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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 black lung benefit trust or private foundation)	OMB No 1545-0047 2009 Open to Public Inspection
	The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2009 calendar year, or tax year beginning 04-01-2009 and ending 03-31-2010				
B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization SHEPHERD CENTER INC		D Employer identification number 51-0141601
		Doing Business As		E Telephone number (404) 350-7776
		Number and street (or P O box if mail is not delivered to street address) 2020 PEACHTREE ROAD NW	Room/suite	G Gross receipts \$ 129,347,415
		City or town, state or country, and ZIP + 4 ATLANTA, GA 30309		
	F Name and address of principal officer GARY R ULICNY 2020 PEACHTREE ROAD NW ATLANTA, GA 30309		H(a) Is this a group return for affiliates? ☐ Yes ☒ No H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions) H(c) Group exemption number	
I Tax-exempt status ☒ 501(c) (3) (insert no) ☐ 4947(a)(1) or ☐ 527				
J Website: WWW SHEPHERD ORG				
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other		L Year of formation 1975	M State of legal domicile GA	

Part I		Summary		
Activities & Governance	1	Briefly describe the organization's mission or most significant activities SEE SCHEDULE O FOR A COMPLETE DESCRIPTION OF SHEPHERD CENTER'S MISSION STATEMENT SHEPHERD CENTER'S MISSION IS TO HELP PEOPLE WITH A TEMPORARY OR PERMANENT DISABILITY CAUSED BY INJURY OR DISEASE REBUILD THEIR LIVES WITH HOPE, INDEPENDENCE, AND DIGNITY, ADVOCATING FOR THEIR FULL INCLUSION IN ALL ASPECTS OF COMMUNITY LIFE WHILE PROMOTING SAFETY AND INJURY PREVENTION		
	2	Check this box ☐ 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 2	
	5	Total number of employees (Part V, line 2a)	5 1,43	
	6	Total number of volunteers (estimate if necessary)	6 75	
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a 124,92	
	b	Net unrelated business taxable income from Form 990-T, line 34	7b -20,25	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 12,613,932	Current Year 13,236,542
	9	Program service revenue (Part VIII, line 2g)	102,337,908	111,525,115
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11,997,911	1,557,181
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,034,015	3,003,806
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	129,983,766	129,322,644
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	
14		Benefits paid to or for members (Part IX, column (A), line 4)		0
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	68,819,921	75,686,911
16a		Professional fundraising fees (Part IX, column (A), line 11e)		0
b		Total fundraising expenses (Part IX, column (D), line 25) ☐ 0		
17		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	39,954,897	41,823,819
18		Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	108,774,818	117,510,730
19		Revenue less expenses Subtract line 18 from line 12	21,208,948	11,811,914
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	251,244,654	284,308,817
	21	Total liabilities (Part X, line 26)	91,540,612	90,904,628
	22	Net assets or fund balances Subtract line 21 from line 20	159,704,042	193,404,189

Part II		Signature Block	
Sign Here	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		2010-10-18 Date
	STEPHEN B HOLLEMAN CFO Type or print name and title		
Paid Preparer's Use Only	Preparer's signature		Date
	Check if self-employed		Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4		EIN
	CARR RIGGS & INGRAMLLC 4360 CHAMBLEE DUNWOODY RD SUITE 420 ATLANTA, GA 30341		Phone no (770) 457-6606

Part III Statement of Program Service Accomplishments

1

Briefly describe the organization's mission

SHEPHERD CENTER'S PRIMARY PURPOSE IS TO PROVIDE ACUTE AND REHABILITATIVE HOSPITAL CARE TO PATIENTS WITH SPINAL CORD INJURIES, ACQUIRED BRAIN INJURIES, MULTIPLE SCLEROSIS, AND OTHER NEUROMUSCULAR AND UROLOGICAL DISEASES WE STRIVE TO BE THE MOST COMPREHENSIVE CATASTROPHIC CARE SPECIALTY HOSPITAL IN THE WORLD COMMITTED TO IMPROVING OUR PATIENT'S LIVES

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 exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 85,454,245 including grants of \$) (Revenue \$ 111,525,115)

SHEPHERD CENTER IS DEDICATED TO HELPING PEOPLE WHO HAVE EXPERIENCED CATASTROPHIC INJURY OR DISEASE REBUILD THEIR LIVES WITH HOPE, DIGNITY, AND INDEPENDENCE, ADVOCATING FOR THEIR FULL INCLUSION IN ALL ASPECTS OF COMMUNITY LIFE IN THE LAST FISCAL YEAR, SHEPHERD CENTER INCURRED EXPENSES TO PROVIDE SERVICES FOR 955 INPATIENT ADMISSIONS, 37,104 INPATIENT DAYS, 41,268 OUTPATIENT VISITS, AND 15,908 DAY PATIENT DAYS

4b

(Code) (Expenses \$ 11,425,653 including grants of \$) (Revenue \$ 10,601,187)

THROUGH THE GENEROUS SUPPORT OF DONORS ACROSS THE COUNTRY, SHEPHERD CENTER IS ABLE TO PROVIDE MANY SERVICES NOT AVAILABLE IN OTHER HOSPITALS SHEPHERD OFFERS SERVICES SUCH AS FAMILY HOUSING AND TRAINING, EXPANDED THERAPEUTIC RECREATION SERVICES, ASSISTIVE TECHNOLOGY AND ADAPTIVE EQUIPMENT, AND VOCATIONAL TRAINING, AS WELL AS MEDICAL CARE FOR PATIENTS WITHOUT THE ABILITY TO PAY FOR THESE SERVICES

4c

(Code) (Expenses \$ 3,921,553 including grants of \$) (Revenue \$ 3,325,587)

SHEPHERD CENTER IS ALSO A SITE FOR LEADING-EDGE RESEARCH AND IMPORTANT OUTCOMES TRACKING THAT HELP SHAPE THE FACE OF REHABILITATION IN THE UNITED STATES OUR VISION IS TO BE A CENTER OF EXCELLENCE IN PATIENT CARE, PARTICIPATING IN RESEARCH THAT WILL ACHIEVE THE HIGHEST OUTCOMES AND IMPROVE THE LIVES OF OUR PATIENTS AND FAMILIES

4d

Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e

Total program service expenses

\$ 100,801,451

Form 990 (2009)

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	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	No
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	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 	4	Yes
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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	No
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	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9	Did the organization report an amount in Part X, line 21, 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	No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	Yes
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. 	11	Yes
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
	• 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.		
	• 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.		
	• 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.		
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
	• 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? If "Yes," complete Schedule D, Part X.		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12	No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 	12A	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16	No
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	17	No
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	No
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	No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H 	20	Yes

