	
	29 Permanently restricted net assets	0.	29 0.	
	Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	3,192,458.	33 3,578,414.	
	34 Total liabilities and net assets/fund balances	3,208,327.	34 3,629,071.	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI.

1	Total revenue (must equal Part VIII, column (A), line 12)	1	546,832.
2	Total expenses (must equal Part IX, column (A), line 25)	2	363,265.
3	Revenue less expenses Subtract line 2 from line 1	3	183,567.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,192,458.
5	Net unrealized gains (losses) on investments	5	236,551.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-34,162.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,578,414.

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

1 Accounting method used to prepare the Form 990 Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis

b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a	X	
2b	X	
2c	X	
3a	X	
3b		

Department of the Treasury
Internal Revenue Service

Name of the organization

GOOD SHEPHERD FOUNDATION, INC.

Employer identification number

75-2056700

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)

(i) Name of supported organization ATTACHMENT 1	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						150,116.

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)).	14	%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . ► <input type="checkbox"/>		
b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1		
1	X	
2		X
3a		X
3b		
3c		
4a		X
4b		
4c		
5a		X
5b		
5c		
6		X
7		X
8		X
9a		X
9b		X
9c		X
10a		X
10b		

Part IV Supporting Organizations (continued)

11 Has the organization accepted a gift or contribution from any of the following persons?

- 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?
- A family member of a person described in (a) above?
- A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in **Part VI**.

	Yes	No
11a		X
11b		X
11c		X

Section B. Type I Supporting Organizations

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

	Yes	No
1	X	
2		X

Section C. Type II Supporting Organizations

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

	Yes	No
1		

Section D. All Type III Supporting Organizations

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

	Yes	No
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)

- The organization satisfied the Activities Test Complete line 2 below
- The organization is the parent of each of its supported organizations Complete line 3 below
- The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

- Activities Test Answer (a) and (b) below.

- Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities
- Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement
- Parent of Supported Organizations Answer (a) and (b) below.
- Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in **Part VI**.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard

	Yes	No
2a		
2b		
3a		
3b		

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

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

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

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

Section D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI) See instructions		
7	Total annual distributions. Add lines 1 through 6		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions		
9	Distributable amount for 2017 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-2017
(iii) Distributable Amount for 2017			
1	Distributable amount for 2017 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI) See instructions		
3	Excess distributions carryover, if any, to 2017		
a			
b	From 2013		
c	From 2014		
d	From 2015		
e	From 2016		
f	Total of lines 3a through e		
g	Applied to underdistributions of prior years		
h	Applied to 2017 distributable amount		
i	Carryover from 2012 not applied (see instructions)		
j	Remainder Subtract lines 3g, 3h, and 3i from 3f		
4	Distributions for 2017 from Section D, line 7 \$.		
a	Applied to underdistributions of prior years		
b	Applied to 2017 distributable amount		
c	Remainder Subtract lines 4a and 4b from 4		
5	Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI See instructions		
6	Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions		
7	Excess distributions carryover to 2018 Add lines 3j and 4c		
8	Breakdown of line 7		
a	Excess from 2013		
b	Excess from 2014		
c	Excess from 2015		
d	Excess from 2016		
e	Excess from 2017		

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.)

ATTACHMENT 1**SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS**

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION	(IV) YES NO	(V) AMOUNT OF SUPPORT	(VI) OTHER SUPPORT AMOUNT
THE GOOD SHEPHERD HOSPITAL, INC	75-1041154	3	X	150,116	0
TOTAL AMOUNT OF SUPPORT				150,116	0

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No 1545-0047

2017Open to Public
Inspection

Name of the organization

GOOD SHEPHERD FOUNDATION, INC.

Employer identification number

75-2056700

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

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

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

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)	
<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register.	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____	
4 Number of states where property subject to conservation easement is located ► _____	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> 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)?	<input type="checkbox"/> Yes <input type="checkbox"/> 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.

JSA

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Schedule D (Form 990) 2017

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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 <input type="checkbox"/> Public exhibition	d <input type="checkbox"/> Loan or exchange programs
b <input type="checkbox"/> Scholarly research	e <input type="checkbox"/> Other _____
c <input type="checkbox"/> Preservation for future generations	

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

	Amount
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 on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

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

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

a Board designated or quasi-endowment ► _____ %

b Permanent endowment ► _____ %

c Temporarily restricted endowment ► _____ %

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

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

(i) unrelated organizations

(ii) related organizations

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

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

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

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

	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		4,500.	4,500.	
e Other				

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c) ►

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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) INTERCOMPANY PAYABLES	45,800.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ► 45,800.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a

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

Part XIII Supplemental Information.

