


Form 990



Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 10-01-2014 , and ending 09-30-2015

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization GOOD SHEPHERD MEDICAL CENTER-LINDEN		D Employer identification number 01-0829282	
	Doing business as			
	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone number	
	404 N KAUFMAN STREET		(903) 756-5561	
	City or town, state or province, country, and ZIP or foreign postal code LINDEN, TX 75563		G Gross receipts \$ 5,808	
F Name and address of principal officer TIM PILEGGI 700 E MARSHALL AVE LONGVIEW, TX 75601		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶		
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀(insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: ▶ N/A				

K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation 2005	M State of legal domicile TX
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Part I		Summary		
Activities & Governance	1 Briefly describe the organization’s mission or most significant activities TO PROVIDE QUALITY, COMPASSIONATE, AND COMPREHENSIVE HEALTH RELATED SERVICES TO ALL PATIENTS THAT PRESENT THEMSELVES TO US, WHATEVER THEIR NEEDS, REGARDLESS OF RACE, CREED, OR GENDER			
	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 2	
	4 Number of independent voting members of the governing body (Part VI, line 1b)		4 0	
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)		5 0	
Activities & Governance	6 Total number of volunteers (estimate if necessary)		6 0	
	7a Total unrelated business revenue from Part VIII, column (C), line 12		7a 0	
	b Net unrelated business taxable income from Form 990-T, line 34		7b 0	
Revenue	8 Contributions and grants (Part VIII, line 1h)		Prior Year 0	Current Year 0
	9 Program service revenue (Part VIII, line 2g)		7,009,790	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-1,641,704	97
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		209,021	5,711
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,577,107	5,808
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		4,000
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)		3,159,321	23,172	
16a Professional fundraising fees (Part IX, column (A), line 11e)		0	0	
b Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0				
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		5,953,018	139,130	
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		9,116,339	162,302	
19 Revenue less expenses Subtract line 18 from line 12		-3,539,232	-156,494	
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)		1,883,839	1,579,216
	21 Total liabilities (Part X, line 26)		285,237	143,908
	22 Net assets or fund balances Subtract line 21 from line 20		1,598,602	1,435,308

Part II Signature Block

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

Sign Here	<div>Signature of officer</div> <div>TIM PILEGGI CFO</div>		<div>2016-08-03</div> <div>Date</div>		
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name PAIGE GERICH	Preparer's signature PAIGE GERICH	Date	Check <input type="checkbox"/> if self-employed	PTIN P00226776
	Firm's name ▶ BKD LLP			Firm's EIN ▶ 44-0160260	
	Firm's address ▶ 2800 POST OAK BLVD STE 3200 HOUSTON, TX 77056			Phone no (713) 499-4600	

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