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a	326	
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	1,437	
	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 this return (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?			3a	Yes
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	Yes
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	No
b If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .			5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			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?			6a	No
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).				
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?			7a	No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year			7d	
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .			7f	No
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .			7g	
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8	
9 Sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966?			9a	
b Did the organization make a distribution to a donor, donor advisor, or related person?			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	

Part VI

Governance, Management, and Disclosure

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body	1a	24	
b	Enter the number of voting members that are independent	1b	20	
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?	2	Yes	
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?	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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	9		No

Section B. Policies

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, 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?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶GA , SC , FL , TN , AL , NC
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. ☐ Own website ☐ Another's website ☒ Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ NORA MANGRUM 2020 PEACHTREE RD NW ATLANTA, GA 303091402 (404) 350-7320

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

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

Form 990 (2009)

1b	Total	5,387,370	0	186,204
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2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **▶**62

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
PIEDMONT HOSPITAL PO BOX 725507 ATLANTA, GA 31139	MEDICAL SERVICES	3,786,926
CHOATE CONSTRUCTION COMPANY 8200 ROBERTS DRIVE SUITE 600 ATLANTA, GA 30350	CONSTRUCTION SERVICES	2,885,598
CAREFUSION SOLUTIONS LLC PYSIC PRODUCTS-LOCKBOX 771952 1952 CHICAGO, IL 60677	RENTAL SERVICES	479,893
ANGELICA TEXTILE SERVICES PO BOX 70 LITHONIA, GA 30058	LINEN & LAUNDRY CLEANING SERVICES	468,711
SUCCESS ADVERTISING INC 26 EASTMANS ROAD PARSIPPANY, NJ 07054	ADVERTISING SERVICES	340,968

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 **▶**27

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a						
	b	Membership dues	1b						
	c	Fundraising events	1c						
	d	Related organizations	1d						
	e	Government grants (contributions)	1e	2,594,024					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	10,642,518					
	g	Noncash contributions included in lines 1a-1f \$ 75,524							
	h	Total. Add lines 1a-1f		13,236,542					
Program Service Revenue			Business Code						
	2a	NET INPATIENT SERVICE	900,099	87,371,876	87,371,876				
	b	NET OUTPATIENT SERVICE	900,099	17,948,762	17,948,762				
	c	NET DAYPATIENT SERVICE	900,099	6,204,477	6,204,477				
	d								
	e								
	f	All other program service revenue							
	g	Total. Add lines 2a-2f		111,525,115					
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		1,504,165			1,504,165		
	4	Income from investment of tax-exempt bond proceeds . .							
	5	Royalties							
	6a	Gross Rents	(i) Real	(ii) Personal					
			685,665						
			24,771						
			660,894						
	d	Net rental income or (loss)		660,894	660,894				
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
				53,016					
				53,016					
	d	Net gain or (loss)		53,016			53,016		
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a						
			b	Less direct expenses	b				
			c	Net income or (loss) from fundraising events . .					
	9a	Gross income from gaming activities See Part IV, line 19	a						
			b	Less direct expenses	b				
			c	Net income or (loss) from gaming activities . .					
	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 . .					
Miscellaneous Revenue		Business Code							
11a	CAFETERIA REVENUE	900,099	895,177			895,177			
b	RENTAL INCOME	532,000	62,520		62,520				
c	ADMINISTRATIVE FEES	532,000	62,400		62,400				
d	All other revenue		1,322,815	1,322,815					
e	Total. Add lines 11a-11d		2,342,912						
12	Total revenue. See Instructions		129,322,644	113,508,824	124,920	2,452,358			

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	3,444,529	1,630,921	1,813,608	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	58,613,223	47,185,186	11,428,037	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,470,006		1,470,006	
9	Other employee benefits	2,797,547	2,215,873	581,674	
10	Payroll taxes	9,361,606	3,743,123	5,618,483	
11	Fees for services (non-employees)				
a	Management	240,914	155,512	85,402	
b	Legal	235,761		235,761	
c	Accounting	90,907		90,907	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	7,688,520	6,146,523	1,541,997	
12	Advertising and promotion	210,614		210,614	
13	Office expenses	2,601,136	1,431,905	1,169,231	
14	Information technology	1,996,661	455,397	1,541,264	
15	Royalties				
16	Occupancy	2,414,660	349,901	2,064,759	
17	Travel	774,031	471,803	302,228	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	312,800	175,504	137,296	
20	Interest	1,421,297		1,421,297	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	8,725,126	1,970,788	6,754,338	
23	Insurance	870,860	140,436	730,424	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	MEDICAL SUPPLIES	9,901,011	9,073,556	827,455	
b	BAD DEBT	2,482,740	0	2,482,740	
c	EQUIPMENT RENTAL & MAIN	1,213,387	1,047,838	165,549	
d	TRAINING & EDUCATION	110,234	82,111	28,123	
e	ALLOCATION OF INDIRECT	0	24,176,058	-24,176,058	
f	All other expenses	533,160	349,016	184,144	
25	Total functional expenses. Add lines 1 through 24f	117,510,730	100,801,451	16,709,279	0
26	Joint costs. Check here ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			6,047	1	665,654
	2	Savings and temporary cash investments			24,240,236	2	33,193,242
	3	Pledges and grants receivable, net			1,189,686	3	911,854
	4	Accounts receivable, net			24,504,921	4	23,039,194
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			881,622	8	964,854
	9	Prepaid expenses and deferred charges			1,307,811	9	1,268,806
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	208,213,155	132,024,121	10c	129,631,755
	b	Less accumulated depreciation	10b	78,581,400			
	11	Investments—publicly traded securities			65,995,148	11	92,267,264
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			1,095,062	15	2,366,194
	16	Total assets. Add lines 1 through 15 (must equal line 34)			251,244,654	16	284,308,817
Liabilities	17	Accounts payable and accrued expenses			11,074,279	17	11,968,474
	18	Grants payable				18	
	19	Deferred revenue			791,567	19	824,763
	20	Tax-exempt bond liabilities			73,000,000	20	71,500,000
	21	Escrow or custodial account liability Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			6,674,766	25	6,611,391
	26	Total liabilities. Add lines 17 through 25			91,540,612	26	90,904,628
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			112,967,775	27	141,021,210
	28	Temporarily restricted net assets			4,238,854	28	8,827,089
	29	Permanently restricted net assets			42,497,413	29	43,555,890
	Organizations that do not follow SFAS 117, check here ☐ 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			159,704,042	33	193,404,189
	34	Total liabilities and net assets/fund balances			251,244,654	34	284,308,817