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

UNCERTAIN TAX POSITIONS UNDER ASC 740

FORM 990, SCHEDULE D, PART X

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

MATERIAL UNRECORDED TAX LIABILITIES AS OF SEPTEMBER 30, 2017 AND 2018.

Part XIII Supplemental Information (continued)

SCHEDULE G
(Form 990 or 990-EZ)**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

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

2017Open to Public
Inspection

Name of the organization

GOOD SHEPHERD FOUNDATION, INC.

Employer identification number

75-2056700

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

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

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

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

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
1		Yes	No			
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

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

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

		(a) Event #1 <u>GOLD RUSH GALA</u> (event type)	(b) Event #2	(c) Other events 1. (total number)	(d) Total events (add col (a) through col (c))
		(event type)	(total number)		
Revenue	1 Gross receipts	244,640.			244,640.
	2 Less: Contributions	36,200.			36,200.
	3 Gross income (line 1 minus line 2).	208,440.			208,440.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	76,770.			76,770.
	6 Rent/facility costs	9,724.			9,724.
	7 Food and beverages	13,944.			13,944.
	8 Entertainment	34,905.			34,905.
	9 Other direct expenses	25,985.			25,985.
	10 Direct expense summary Add lines 4 through 9 in column (d)				161,328.
	11 Net income summary Subtract line 10 from line 3, column (d)				47,112.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue			20,000.	20,000.
Direct Expenses	2 Cash prizes				
	3 Noncash prizes			20,000.	20,000.
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100 0000 % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				20,000.
	8 Net gaming income summary Subtract line 7 from line 1, column (d)				

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

a Is the organization licensed to conduct gaming activities in each of these states? Yes X No
b If "No," explain _____

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

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in

a The organization's facility	13a	%
b An outside facility	13b	100.0000 %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ► PAULA POOLE

Address ► 700 E. MARSHALL AVE. LONGVIEW, TX 75601

15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party

Name ►

Address ►

16 Gaming manager information

Name ► KARMEN LLOYD

Gaming manager compensation ► \$ _____

Description of services provided ► SEE DESCRIPTION OF SERVICES PROVIDED ON

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

EXPLANATION

FORM 990, SCHEDULE G, PART III, LINE 9B

THE STATE OF TEXAS DOES NOT REQUIRE A GAMING LICENSE IF CERTAIN CRITERIA

ARE MET. THE GOOD SHEPHERD FOUNDATION MEETS THE REQUIRED CRITERIA AS

LISTED BELOW:

1. QUALIFIED ORGANIZATION: QUALIFIED NONPROFIT ORGANIZATION
2. TIME AND FREQUENCY RESTRICTIONS

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in

13a	%
13b	%

a The organization's facility

b An outside facility

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ► _____

Address ► _____

15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party

Name ► _____

Address ► _____

16 Gaming manager information

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

3. USE OF RAFFLE PROCEEDS: ALL PROCEEDS FROM TICKET SALES SPENT FOR

CHARITABLE PURPOSES OF THE FOUNDATION

4. RESTRICTIONS ON RAFFLE PROMOTION AND TICKET SALES

5. TICKET DISCLOSURES

6. RESTRICTIONS ON PRIZES.

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in

13a	%
13b	%

a The organization's facility

b An outside facility

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ► _____

Address ► _____

15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party

Name ► _____

Address ► _____

16 Gaming manager information

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

DESCRIPTION OF SERVICES PROVIDED

FORM 990, SCHEDULE G, PART III, LINE 16

KARMEN LOYD WAS THE RAFFLE CHAIR FOR THE GUILD (VOLUNTEER GROUP WHO RUNS THE ANNUAL GOLD RUSH FUNDRAISER). HER RESPONSIBILITIES INCLUDE SELLING RAFFLE TICKETS AND ENCOURAGING FELLOW GUILD MEMBERS TO SELL. ON THE NIGHT OF THE EVENT, SHE CONTINUES SALES AND ASSISTS UNTIL ALL TICKETS HAVE BEEN SOLD. ALL PROCEEDS AND INFORMATION IS THEN SENT TO PAULA POOLE,

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in

13a	%
13b	%

a The organization's facility

b An outside facility

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ► _____

Address ► _____

15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party

Name ► _____

Address ► _____

16 Gaming manager information.

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (ii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

ASSISTANT DIRECTOR OF THE GOOD SHEPHERD FOUNDATION. SHE IS RESPONSIBLE FOR MAINTAINING THE DOCUMENTATION, DEPOSITING FUNDS, AND ENSURING PROPER RECORDING OF THE RAFFLE ON THE GENERAL LEDGER BY THE GOOD SHEPHERD ACCOUNTANT. THIS IS PART OF HER JOB RESPONSIBILITIES AND SHE IS NOT COMPENSATED FOR PERFORMING ANY SPECIFIC GAMING TASKS.

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.