Part XI **Financial Statements and Reporting**

	Yes	No
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? . .		No
b Were the organization's financial statements audited by an independent accountant? 	Yes	
c If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O . . .	Yes	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separated basis		
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? 	Yes	
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	

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization SHEPHERD CENTER INC	Employer identification number 51-0141601
---	--

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other
- e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?
- h

☐

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
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 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2009. 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		
b 33 1/3% support test—2008. If the organization did not check the 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		
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
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		

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts 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						
cAdd lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a33 1/3% support tests—2009. 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		
b33 1/3% support tests—2008. 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		
20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2009

Open to Public
Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

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

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

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

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

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

Name of the organization SHEPHERD CENTER INC	Employer identification number 51-0141601
---	--

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

- 1

Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2

Political expenditures ▶ \$
- 3

Volunteer hours

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

- 1

Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2

Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3

If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

☐ Yes

☐ No
- 4a

Was a correction made?

☐ Yes

☐ No
- b

If "Yes," describe in Part IV

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

- 1

Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2

Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ \$
- 3

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$
- 4

Did the filing organization file **Form 1120-POL** for this year?

☐ Yes

☐ No
- 5

State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		31,048													
b Total lobbying expenditures to influence a legislative body (direct lobbying)		6,039													
c Total lobbying expenditures (add lines 1a and 1b)		37,087													
d Other exempt purpose expenditures		100,801,451													
e Total exempt purpose expenditures (add lines 1c and 1d)		100,838,538													
f Lobbying nontaxable amount Enter the amount from the following table in both columns		1,000,000													
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000													
h Subtract line 1g from line 1a If zero or less, enter -0-		0													
i Subtract line 1f from line 1c If zero or less, enter -0-		0													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		☐ Yes ☐ No													

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	22,655	48,338	9,789	37,087	117,869
d Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	15,535	31,032	9,544	31,048	87,159

Part II-B

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
	a Volunteers?			
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
	c Media advertisements?			
	d Mailings to members, legislators, or the public?			
	e Publications, or published or broadcast statements?			
	f Grants to other organizations for lobbying purposes?			
	g Direct contact with legislators, their staffs, government officials, or a legislative body?			
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
	i Other activities? If "Yes," describe in Part IV			
	j Total lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

Part III-B

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

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

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
Part II-B, Line 1i	Explanation of Other Lobbying Activities	SHEPHERD CENTER, INC EMPLOYS MARK JOHNSON AS DIRECTOR OF ADVOCACY DURING THE YEAR, HE AND ADVOCACY SPECIALIST CAROL JONES WERE INVOLVED IN THE FOLLOWING ACTIVITIES 1) MAINTAINED ADVOCACY BULLETIN BOARD, A LISTING OF ADVOCACY OPPORTUNITIES FOR STAFF 2) SUPPORTED "UNLOCK THE WAITING LIST," A CAMPAIGN FOR HOME AND COMMUNITY-BASED SERVICES 3) PARTICIPATED IN ONE "ADAPT" TRIP TO WASHINGTON, DC IN THE FALL OF 2009 4) FACILITATED "JUSTICE FOR ALL ACTION NETWORK" (JFAAN) AND ORGANIZED CALL FOR WEEKLY FORUM TO IDENTIFY DISABILITY RIGHTS ISSUES AND STRATEGIES 5) PARTICIPATED IN "DISABILITY DAY" (FEBRUARY 21) AT THE GEORGIA STATE CAPITOL 6) SUPPORTED STATE OF GEORGIA BRAIN AND SPINAL CORD INJURY COMMISSION LEGISLATION INITATIVES

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.**
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization
SHEPHERD CENTER INC

Employer identification number

51-0141601

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

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

Part II

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

1	Purpose(s) of conservation easements held by the organization (check all that apply) ☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area ☐ Protection of natural habitat ☐ Preservation of a certified historic structure ☐ Preservation of open space											
2	Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year											
		<table><tr><td></td><td>Held at the End of the Year</td></tr><tr><td>a</td><td>Total number of conservation easements</td></tr><tr><td>b</td><td>Total acreage restricted by conservation easements</td></tr><tr><td>c</td><td>Number of conservation easements on a certified historic structure included in (a)</td></tr><tr><td>d</td><td>Number of conservation easements included in (c) acquired after 8/17/06</td></tr></table>		Held at the End of the Year	a	Total number of conservation easements	b	Total acreage restricted by conservation easements	c	Number of conservation easements on a certified historic structure included in (a)	d	Number of conservation easements included in (c) acquired after 8/17/06
	Held at the End of the Year											
a	Total number of conservation easements											
b	Total acreage restricted by conservation easements											
c	Number of conservation easements on a certified historic structure included in (a)											
d	Number of conservation easements included in (c) acquired after 8/17/06											
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____											
4	Number of states where property subject to conservation easement is located ▶ _____											
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No											
6	Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____											
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____											
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No											
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements											

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a	If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items	
	(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
	(ii) Assets included in Form 990, Part X	▶ \$ _____
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items	
a	Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b	Assets included in Form 990, Part X	▶ \$ _____

Part III

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

3

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

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

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

5

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

☐ Yes

☐ No

Part IV

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance	43,196,059	41,657,033			
b Contributions	359,831	1,539,026			
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	43,555,890	43,196,059			

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ %

b

Permanent endowment ▶ 100 000 % %

c

Term endowment ▶ %

3a

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

(i) unrelated organizations

(ii) related organizations

b

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

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

4

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

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		16,628,506		16,628,506
b Buildings		98,763,369	23,614,982	75,148,387
c Leasehold improvements				
d Equipment		91,249,148	54,425,543	36,823,605
e Other		1,572,132	540,875	1,031,257
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				129,631,755

Part XI

Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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 on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	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 XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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 XIV)	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 XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	

Part XIV

Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
Part X	Description of Uncertain Tax Positions Under FIN 48	THE CENTER ADOPTED THE PROVISIONS OF FASB ASC, INCOME TAXES. THIS ASC REQUIRES THAT A TAX POSITION BE RECOGNIZED OR DERECOGNIZED BASED ON A "MORE-LIKELY-THAN-NOT" THRESHOLD. THIS APPLIES TO POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE IMPLEMENTATION OF THIS ASC HAD NO IMPACT ON THE CENTER'S CONSOLIDATED STATEMENTS OF FINANCIAL POSITION OR CONSOLIDATED STATEMENTS OF OPERATIONS. THE CENTER DOES NOT BELIEVE ITS CONSOLIDATED FINANCIAL STATEMENTS INCLUDE ANY MATERIAL UNCERTAIN TAX POSITIONS.

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**
▶ **Attach to Form 990.**
▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
SHEPHERD CENTER INC

Employer identification number
51-0141601

Part I

Charity Care and Certain Other Community Benefits at Cost

		Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a Yes	
b	If "Yes," is it a written policy?	1b Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☐ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals		
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients		
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care ☐ 100% ☐ 150% ☐ 200% ☐ Other _____	3a	No
b	Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☒ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____	3b Yes	
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care		
4	Does the organization's policy provide free or discounted care to the "medically indigent"?	4 Yes	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a	No
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b	No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	
6a	Does the organization prepare an annual community benefit report?	6a Yes	
6b	If "Yes," does the organization make it available to the public?	6b Yes	
Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7

Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2)	1	522	3,959,311	0	3,959,311	3 370 %
b Unreimbursed Medicaid (from Worksheet 3, column a)	1	1,473	3,175,477	0	3,175,477	2 700 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d Total Charity Care and Means-Tested Government Programs	2	1,995	7,134,788		7,134,788	6 070 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	69	14,986	5,384,306	110,191	5,274,115	4 490 %
f Health professions education (from Worksheet 5)	5	127	295,073	0	295,073	0 250 %
g Subsidized health services (from Worksheet 6)	15	6,468	672,569	3,729	668,840	0 570 %
h Research (from Worksheet 7)	41	9,439	3,392,980	58,582	3,334,398	2 840 %
i Cash and in-kind contributions to community groups (from Worksheet 8)	10	145	64,296	6,550	57,746	0 050 %
j Total Other Benefits	140	31,165	9,809,224	179,052	9,630,172	8 200 %
k Total. Add lines 7d and 7j)	142	33,160	16,944,012	179,052	16,764,960	0

Part IICommunity Building Activities

Complete this table if the organization conducted any community building activities.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1Physical improvements and housing	1	2,544	1,130,996	7,303	1,123,693	0 960 %
2Economic development						
3Community support						
4Environmental improvements						
5Leadership development and training for community members						
6Coalition building						
7Community health improvement advocacy	1	1,000	120,779		120,779	0 100 %
8Workforce development						
9Other	346	12,500	47,601		47,601	0 040 %
10Total	348	16,044	1,299,376	7,303	1,292,073	1 100 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No. 15?	1		No
2Enter the amount of the organization's bad debt expense (at cost)	2	1,256,309	
3Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	0	
4Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit.			

Section B. Medicare

5Enter total revenue received from Medicare (including DSH and IME)	5	7,531,888	
6Enter Medicare allowable costs of care relating to payments on line 5	6	11,286,841	
7Subtract line 6 from line 5. This is the surplus or (shortfall)	7	-3,754,953	
8Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.			
☐ Cost accounting system	☒ Cost to charge ratio	☐ Other	

Section C. Collection Practices

9aDoes the organization have a written debt collection policy?	9a	Yes	
9bIf "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI.	9b	Yes	

Part IVManagement Companies and Joint Ventures

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

Part V Facility Information

Name and address	Other (Describe)	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital

SHEPHERD CENTER INC
2020 PEACHTREE ROAD NW
ATLANTA, GA 30309

X

X

Part VI Supplemental Information

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V. See Instructions.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Part III, Line 4 AS STATED IN THE FOOTNOTES OF THE SHEPHERD CENTER'S FINANCIAL STATEMENTS, THE CENTER PROVIDES CARE TO PATIENTS WHO MEET CERTAIN CRITERIA UNDER ITS CHARITY CARE POLICY WITHOUT CHARGE OR AT AMOUNTS LESS THAN ITS ESTABLISHED RATES BECAUSE THE CENTER DOES NOT PURSUE COLLECTION OF AMOUNTS DETERMINED TO QUALIFY AS CHARITY CARE, THEY ARE NOT REPORTED AS NET REVENUE OR ACCOUNTS RECEIVABLE THE CENTER MAINTAINS RECORDS TO IDENTIFY AND MONITOR THE LEVEL OF CHARITY CARE IT PROVIDES THESE RECORDS INCLUDE THE AMOUNT OF CHARGES FOREGONE FOR SERVICES AND SUPPLIES FURNISHED UNDER ITS CHARITY CARE POLICY AND THE ESTIMATED COSTS OF THOSE SERVICES AND SUPPLIES THE AMOUNTS OF CHARGES FOREGONE, BASED ON ESTABLISHED RATES, AND ESTIMATED COSTS AND EXPENSES INCURRED TO PROVIDE CHARITY CARE IN FY 2010 WERE \$7,990,658 AND \$3,959,311, RESPECTIVELY RESULTING IN A 50% COST FACTOR THIS COST FACTOR WAS APPLIED TO GROSS BAD DEBT EXPENSE OF \$2,512,618 TO GET THE AMOUNT ON PART III, LINE TWO

Part III, Line 8

Part III, Line 9b ACCORDING TO THE SHEPHERD CENTER'S DEBT COLLECTION POLICY, ALL PATIENTS ARE ASKED TO COMPLETE A FINANCIAL SCREENING AT THE TIME OF REGISTRATION. IF A PATIENT IS APPROVED FOR ASSISTANCE BASED ON THE FINANCIAL DATA SUPPLIED, ANY PATIENT BALANCES WILL BE APPLIED TO A CHARITY ALLOWANCE BASED ON THE HOSPITAL'S FINANCIAL ASSISTANCE TO PATIENTS POLICY.

2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves

Part VI, Line 2 Shepherd Center's mission is to help people with a temporary or permanent disability caused by injury or disease rebuild their lives with hope, independence and dignity, advocating for their full inclusion in all aspects of community life while promoting safety and injury prevention. Shepherd Center is committed to providing the resources and tools our patients need to facilitate the successful transition back to life and community after a catastrophic injury. From day one, Shepherd Center has focused on patient-centered care and has developed a continuum that is unique in the setting of an acute care, rehabilitation hospital. Because of the value-added programs offered at Shepherd Center, our patients have the resources to re-learn activities of daily living and achieve the goals they set for themselves post-injury. Those goals include returning to home, school and/or work. They also include "getting their life back" in regard to regaining the ability to enjoy life through social events, hobbies, and leisure activities, as well as providing for themselves and their family. The value-added programs aid in regaining one's life and rebuilding their hope, but are often not reimbursed by insurance or Medicare/Medicaid. They are essential in a patient's successful recovery. Shepherd Center believes these programs directly contribute to the much greater than average clinical outcomes achieved by our patients. Shepherd Center's return to home and community rates are 92 percent as compared to the national average of 72 percent. Shepherd Center's return to a productive life is 37 percent where the national average is 17 percent. Shepherd Center's clinical outcomes have been recognized three straight years as a top 10 rehabilitation hospital by U.S. World & News Report.