Department of the Treasury
Internal Revenue ServiceName of the organization
GOOD SHEPHERD FOUNDATION, INC.OMB No 1545-0047
2017
Open to Public
Inspection**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) THE GOOD SHEPHERD HOSPITAL, INC 700 E MARSHALL AVE LONGVIEW, TX 75601	75-1041154	501 (C) (3)	150,116	FMV			SUPPORT
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table							1.
3 Enter total number of other organizations listed in the line 1 table							►

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

Schedule I (Form 990) (2017)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

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

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

FORM 990, SCHEDULE I, PART I, LINE 2

THE FOUNDATION DONATES TO RELATED ORGANIZATIONS THAT ARE SUPPORTED BY THE FOUNDATION.

THE FOUNDATION ALSO SUPPORTS INDIVIDUALS DIRECTLY. EMPLOYEES OF GOOD

SHEPHERD FACILITIES MAY MAKE REQUESTS FOR ASSISTANCE. AFTER APPROVAL OF

THE REQUEST, THE FUNDS ARE PAID DIRECTLY TO THE VENDOR PROVIDING THE GOODS AND/OR SERVICES.

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 for instructions and the latest information.

OMB No 1545-0047

2017Open to Public
Inspection

Name of the organization

GOOD SHEPHERD FOUNDATION, INC.

Employer identification number

75-2056700

Part I Questions Regarding Compensation

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

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

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

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

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

a Receive a severance payment or change-of-control payment?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

a The organization?
b Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

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

a The organization?
b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III

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

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

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

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

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

Schedule J (Form 990) 2017

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(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			
CARLA BROWN 1 DIRECTOR (TERMED 12/2016)	(i) 0.	(ii) 0.	(iii) 0.	(C) 0.	(D) 0.	(F) 0.
TODD HANCOCK 2 PRESIDENT/CEO	(i) 93,341.	(ii) 0.	(iii) 645.	(C) 1,191.	(D) 484.	(F) 95,661.
KEN CUNNINGHAM 3 VICE PRESIDENT (THRU 07/2017)	(i) 0.	(ii) 0.	(iii) 0.	(C) 0.	(D) 0.	(F) 0.
MICHAEL CHEEK 4 CFO	(i) 332,954.	(ii) 340,000.	(iii) 78,110.	(C) 35,522.	(D) 23,140.	(F) 51,084.
STEVE ALTMILLER 5 PRESIDENT/CEO (THRU 02/2017)	(i) 0.	(ii) 0.	(iii) 0.	(C) 0.	(D) 0.	(F) 0.
6	(i) 71,251.	(ii) 160,000.	(iii) 655,002.	(C) 2,769.	(D) 6,840.	(F) 895,862.
7	(i) 0.	(ii) 0.	(iii) 0.	(C) 0.	(D) 0.	(F) 0.
8	(i) 0.	(ii) 0.	(iii) 0.	(C) 0.	(D) 0.	(F) 0.
9	(i) 0.	(ii) 0.	(iii) 0.	(C) 0.	(D) 0.	(F) 0.
10	(i) 0.	(ii) 0.	(iii) 0.	(C) 0.	(D) 0.	(F) 0.
11	(i) 0.	(ii) 0.	(iii) 0.	(C) 0.	(D) 0.	(F) 0.
12	(i) 0.	(ii) 0.	(iii) 0.	(C) 0.	(D) 0.	(F) 0.
13	(i) 0.	(ii) 0.	(iii) 0.	(C) 0.	(D) 0.	(F) 0.
14	(i) 0.	(ii) 0.	(iii) 0.	(C) 0.	(D) 0.	(F) 0.
15	(i) 0.	(ii) 0.	(iii) 0.	(C) 0.	(D) 0.	(F) 0.
16	(i) 0.	(ii) 0.	(iii) 0.	(C) 0.	(D) 0.	(F) 0.

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.

SUPPLEMENTAL COMPENSATION INFORMATION

FORM 990, PART VII, QUESTION 1A AND SCHEDULE J, PART II

DIRECTORS AND EX-OFFICIO DIRECTORS PROVIDE THEIR SERVICES AS MEMBERS OF THE BOARD WITHOUT COMPENSATION OR BENEFITS. ANY COMPENSATION AND BENEFITS DISCLOSED FOR SUCH PERSONS IS EARNED IN THE RESPECTIVE INDIVIDUAL'S ROLE AS AN OFFICER OR EMPLOYEE OF THE FILING ORGANIZATION OR A RELATED ORGANIZATION, NOT FOR THE INDIVIDUAL'S ROLE AS A BOARD MEMBER OR DIRECTOR. BOARD MEMBERS SPEND TIME AS NEEDED FOR BOARD MEETINGS AND FUNCTIONS.