3 Patient education of eligibility for assistance. Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy

Part VI, Line 3 It is Shepherd Center's (SC) policy to extend its services to as many patients as it can within the financial resources that are available. Those who do not have financial resources to pay for their care at SC will be considered for financial assistance. When patients are scheduled or an admission referral is made, appropriate financial screening is provided. The first step of this screening will include whether third party payer resources are available to cover the cost of care for the inpatient or day patient charges in full. If there are no third party payer resources available, or there is expected to be patient liability balances due over insurance, the Financial Counselor will complete a 'pre-screening' using the Financial Assistance Screening form. If financial resources do not appear to be available and the patient liability is expected to exceed \$5,000, the patient or guarantor will be asked to complete a 'Patient Financial Evaluation' form to obtain additional information that will further assist in the assessment of their eligibility for charity assistance. The patient or guarantor will be required to complete the application in full and provide supporting evidence to substantiate income. Minimum supporting evidence for income would include -Pay stubs representing current income of household -Anything that provides proof of income, i.e., W2s, Prior Year Income Tax forms, letters from employers etc. -If no income, letter from person providing room & board to patient is required. Once the financial assistance form is complete the Financial Counselor will review to assure that supporting documentation is attached, provide all the calculations required, and provide a preliminary assessment of eligibility. Eligibility will be based on the criteria established by Shepherd Center as follows: A Current Income must not exceed 250% of the Federal Poverty Guidelines for the current year. B If income exceeds 250% of the Federal Poverty Guidelines, additional information may be required from the patient or guarantor to determine if assistance can be granted based on a 'medically needy' situation resulting from the catastrophic event necessitating admission to Shepherd Center. If the patient still does not meet criteria, the Financial Counselor will establish deposit requirements based on the expected length of stay and will offer the patient payment options including, but not limited to (see also Financial Arrangements policy for self pay patients): -Bank loan -Visa/MasterCard/Discover/American Express -Ninety-(90) day payment plan, as detailed in the credit & collections policy. If the preliminary assessment is to approve the patient for financial assistance, the Financial Counselor will present the packet to the Manager of Patient Financial Services for review and qualification approval. In addition, the Program Director will sign to approve that use of funds meet clinical appropriateness for their area. For inpatients and day patients, the patient will need to meet asset requirements. Expectation would be that assets other than those listed below and disposable income after reasonable living expenses would be used to satisfy a portion or all of the financial requirements of the patient's care. Assets that may be excluded from consideration are -Patient's home with no more than 25% or \$25,000 equity, whichever is less. The requirements to use home equity can be waived if the patient is unable to make payments on additional debt. -If the patient has applied for Georgia Medicaid, the FAP form should be completed and if such charges are ultimately not covered or uncollectible the patient is deemed eligible for financial assistance. All financial and other mitigating circumstances are reviewed by the Manager of Patient Financial Services who then makes the final decision regarding eligibility. If assistance is not approved the Financial Counselor will coordinate the notification to the patient. Payment arrangements will be completed as listed above and based on the Financial Arrangements Policy. If approved for full assistance or assistance for patient liability over insurance amounts, the Financial Counselor will notify the patient. The covered amount will be written off pursuant to established policy after discharge or insurance is finalized.

4 Community information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

Part VI, Line 4 Shepherd Center defines community benefit as services and activities that specifically address the health needs of patients with spinal cord and brain injury, Multiple Sclerosis, chronic pain, other neuromuscular diseases, as well as the family or loved ones of those patients. These services include the full continuum of care as a patient and extend back to the patient's community. Because of the underserved nature of this patient population, Shepherd Center continues to be a resource for our patients throughout their life. Shepherd Center's community includes current patients and their family, as well as former patients and their family. Shepherd Center also takes a leadership role in educating health-care professionals (physicians, nurses and therapists) who are focused on specialties in spinal cord and brain injury rehabilitation. Shepherd Center has always served as a strong advocate in the community for anyone living with a physical disability. Shepherd Center's community extends beyond our current patient population to Atlanta, the State of Georgia, the nation and the world as the leading and specialty hospital for this patient population. As a recognized advocate for people living with disabilities, Shepherd Center has changed the landscape in Atlanta and beyond to be more receptive of people with disabilities living in our community. Shepherd Center has treated patients from all 50 states and more than 22 foreign countries.

5 Community building activities. Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

Part VI, Line 5 The Shepherd Center's community building activities are concentrated in the following areas Advocacy Shepherd Center's Advocacy Program is responsible for the following 1 Serve as a primary liaison between Shepherd Center and disability rights groups 2 Provide day-to-day expertise on disability rights issues to all stakeholders 3 Promote disability rights 4 Facilitate Justice for All Action Network (JFAAN) Monthly Calls 5 Support awareness and self-advocacy campaigns (ADAPT, Disability Day, etc) 6 Serve on Georgia Brain and Spinal Injury Trust Fund (BSITF) SCI Task Force and Public Policy Committee 7 Serve on Amerigroup's Advisory Board One of the highlights in FYE 2010 was Disability Day at the Georgia State Capital where Mark Johnson, director of Advocacy at the Shepherd Center hosted a rally to raise awareness in regard to current bills under review by the state legislature pertaining to disability rights Housing Having the families and loved ones involved in rehabilitation after a catastrophic injury is imperative to the successful transition to community home, work and/or school Shepherd Center offers complimentary housing for 30 days for families who travel more than 60 miles from Atlanta to get to Shepherd Center This support is crucial and appreciated by families as it enables them to focus on their loved one getting better and not the financial burdens and stress that comes with moving from home for care Complimentary housing is also offered for Day Program patients as a way to experience what they have learned in the inpatient setting and put it to work in a safe environment The housing program helps alleviate stress and uncertainty as patients transition back to their home and community In order to provide a peer support community for military patients, housing is provided at Biscayne Place, an apartment complex with within two miles of Shepherd Center Most every family member that stays in the Woodruff Family Residence Center has shared that, by having housing available to them, Shepherd Center has alleviated the stress and worry of trying to find and pay for a place to stay Plus, they are so close to their loved ones at the hospital, it gives them a sense of security and convenience they wouldn't have had otherwise Injury Prevention Injury prevention at Shepherd Center is a serious effort to prevent brain, spinal cord and other traumatic injuries through the education of individuals (pre-K through college students), community leaders and civic organizations The goal of the program is to make young people understand the dangers of diving head first into shallow waters, riding without a helmet and driving without seatbelts Last year, new social media content and outreach education was developed through the creation of the YIPES^{II} Program YIPES^{II} stands for Youth and Injury Prevention Education at Shepherd Through YIPES^{II} video PSAs have been able to reach and educate more young drivers in the Atlanta area Shepherd Center's Think First Chapter has assisted in training two new Think First Chapters in Georgia (Dalton and Atlanta), as well as training five new Chapters in South Carolina (Aiken, Florence, Greenville, Columbia, and Horry County)

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.)

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report:

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
SHEPHERD CENTER INC

Employer identification number

51-0141601

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)		
1b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all 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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. ☒ Compensation committee ☐ Written employment contract ☒ Independent compensation consultant ☒ Compensation survey or study ☒ Form 990 of other organizations ☒ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:		
4a	a Receive a severance payment or change-of-control payment?		No
4b	b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		No
4c	c Participate in, or receive payment from, an equity-based compensation arrangement?		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
5a	a The organization?		No
5b	b Any related organization?		No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
6a	a The organization?	Yes	
6b	b Any related organization?		No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III		No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
DAVID F APPLE JR MD	(i)	126,539	37,012	3,300	10,250	2,740	179,841	0
	(ii)	0	0	0	0	0	0	0
DONALD P LESLIE MD	(i)	479,085	133,240	0	11,000	4,300	627,625	0
	(ii)	0	0	0	0	0	0	0
JAMES H SHEPHERD JR	(i)	201,799	53,811	0	10,250	4,300	270,160	0
	(ii)	0	0	0	0	0	0	0
GARY ULICNY PHD	(i)	432,985	124,503	0	11,000	4,300	572,788	0
	(ii)	0	0	0	0	0	0	0
BROCK BOWMAN MD	(i)	246,619	97,488	0	8,250	4,300	356,657	0
	(ii)	0	0	0	0	0	0	0
WILMA BUNCH	(i)	158,861	0	0	11,000	4,300	174,161	0
	(ii)	0	0	0	0	0	0	0
MITCHELL J FILLHABER	(i)	203,102	33,600	0	3,250	4,300	244,252	0
	(ii)	0	0	0	0	0	0	0
STEPHEN B HOLLEMAN	(i)	245,481	70,727	0	8,250	4,300	328,758	0
	(ii)	0	0	0	0	0	0	0
MICHAEL JONES	(i)	218,906	49,691	0	10,250	4,300	283,147	0
	(ii)	0	0	0	0	0	0	0
TAMARA KING	(i)	168,353	0	0	11,000	4,300	183,653	0
	(ii)	0	0	0	0	0	0	0
SCOTT H SIKES	(i)	219,190	0	0	0	4,300	223,490	0
	(ii)	0	0	0	0	0	0	0
GERALD BILSKY MD	(i)	266,049	112,603	0	11,000	4,300	393,952	0
	(ii)	0	0	0	0	0	0	0
dARRYL Kaelin MD	(i)	355,754	95,358	6,500	850	4,300	462,762	0
	(ii)	0	0	0	0	0	0	0
JOHN LIN MD	(i)	229,718	124,010	0	3,939	4,300	361,967	0
	(ii)	0	0	0	0	0	0	0
ERIK SHAW MD	(i)	402,823	178,777	0	4,125	4,300	590,025	0
	(ii)	0	0	0	0	0	0	0
BEN THROWER MD	(i)	287,586	23,900	0	4,550	4,300	320,336	0
	(ii)	0	0	0	0	0	0	0

Part III

Supplemental Information

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

Identifier	Return Reference	Explanation
	Part I, Line 6	SHEPHERD CENTER'S BOARD OF DIRECTORS APPROVED A "SHEPHERD SHARE" IN FY 2010 FOR ALL ELIGIBLE EMPLOYEES BECAUSE THE CENTER SUCCESSFULLY MET TARGETED GOALS. THE BOARD RESERVES THE RIGHT TO DECLINE TO PAY EVEN IF THE CENTER MEETS TARGETED FINANCIAL GOALS IF WE DO NOT MEET OTHER GOALS SUCH AS QUALITY AND CUSTOMER SERVICE GOALS, ETC. THIS "SHEPHERD SHARE" WILL BE PAID IN FY 2011.

Schedule K (Form 990)	Supplemental Information on Tax Exempt Bonds ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ▶ Attach to Form 990. ▶ See separate instructions.	OMB No 1545-0047
		2009
		Open to Public Inspection

Department of the Treasury Internal Revenue Service	Name of the organization SHEPHERD CENTER INC	Employer identification number 51-0141601
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Part I

Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	DEVELOPMENT AUTHORITY OF FULTON COUNTY	58-1506878	359900RE9	04-20-2005	56,000,000	HOSPITAL AND CAMPUS EXPANSION		X		X

Part II

Proceeds

		A	B	C	D	E			
1	Total proceeds of issue	56,000,000							
2	Gross proceeds in reserve funds								
3	Proceeds in refunding or defeasance escrows								
4	Other unspent proceeds								
5	Issuance costs from proceeds								
6	Working capital expenditures from proceeds								
7	Capital expenditures from proceeds	56,000,000							
8	Year of substantial completion	2007							
		Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?		X						
10	Were the bonds issued as part of an advance refunding issue?		X						
11	Has the final allocation of proceeds been made?	X							
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III

Private Business Use

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X								
2	Are there any lease arrangements with respect to the financed property which may result in private business use?	X									

Part III

Private Business Use (Continued)

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?	X									
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X								
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		X								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		1 400 %								
6	Total of lines 4 and 5		1 400 %								
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X									

Part IV

Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X								
2	Is the bond issue a variable rate issue?		X								
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X								
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?		X								
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?		X								
5	Were any gross proceeds invested beyond an available temporary period?		X								
6	Did the bond issue qualify for an exception to rebate?		X								

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
SHEPHERD CENTER INC

Employer identification number

51-0141601

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2	Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958	▶	\$ _____
3	Enter the amount of tax, if any, on line 2, above, reimbursed by the organization	▶	\$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total			▶ \$							