DETERMINING OF CEO/EXECUTIVE DIRECTOR'S COMPENSATION

FORM 990, SCHEDULE J, PART I, LINE 3

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

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.

COMMITTEE USES AN INDEPENDENT COMPENSATION CONSULTANT WHO PERFORMS BI-ANNUAL COMPENSATION SURVEY. THE FILING ORGANIZATION DOES NOT HAVE THE AUTHORITY TO DETERMINE AND IMPLEMENT THE METHODS USED TO ESTABLISH SUCH COMPENSATION.

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN

FORM 990, SCHEDULE J, PART I, LINE 4B AND PART II, COLUMN (F)

COMPENSATION REPORTED AS DEFERRED IN A PRIOR FORM 990 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. THE FOLLOWING INDIVIDUALS PARTICIPATED IN A SUPPLEMENTAL NON QUALIFIED

RETIREMENT PLAN DESCRIBED IN 457 (F) :

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

INDIVIDUALS:	PAYMENT IN W-2:	DEFERRED COMPENSATION:
STEVE ALTMILLER	\$171, 973	\$ 2,769
KEN CUNNINGHAM	\$ 51, 084	NONE

SUPPLEMENTAL COMPENSATION INFORMATION

FORM 990, SCHEDULE J, PART II

W-2 COMPENSATION MAY INCLUDE PAYMENTS RELATED TO COMPENSATION DEFERRED IN PRIOR YEARS. DEFERRED COMPENSATION MAY INCLUDE DEFERRALS OF CURRENT YEAR COMPENSATION UNDER EXECUTIVE DEFERRED INCOME ACCOUNT, SUPPLEMENTAL EXECUTIVE RETIREMENT AND RETENTION PLAN AND PENSION RESTORATION PLAN.

BONUS AND INCENTIVE COMPENSATION

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 2017.

DEFERRED COMPENSATION

FORM 990, SCHEDULE J, PART II, COLUMN C

DEFERRED COMPENSATION INCLUDES EXECUTIVE DEFERRED INCOME ACCOUNT,

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

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.

SEVERANCE COMPENSATION

FORM 990, SCHEDULE J, PART I, LINE 4A AND PART II, COLUMN (B III)

THE FOLLOWING INDIVIDUAL RECEIVED SEVERANCE COMPENSATION:

STEVE ALTMILLER \$325,000

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No 1545-0047

2017

**Open to Public
Inspection**

- Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- Attach to Form 990.
- Go to www.irs.gov/Form990 for the latest information.

Name of the organization

GOOD SHEPHERD FOUNDATION, INC.

Employer identification number

75-2056700

Part I Types of Property

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

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

29

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

	Yes	No
30a		X

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

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

	Yes	No
31	X	

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

	Yes	No
32a		X

b If "Yes," describe in Part II

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

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

Schedule M (Form 990) (2017)

JSA

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

FORM 990, SCHEDULE M, PART I, COLUMN (B)

NUMBER OF CONTRIBUTIONS OR ITEMS CONTRIBUTED:

LINE 6, THE NUMBER OF CONTRIBUTIONS LISTED IS THE NUMBER OF ITEMS RECEIVED.

LINE 19 AND 25, THE NUMBER OF CONTRIBUTIONS LISTED IS THE NUMBER OF CONTRIBUTORS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2017

Open to Public
Inspection

Name of the organization

GOOD SHEPHERD FOUNDATION, INC.

Employer identification number

75-2056700

DOING BUSINESS AS

FORM 990, PART I, ITEM C GOOD SHEPHERD FOUNDATION, INC. OPERATES UNDER

THE FOLLOWING NAME:

CHRISTUS GOOD SHEPHERD HEALTH SYSTEM FOUNDATION - LONGVIEW

DELEGATION OF AUTHORITY

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

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

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

MEMBERS OR STOCKHOLDERS

FORM 990, PART VI, SECTION A, LINE 6

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

FILING ORGANIZATION.

DESCRIPTION OF CLASSES OF PERSONS AND THE NATURE OF THEIR RIGHTS

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.

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

FORM 990, PART VI, LINE 7B ACTION BY GOOD SHEPHERD FOUNDATION

("CORPORATION") SHALL NOT BE TAKEN UNTIL CHRISTUS HEALTH, ACTING THROUGH

Name of the organization

GOOD SHEPHERD FOUNDATION, INC.