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance
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Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
LINDA SHEPHERD	FAMILY MEMBER	37,155	EMPLOYEE		No
SARAH HUSSEY	FAMILY MEMBER	27,871	EMPLOYEE		No
JULIE SHEPHERD	FAMILY MEMBER	26,644	EMPLOYEE		No

SCHEDULE M
(Form 990)

NonCash Contributions

OMB No 1545-0047

2009

Open to Public Inspection

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

Name of the organization
SHEPHERD CENTER INC

Employer identification number
51-0141601

Part I

Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art	X	1	3,400	DECLARATION BY DONOR
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		2	DECLARATION BY DONOR
5 Clothing and household goods	X		1,105	DECLARATION BY DONOR
6 Cars and other vehicles	X	1	18,000	DECLARATION BY DONOR
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	34	2,280,203	MARKET VALUE
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 ► (FLOWERS)	X	4	153	DONOR DOCUMENTATION
26 Other ► (GIFT CARDS)	X	4	270	DECLARATION BY DONOR
27 Other ► (FURNITURE)	X	1	50,000	DECLARATION BY DONOR
ADAPTIVE				
28 Other ► (EQUIPMENT)	X	4	2,604	DECLARATION BY DONOR
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	0
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?				Yes No
b If "Yes," describe the arrangement in Part II				
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?				Yes
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?				No
b If "Yes," describe in Part II				
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II				

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization
SHEPHERD CENTER INC

Employer identification number
51-0141601

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		FAMILY RELATIONSHIP JAMES SHEPHERD (CHAIRMAN OF THE BOARD), ALANA SHEPHERD (RECORDING SECRETARY), J HAROLD SHEPHERD (BOARD MEMBER), AND W CLYDE SHEPHERD, III (BOARD MEMBER) FAMILY & BUSINESS RELATIONSHIP LINDA SHEPHERD (EMPLOYEE), SARAH HUSSEY (EMPLOYEE), AND JULIE SHEPHERD (EMPLOYEE) BUSINESS RELATIONSHIP JAMES E STEPHENSON BUSINESS RELATIONSHIP DAVID F APPLE, M D BUSINESS RELATIONSHIP JULIAN B MOHR
Form 990, Part VI, Section B, line 11		THE FORM IS PREPARED BY CARR, RIGGS & INGRAM, LLC WITH THE ASSISTANCE OF THE ACCOUNTING STAFF AT SHEPHERD CENTER THE RETURN IS THEN REVIEWED BY THE CHIEF FINANCIAL OFFICER WITH FURTHER CONSULTATION WITH CRI FOR ALL QUESTIONS THAT ARE UNCLEAR AS TO MEANING AND INTENT THE CHIEF FINANCIAL OFFICER THEN REVIEWS THE FORM 990 WITH THE CHAIRMAN OF THE BOARD, THE CHIEF EXECUTIVE OFFICER, AND THE EXECUTIVE DIRECTOR OF THE SHEPHERD CENTER FOUNDATION FOR THEIR INPUT AND APPROVAL SHEPHERD CENTER PROVIDES EACH MEMBER OF THE BOARD WITH A FINAL COPY OF THE FILED 990 UPON COMPLETION OF THE PROCESS
Form 990, Part VI, Section B, line 12c		THE SHEPHERD CENTER BOARD OF DIRECTORS ARE PRESENTED WITH A CONFLICT OF INTEREST QUESTIONNAIRE ON AN ANNUAL BASIS AND THEY INDICATE THEIR COMPLIANCE BY SIGNING THE DOCUMENT, WHICH IS KEPT ON FILE IN ADMINISTRATION IN ADDITION, ON AN ANNUAL BASIS THE SHEPHERD CENTER ACCOUNTING STAFF AS WELL AS THE CHIEF FINANCIAL OFFICER REVIEWS ALL 1099S BEFORE DISTRIBUTION FOR ANY BOARD MEMBER NAMES/COMPANIES THE STAFF ALSO CHECKS WITH THE DEVELOPMENT OFFICE FOR ANY ADDITIONAL INFORMATION REGARDING BOARD MEMBER AFFILIATIONS WITH OTHER ENTITIES WITH WHICH SHEPHERD CENTER DOES BUSINESS
Form 990, Part VI, Section B, line 15		SHEPHERD CENTER UTILIZES A BOARD COMPENSATION COMMITTEE TO DETERMINE COMPENSATION FOR THE CEO AND OTHER EXECUTIVE MANAGEMENT THIS COMMITTEE UTILIZES OUTSIDE CONSULTANTS (FOR EXAMPLE, SULLIVAN COTTER), INDUSTRY COMPENSATION SURVEYS, AND REVIEWS OF SIMILAR ORGANIZATIONS' FORMS 990 TO DETERMINE APPROPRIATENESS OF COMPENSATION
Form 990, Part VI, Section C, line 19		AVAILABLE UPON REQUEST
FORM 990, PART XI, LINE 2C		NO CHANGE HAS OCCURRED FROM PRIOR YEAR

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?	
							Yes	No		Yes	No

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
SSC AFFILIATES INC 2020 PEACHTREE ROAD NW ATLANTA, GA30309 58-1921355	RETAIL PHARMACY, MEDICAL SUPPLY, AND GIFT SHOP	GA	SHEPHERD CENTER INC	C	4,232,389	1,126,651	100.000 %

Part V

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

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

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 (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a Yes

1b No

1c Yes

1d No

1e No

1f No

1g No

1h No

1i No

1j Yes

1k Yes

1l Yes

1m Yes

1n Yes

1o No

1p Yes

1q No

1r Yes

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 other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)	See Additional Data Table		
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2009

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) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

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Name: SHEPHERD CENTER INC

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved (\$)
(1)	SSC AFFILIATES INC	A	62,520
(2)	SSC AFFILIATES INC	C	30,000
(3)	SSC AFFILIATES INC	K	62,400
(4)	SHEPHERD CENTER FOUNDATION INC	K	123,703
(5)	SHEPHERD CENTER FOUNDATION INC	L	399,551
(6)	SHEPHERD CENTER FOUNDATION INC	M	11,817
(7)	SSC AFFILIATES INC	N	682,400
(8)	SHEPHERD CENTER FOUNDATION INC	N	1,065,382
(9)	SSC AFFILIATES INC	P	532,257
(10)	SHEPHERD CENTER FOUNDATION INC	R	9,837,532
(11)	SSC AFFILIATES INC	R	750,000

Additional Data

Software ID:

Software Version:

EIN: 51-0141601

Name: SHEPHERD CENTER INC

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
FRED V ALIAS BOARD MEMBER	1 00	X						0	0	0
GREGORY ANDERSON BOARD MEMBER	1 00	X						0	0	0
DAVID F APPLE JR MD VP/MEDICAL DIRECTOR EMER	24 00	X		X				166,851	0	12,990
C DUNCAN BEARD BOARD MEMBER	1 00	X						0	0	0
JAMES M CASWELL JR BOARD MEMBER	1 00	X						0	0	0
SARA S CHAPMAN BOARD MEMBER	1 00	X						0	0	0
CLARK H DEAN BOARD MEMBER	1 00	X						0	0	0
JOHN S DRYMAN BOARD MEMBER	1 00	X						0	0	0
DAVID H FLINT BOARD MEMBER	1 00	X						0	0	0
DONALD P LESLIE MD VP/MEDICAL DIRECTOR	40 00	X		X				612,325	0	15,300
BERNARD MARCUS BOARD MEMBER	1 00	X						0	0	0
JOSEPH MODEROW BOARD MEMBER	1 00	X						0	0	0
JULIAN B MOHR BOARD MEMBER	1 00	X						0	0	0
C TALBOT NUNNALLY III BOARD MEMBER	1 00	X						0	0	0
SALLY D NUNNALLY BOARD MEMBER	1 00	X						0	0	0
J HAROLD SHEPHERD BOARD MEMBER	1 00	X						0	0	0
W CLYDE SHEPHERD III BOARD MEMBER	1 00	X						0	0	0
JAMES E STEPHENSON BOARD MEMBER	1 00	X						0	0	0
JAMES D THOMPSON BOARD MEMBER	1 00	X						0	0	0
GOODLOE H YANCEY III BOARD MEMBER	1 00	X						0	0	0
WILLIAM C FOWLER BOARD TREASURER	2 00	X		X				0	0	0
STEPHEN B GOOT BOARD CORPORATE SEC	2 00	X		X				0	0	0
EMORY A SCHWALL BOARD VP	4 00	X		X				0	0	0
ALANA SHEPHERD BOARD RECORDING SEC	20 00	X		X				0	0	0
JAMES H SHEPHERD JR CHAIRMAN	40 00	X		X				255,610	0	14,550

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GARY ULICNY PHD PRESIDENT/CEO	40 00	X		X				557,488	0	15,300
BROCK BOWMAN MD ASSOC MEDICAL DIRECTOR	40 00	X						344,107	0	12,550
WILMA BUNCH VP BUILDING SERVICES	40 00	X		X				158,861	0	15,300
MITCHELL J FILLHABER VP MARKETING	40 00	X		X				236,702	0	7,550
STEPHEN B HOLLEMAN CFO	40 00	X		X				316,208	0	12,550
MICHAEL JONES VP RESEARCH	40 00	X		X				268,597	0	14,550
TAMARA KING CHIEF NURSE EXECUTIVE	40 00	X		X				168,353	0	15,300
SCOTT H SIKES VP DEVELOPMENT	40 00	X		X				219,190	0	4,300
GERALD BILSKY MD PHYSICIAN	40 00					X		378,652	0	15,300
dARRYL KAE LIN MD PHYSICIAN	40 00					X		457,612	0	5,150
JOHN LIN MD PHYSICIAN	40 00					X		353,728	0	8,239
ERIK SHAW MD PHYSICIAN	40 00					X		581,600	0	8,425
BEN THROWER MD PHYSICIAN	40 00					X		311,486	0	8,850

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Software Version:

EIN: 51-0141601

Name: SHEPHERD CENTER INC

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
DAVID F APPLE JR MD	(i) 126,539 (ii) 0	(ii) 37,012 0	3,300 0	10,250 0	2,740 0	179,841 0	0 0
DONALD P LESLIE MD	(i) 479,085 (ii) 0	(ii) 133,240 0	0 0	11,000 0	4,300 0	627,625 0	0 0
JAMES H SHEPHERD JR	(i) 201,799 (ii) 0	(ii) 53,811 0	0 0	10,250 0	4,300 0	270,160 0	0 0
GARY ULICNY PHD	(i) 432,985 (ii) 0	(ii) 124,503 0	0 0	11,000 0	4,300 0	572,788 0	0 0
BROCK BOWMAN MD	(i) 246,619 (ii) 0	(ii) 97,488 0	0 0	8,250 0	4,300 0	356,657 0	0 0
WILMA BUNCH	(i) 158,861 (ii) 0	0 0	0 0	11,000 0	4,300 0	174,161 0	0 0
MITCHELL J FILLHABER	(i) 203,102 (ii) 0	(ii) 33,600 0	0 0	3,250 0	4,300 0	244,252 0	0 0
STEPHEN B HOLLEMAN	(i) 245,481 (ii) 0	(ii) 70,727 0	0 0	8,250 0	4,300 0	328,758 0	0 0
MICHAEL JONES	(i) 218,906 (ii) 0	(ii) 49,691 0	0 0	10,250 0	4,300 0	283,147 0	0 0
TAMARA KING	(i) 168,353 (ii) 0	0 0	0 0	11,000 0	4,300 0	183,653 0	0 0
SCOTT H SIKES	(i) 219,190 (ii) 0	0 0	0 0	0 0	4,300 0	223,490 0	0 0
GERALD BILSKY MD	(i) 266,049 (ii) 0	(ii) 112,603 0	0 0	11,000 0	4,300 0	393,952 0	0 0
dARRYL KAE LIN MD	(i) 355,754 (ii) 0	(ii) 95,358 0	6,500 0	850 0	4,300 0	462,762 0	0 0
JOHN LIN MD	(i) 229,718 (ii) 0	(ii) 124,010 0	0 0	3,939 0	4,300 0	361,967 0	0 0
ERIK SHAW MD	(i) 402,823 (ii) 0	(ii) 178,777 0	0 0	4,125 0	4,300 0	590,025 0	0 0
BEN THROWER MD	(i) 287,586 (ii) 0	(ii) 23,900 0	0 0	4,550 0	4,300 0	320,336 0	0 0

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
MEDICAL SUPPLIES	9,901,011	9,073,556	827,455	
BAD DEBT	2,482,740	0	2,482,740	
EQUIPMENT RENTAL & MAIN	1,213,387	1,047,838	165,549	
TRAINING & EDUCATION	110,234	82,111	28,123	
ALLOCATION OF INDIRECT	0	24,176,058	-24,176,058	