Employer identification number

75-2056700

ITS BOARD OF DIRECTORS, SHALL HAVE TAKEN ACTIONS BY CONSENT RESOLUTION OR RESOLUSIONS SIGNED ON BEHALF OF THE SOLE MEMBER BY ITS PRESIDENT OR CORPORATE SECRETARY AND RECORDED IN THE MINUTE BOOKS OF GOOD SHEPHERD HEALTH SYSTEM, INC. THE SOLE MEMBER MAY DELEGATE CERTAIN POWERS TO GOOD SHEPHERD HEALTH SYSTEM, INC'S PRESIDENT. THE MATTERS SET FORTH BELOW ARE RESERVED EXCLUSIVELY TO THE SOLE MEMBER AND ARE NOT VALID UNTIL THEY HAVE BEEN SUBMITTED FOR AND RECEIVED APPROVAL BY THE MEMBER IN THE MANNER OUTLINED ABOVE: ANY AMENDMENT OR RESTATEMENT OF THE ARTICLES OF INCORPORATION OR BYLAWS OF THE CORPORATION; THE ESTABLISHMENT OF ANY NEW CORPORATION OR THE MERGER, DISSOLUTION, OR CONSOLIDATION OF THE CORPORATION; APPROVAL OF THE CAPITAL AND OPERATIONAL BUDGETS OF THE CORPORATION AND APPROVAL OF ANY AUDIT OR FINANCIAL REVIEW OF THE BOOKS AND RECORDS OF THE CORPORATION; INCURRING OR RENEWING ANY INDEBTEDNESS BY THE CORPORATION; ANY ACQUISITION, EXCHANGE, LEASE, SALE OR PURCHASE OF REAL PROPERTY BY THE CORPORATION; THE APPROVAL OF ANY GIFT OF PROPERTY (OTHER THAN CASH, MARKETABLE SECURITIES, OR BONDS) TO THE CORPORATION WITH IMPOSED RESTRICTIONS AS A CONDITION OF ACCEPTING SAID GIFT; APPROVAL OF SHORT-TERM AND LONG-RANGE STRATEGIC PLANS FOR THE CORPORATION; APPROVAL OF THE STATED MISSION AND PHILOSOPHY ACCORDING TO WHICH THE CORPORATION WILL OPERATE ITS AFFAIRS; AND ELECTION/APPROVAL AND REMOVAL OF DIRECTORS OF THE CORPORATION. THE SOLE MEMBER MAY REQUIRE AN AUDIT OR SOME LESSER FINANCIAL REVIEW OF THE BOOKS AND RECORDS OF THE CORPORATION BY AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTANT SELECTED BY THE SOLE MEMBER IF THE SOLE MEMBER DEEMS SUCH REVIEW OR AUDIT TO BE NECESSARY OR APPROPRIATE. THE SOLE MEMBER MAY FROM TIME TO TIME, BY APPROPRIATE

Name of the organization GOOD SHEPHERD FOUNDATION, INC.	Employer identification number 75-2056700
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RESOLUTIONS ADOPTED AND APPROVED BY SAID SOLE MEMBER, DELEGATE ADDITIONAL ACTIONS TO THE BOARD OF DIRECTORS OF THE CORPORATION.

PROCESS TO REVIEW FORM 990

FORM 990, PART VI, SECTION B, LINE 11B THE FORM 990 IS PREPARED AND REVIEWED BY THE CHRISTUS HEALTH TAX DEPARTMENT. THE CHRISTUS HEALTH ACCOUNTING DEPARTMENT WORKS WITH THE TAX DEPARTMENT 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 SUMMER 2019 VIA EITHER METING, 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.

PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST POLICY FORM 990, PART VI, LINE 12C

THE BOARD REVIEWS AND RESOLVES, IF NECESSARY, ANY TRANSACTIONS AS THEY ARISE THROUGHOUT THE YEAR IN ACCORDANCE WITH POLICY STANDARDS. THE ORGANIZATION'S INTERNAL ACCOUNTANTS DISTRIBUTE AND REVIEW ANNUAL QUESTIONNAIRES TO IDENTIFY ANY POTENTIAL CONFLICTS OF THE BOARD MEMBERS, OFFICERS AND THE HIGHEST COMPENSATED EMPLOYEES. WHEN A CONFLICT OF INTEREST IS IDENTIFIED, THE INDIVIDUAL IS REMOVED FROM DISCUSSIONS AND CANNOT VOTE ON ANY TRANSACTIONS INVOLVING THE CONFLICT.

Name of the organization

GOOD SHEPHERD FOUNDATION, INC.

Employer identification number

75-2056700

COMPENSATION DETERMINATION PROCESS

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

THE EXECUTIVE COMPENSATION COMMITTEE OF CHRISTUS HEALTH DETERMINES THE COMPENSATION OF THE CEO/PRESIDENT AND CFO OF GOOD SHEPHERD FOUNDATION.

THE EXECUTIVE COMPENSATION COMMITTEE IS COMPOSED OF INDIVIDUALS WHO HAVE NO CONFLICT OF INTEREST WITH THE COMPENSATION ARRANGEMENTS AT HAND. THE EXECUTIVE COMPENSATION COMMITTEE OF THE CHRISTUS HEALTH BOARD SELECTS AN INDEPENDENT EXTERNAL FIRM TO PERFORM AN INDEPENDENT COMPENSATION REVIEW, TO ENSURE THAT ALL COMPENSATION IS REASONABLE AND COMPARABLE TO OTHER SIMILARLY SITUATED ORGANIZATIONS, FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS, AND TO PROVIDE SUPPORTING INFORMATION OF COMPENSATION DECISIONS. ON AN ANNUAL BASIS THE EXTERNAL CONSULTANT:

1. DEVELOPS THE MERIT INCREASE RECOMMENDATIONS FOR ALL DESIGNATED SYSTEM EXECUTIVES BASED ON MARKET COMPARABILITY.
2. RECOMMENDS THE CHANGES IN THE COMPENSATION STRUCTURE (GRADES) BASED ON THE MARKET CHANGES.
3. COMPLETES A REVIEW AND EVALUATION OF NEWLY CREATED POSITIONS TO RECOMMEND A GRADE PLACEMENT TO THE COMMITTEE FOR ITS DISCUSSION AND APPROVAL.

ON A BI-ANNUAL BASIS, THE EXTERNAL CONSULTANT COMPLETES A DETAILED REVIEW OF ALL OTHER DESIGNATED SYSTEM EXECUTIVES' COMPENSATION AND BENEFITS. THIS GROUP INCLUDES ALL TOP MANAGEMENT OFFICIALS, OTHER OFFICERS AND KEY LEADERS OF THE ORGANIZATION. THE REVIEW INCLUDES RECOMMENDATIONS TO THE COMMITTEE ON ANY CHANGES NECESSARY IN EITHER SPECIFIC COMPENSATION OR COMPENSATION STRUCTURE TO ENSURE MARKET COMPETITIVENESS, REASONABLENESS AND INTERNAL EQUITY. UPON RECOMMENDATIONS FROM THE INDEPENDENT EXTERNAL FIRM, THE EXECUTIVE COMPENSATION COMMITTEE MAKES FINAL COMPENSATION DECISIONS. ADDITIONALLY, THE EXECUTIVE COMPENSATION COMMITTEE REVIEWS ALL

Name of the organization GOOD SHEPHERD FOUNDATION, INC.	Employer identification number 75-2056700
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COMPENSATION PAYMENTS FOR EXCESS BENEFIT TRANSACTIONS. THE DISCUSSION AND DECISIONS OF THE COMMITTEE ARE DOCUMENTED AND FORMALIZED IN THE COMMITTEE MINUTES AND MAINTAINED ON RECORD. 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.

PUBLIC DISCLOSURE OF 1023 AND FORM 990 & 990-T
FORM 990, PART VI, LINE 18
THE FILING ORGANIZATION'S IRS DETERMINATION LETTER AND FORM 990 ARE AVAILABLE UPON REQUEST.

AVAILABILITY OF DOCUMENTS
FORM 990, PART VI, SECTION C, LINE 19
THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC.

OTHER CHANGES IN NET ASSETS
FORM 990, PART XI, LINE 9

Name of the organization
GOOD SHEPHERD FOUNDATION, INC.

Employer identification number
75-2056700

CHANGE IN RESTRICTED CONTRIBUTIONS	-\$ 7,482
CHANGE IN UNRESTRICTED CONTRIBUTIONS	\$164,563
GOLD RUSH NET INCOME	-\$ 201,312
GRANTS	\$ 10,068
<hr/>	
TOTAL	\$ 34,162

ATTACHMENT 1

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

THE BOARD'S MISSION, IN A PARTNERSHIP WITH GOOD SHEPHERD MEDICAL CENTER, IS TO PROMOTE AND PROVIDE PHILANTHROPIC SUPPORT TO FUND PROGRAMS AND SERVICES, PROVIDE COMMUNITY EDUCATION AND ENSURE THAT ACCESS TO QUALITY HEALTHCARE SERVICES REMAINS AVAILABLE TO ALL PERSONS REGARDLESS OF ABILITY TO PAY.

OUR ROOTS BEGAN IN 1984 UNDER THE LEADERSHIP OF THE GOOD SHEPHERD GUILD, A VOLUNTEER GROUP OF 60 WOMEN. THE GUILD VOLUNTEERS THEIR TIME AND TALENTS IN SUPPORT OF GOOD SHEPHERD MEDICAL CENTER THROUGHOUT THE YEAR. GOLD RUSH HAS NETTED MORE THAN \$8 MILLION DOLLARS IN SUPPORT OF SUCH PROJECTS. OVER 450 BUSINESSES AND INDIVIDUALS SUPPORT GOLD RUSH THROUGH UNDERWRITING TABLES, AUCTION ITEMS, AND VARIOUS NECESSITIES THAT MAKE THE EVENT A HUGE SUCCESS.

ANOTHER PART OF THAT SUCCESS IS ATTRIBUTED TO THE 165 GOOD SHEPHERD EMPLOYEES WHO VOLUNTEER THEIR TIME AS GREETERS, FOOD AND BEVERAGE SERVERS, VALET PARKING ATTENDANTS, CASHIERS AND SILENT AUCTION MONITORS THROUGHOUT THE EVENING.

GOLD RUSH FY 2005 - \$327,000 - GOOD SHEPHERD NEONATAL INTENSIVE

Name of the organization

GOOD SHEPHERD FOUNDATION, INC.

Employer identification number

75-2056700

ATTACHMENT 1 (CONT'D)

CARE UNIT

GOLD RUSH FY 2006 - \$340,000 - NEW MONITORS/DEFIBRULATORS FOR

CHAMPION EMS

GOLD RUSH FY 2007 - \$353,000 - INSTITUTE FOR HEALTHY LIVING

GOLD RUSH FY 2008 - \$333,000 - INSTITUTE FOR HEALTHY LIVING

GOLD RUSH FY 2009 - \$389,000 - THE BREAST CANCER AT GOOD SHEPHERD

MEDICAL CENTER

GOLD RUSH FY 2010 - \$337,000 - MOBILE MAMMOGRAPHY VAN

GOLD RUSH FY 2011 - \$340,920 - SIM CENTER PHASE II

GOLD RUSH FY 2012 - \$326,203 - MEDICINE CLINIC/GRADUATE MEDICAL
EDUCATION PROGRAM

GOLD RUSH FY 2013 - \$319,286 - GOOD SHEPHERD MEDICAL CENTER

GOLD RUSH FY 2014 - \$338,000 - 3D MAMMOGRAPHY FOR BREAST CANCER

GOLD RUSH FY 2015 - \$310,000 - WOMEN'S & CHILDREN'S SERVICES

GOLD RUSH FY 2016 - \$50,000 - TO LONGVIEW WORLD OF WONDERS EXHIBIT

"HEALTHYVILLE" AND \$123,200 FOR ULTRASOUND EQUIPMENT AT ALL ER
LOCATIONS.GOLD RUSH 2017 - \$144,160 FOR NEW HEART/LUNG BYPASS MACHINES AND
AN IVUS ULTRASOUND FOR THE CARDIOVASCULAR SERVICE LINE.ATTACHMENT 2FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>AMOUNT</u>
GOLD RUSH	36,200.
<u>TOTAL</u>	<u>36,200.</u>

Name of the organization

GOOD SHEPHERD FOUNDATION, INC.

Employer identification number

75-2056700

ATTACHMENT 3FORM 990, PART VIII - FUNDRAISING EVENTS

<u>DESCRIPTION</u>	<u>GROSS INCOME</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
GOLD RUSH	208,440.	161,328.	47,112.
TOTALS	<u>208,440.</u>	<u>161,328.</u>	<u>47,112.</u>

ATTACHMENT 4FORM 990, PART VIII - GAMING ACTIVITIES

<u>DESCRIPTION</u>	<u>GROSS INCOME</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
GOLD RUSH RAFFLE	20,000.	20,000.	
TOTALS	<u>20,000.</u>	<u>20,000.</u>	

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

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

Department of the Treasury
Internal Revenue ServiceName of the organization
GOOD SHEPHERD FOUNDATION, INC.Open to Public
Inspection

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

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

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

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
(1)	GOOD SHEPHERD HEALTH SYSTEM, INC 700 E MARSHALL AVE LONGVIEW, TX 75601	SUPPORT GSMC TX	75-2027157	501 (C) (3)	12-TYPE II CH		Yes X
(2)	GOOD SHEPHERD HOSPITAL AUXILIARY 700 E MARSHALL AVE LONGVIEW, TX 75601	SUPPORT TX	23-7203364	501 (C) (3)	10	GSMC X	
(3)	THE GOOD SHEPHERD HOSPITAL, INC 700 E MARSHALL AVE LONGVIEW, TX 75601	HEALTHCARE TX	75-1041154	501 (C) (3)	3	GSHS INC X	
(4)	GOOD SHEPHERD MEDICAL CENTER-LINDEN, INC 700 E MARSHALL AVE LONGVIEW, TX 75601	HEALTHCARE TX	01-0829282	501 (C) (3)	3	GSHS INC X	
(5)	GSMC - LINDEN FOUNDATION, INC 404 N KRAFTMAN ST LINDEN, TX 75563	20-0845127 SUPPORT TX	20-0845127	501 (C) (3)	3	GSHS INC X	
(6)	GSHS ADMINISTRATIVE SERVICES ORG, INC 700 E MARSHALL AVE LONGVIEW, TX 75601	ADMIN SUPPORT TX	86-1132471	501 (C) (3)	12-TYPE I GSHS INC X		
(7)	MARSHALL HOSPITAL FOUNDATION 811 S WASHINGTON AVE MARSHALL, TX 75670	SUPPORT TX	75-2605699	501 (C) (3)	7	GSMC MARSH X	

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

Schedule R (Form 990) 2017

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

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

Department of the Treasury
Internal Revenue Service

Name of the organization
GOOD SHEPHERD FOUNDATION, INC.

2017

Open to Public
Inspection

Name of the organization
GOOD SHEPHERD FOUNDATION, INC.

75-2056700

► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)			;		
(2)					
(3)					
(4)			;		
(5)					
(6)					
(7)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
(1) MARSHALL HEALTH SERVICES, INC 700 E MARSHALL AVE LONGVIEW, TX 75601	75-2580686 HEALTHCARE	TX	501(C)(3)	3	GSMC MARS H	X
(2) CHRISTUS GOOD SHEPHERD MEDICAL CENTER 700 E MARSHALL AVE LONGVIEW, TX 75601	75-0974351 HEALTHCARE	TX	501(C)(3)	3	GSHS INC	X
(3) SERVICE ORGANIZATION OF GOOD SHEPHERD 2950 50TH ST LUBBOCK, TX 79413	38-3914883 SUPPORT	TX	501(C)(3)	12-TYPE I N/A		X
(4) MEMORIAL HOSPITAL AUXILIARY 811 S WASHINGTON AVE MARSHALL, TX 75670	51-0151805 SUPPORT	TX	501(C)(3)	3	GSMC MARS H	X
(5) CHRISTUS HEALTH 919 HIDDEN RIDGE DRIVE IRVING, TX 75038	76-0590551 SPT HLTH SVCS	TX	501(C)(3)	10 N/A		X
(6)						
(7)						

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

Schedule R (Form 990) 2017

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) Distributions to filers?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes
(1) GOOD SHEPHERD AMBULATORY SURGI 703 E MARSHALL AVE LONGVIEW, SURGERY	N/A									
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(15) controlled entity?	(j) Yes	(k) No
(1) GOOD SHEPHERD HEALTH NETWORK 700 E MARSHALL AVE LONGVIEW, TX 75601	75-2551695	INACTIVE	TX	GSMC	C CORP					
(2) GSHS ENTERPRISES, INC 700 E MARSHALL AVE LONGVIEW, TX 75601	75-2021162	HEALTHCARE	TX	GSHS INC	C CORP					
(3) NORTHEAST TEXAS PHYSICIAN SERVICES 700 E MARSHALL AVE LONGVIEW, TX 75601	75-2712245	MGMT SERVICES	TX	GSHS ENTERPRISE	C CORP					
(4) GS PHYSICIAN SERVICES INC 700 E MARSHALL AVE LONGVIEW, TX 75601	75-2762417	MEDICAL SERVI	TX	GSHS ENTERPRISE	C CORP					
(5) GSHS ENTERPRISES HOLDING, INC 700 E MARSHALL AVE LONGVIEW, TX 75601	51-0412465	HOLDING COMPA	DE	GSHS ENTERPRISE	C CORP					
(6) GSHS ENTERPRISES OPERATING #1, INC 700 E MARSHALL AVE LONGVIEW, TX 75601	75-2951772	HEALTHCARE	DE	GSHS ENTERPRISE	C CORP					
(7) GSHS ENTERPRISES OPERATING #2, INC 700 E MARSHALL AVE LONGVIEW, TX 75601	75-2951777	HEALTHCARE	DE	GSHS ENTERPRISE	C CORP					

Schedule R (Form 990) 2017

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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	Yes	No	Yes	No	Yes	No	Yes
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?
Yes	No	Yes	No	Yes	No	Yes	No	Yes
(1)	MARSHALL PHYSICIAN HOSPITAL ORG , INC	75-2580689	INACTIVE	TX	GSMC MARSHALL	C CORP	X	Yes
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

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).

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) THE GOOD SHEPHERD HOSPITAL, INC.	B	150,116.	CASH METHOD
(2) CHRISTUS HEALTH	C	7,500.	CASH METHOD
(3) GSMC - LINDEN FOUNDATION, INC.	C	56,274.	CASH METHOD
(4) THE GOOD SHEPHERD HEALTH SYSTEM, INC.	K	14,475.	CASH METHOD
(5) THE GOOD SHEPHERD HEALTH SYSTEM, INC.	B	144,160.	CASH METHOD
(6) CHRISTUS GOOD SHEPHERD MEDICAL CENTER	B	61,994.	CASH METHOD

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

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

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

Part VII Supplemental Information

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