



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

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

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 04-01-2013 , 2013, and ending 03-31-2014

B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization SHEPHERD CENTER INC		D Employer identification number 51-0141601	
	Doing Business As			
	Number and street (or P O box if mail is not delivered to street address) Room/suite 2020 PEACHTREE ROAD NW		E Telephone number (404) 350-7310	
	City or town, state or province, country, and ZIP or foreign postal code ATLANTA, GA 30309		G Gross receipts \$ 166,970,940	
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 subordinates? ☐ Yes ☒ No H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list (see instructions) H(c) Group exemption number ▶		
I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ◀(Insert no) ☐ 4947(a)(1) or ☐ 527				
J Website: ▶ WWW 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	24
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	20
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	1,749
	6	Total number of volunteers (estimate if necessary)	6	950
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	127,175
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	-1,139
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year
9		Program service revenue (Part VIII, line 2g)	10,681,134	10,640,013
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	148,756,388	148,855,868
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,324,598	3,539,185
12		Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,980,492	3,894,725
			166,742,612	166,929,791
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	93,478,887	100,972,351
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ ⁰		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	54,329,082	56,391,542
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	147,807,969	157,363,893
	19	Revenue less expenses Subtract line 18 from line 12	18,934,643	9,565,898
	Net Assets or Fund Balances			Beginning of Current Year
20		Total assets (Part X, line 16)	346,135,803	364,613,088
21		Total liabilities (Part X, line 26)	84,798,875	75,924,869
22		Net assets or fund balances Subtract line 21 from line 20	261,336,928	288,688,219

Part II

Signature Block

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

Sign Here	*****	2015-02-04			
	Signature of officer		Date		
	STEPHEN B HOLLEMAN CFO Type or print name and title				
Paid Preparer Use Only	Prnt/Type preparer's name LIJING DAI	Preparer's signature	Date	Check ☐ if self-employed	PTIN P01535630
	Firm's name ▶ CARR RIGGS & INGRAMLLC			Firm's EIN ▶ 72-1396621	
	Firm's address ▶ 4360 CHAMBLEE DUNWOODY RD STE 420 ATLANTA, GA 30341			Phone no (770) 457-6606	

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III ☐ Yes ☒ No

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 CONTINUED ON SCHEDULE O WE STRIVE TO BE THE MOST COMPREHENSIVE CATASTROPHIC CARE SPECIALTY HOSPITAL IN THE WORLD COMMITTED TO IMPROVING OUR PATIENTS' 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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 108,340,101 including grants of \$) (Revenue \$ 148,855,868)

IN REFERENCE TO THE PROVISION OF PATIENT CARE SERVICES, 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 1,001 INPATIENT ADMISSIONS, 43,690 INPATIENT DAYS, 46,940 OUTPATIENT VISITS, AND 14,672 DAY PATIENT DAYS

4b

(Code) (Expenses \$ 10,304,523 including grants of \$) (Revenue \$ 7,573,940)

BECAUSE OF THE GENEROUS FINANCIAL SUPPORT OF THE COMMUNITY, SHEPHERD CENTER IS ABLE TO PROVIDE MANY COMMUNITY FUNDED SERVICES THAT ARE NOT AVAILABLE IN OTHER HOSPITALS SHEPHERD CENTER 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 \$ 2,725,537 including grants of \$) (Revenue \$ 2,770,568)

WITH REGARD TO RESEARCH ACTIVITY, SHEPHERD CENTER IS A SITE FOR LEADING-EDGE RESEARCH AND PROVIDES 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 ▶ 121,370,161

Form 990 (2013)

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 (see instructions)?	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, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	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 (see instructions)	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
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government 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 or 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, line 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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a</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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <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 (or a family member thereof) was an officer, director, trustee, or direct or indirect 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, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	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 11b 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

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

☐

		Yes	No			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	440			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	1,749			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes			
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O.</i>	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 instructions for 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?	5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a				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 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	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?						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.						
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b				
c	Enter the amount of reserves on hand.	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a				No
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O.</i>	14b				

Part VI

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	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 governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	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	Did the organization have local chapters, branches, or affiliates?	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did 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 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed GA , SC , FL , 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 made these available. Check all that apply. ☐ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20	State the name, 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

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

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

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

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

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

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

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

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

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

[illegible]

Part VII

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	6,761,463	0	303,194

2 Total number of individuals (including but not limited to those listed in the table) who received more than \$100,000 of reportable compensation from the organization. 132

		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 or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
PIEDMONT HOSPITAL PO BOX 102526 ATLANTA GA 30368	MEDICAL SERVICES	5,816,552
SIEMENS MEDICAL SOLUTIONS C/O MELLON BANK DEPT AT 120001 DEPT DALLAS TX 753120733	SOFTWARE IMPLEMENTATION	2,585,759
HYBRIDGE SOLUTIONS INC PO BOX 1077 INMAN SC 29349	COMPUTER CONSULTING SERVICES	2,208,395
HIMFORMATICS 1735 BUFORD HWY STE 215-311 CUMMING GA 30041	COMPUTER CONSULTING SERVICES	1,419,164
CAREFUSION SOLUTIONSPYXIS 25082 NETWORK PLACE CHICAGO IL 606731250	EQUIPMENT RENTAL SERVICES	583,531

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶28

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	1,787,180			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	8,852,833			
	g	Noncash contributions included in lines 1a-1f \$		55,274			
	h	Total. Add lines 1a-1f		10,640,013			
Program Service Revenue	2a	NET INPATIENT SERVICE	Business Code 900099	114,174,993	114,174,993		
	b	NET OUTPATIENT SERVICE	900099	26,676,966	26,676,966		
	c	NET DAYPATIENT SERVICE	900099	8,003,909	8,003,909		
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		148,855,868			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		3,520,503		
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6a		Gross rents	(i) Real 357,060	(ii) Personal			
b		Less rental expenses	41,149				
c		Rental income or (loss)	315,911				
d		Net rental income or (loss)		315,911	315,911		
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other 18,682			
b		Less cost or other basis and sales expenses		0			
c		Gain or (loss)		18,682			
d		Net gain or (loss)		18,682			18,682
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	900099	1,272,018			1,272,018	
b	ADMINISTRATIVE FEES	532000	64,170		64,170		
c	RENTAL INCOME	532000	63,005		63,005		
d	All other revenue		2,179,621	2,179,621			
e	Total. Add lines 11a-11d		3,578,814				
12	Total revenue. See Instructions		166,929,791	151,351,400	127,175	4,811,203	

Part IX

Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	7,064,657	4,764,065	2,300,592	
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.	75,622,897	61,151,273	14,471,624	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	2,157,430		2,157,430	
9	Other employee benefits.	3,727,654	3,014,309	713,345	
10	Payroll taxes.	12,399,713	5,054,428	7,345,285	
11	Fees for services (non-employees):				
a	Management.	234,664	133,051	101,613	
b	Legal.	293,186		293,186	
c	Accounting.	138,600		138,600	
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	10,895,973	8,686,163	2,209,810	
12	Advertising and promotion.	655,287	4,200	651,087	
13	Office expenses.	2,994,309	1,611,114	1,383,195	
14	Information technology.	1,803,935	11,264	1,792,671	
15	Royalties.				
16	Occupancy.	2,668,780	576,867	2,091,913	
17	Travel.	979,612	718,711	260,901	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	700,607	376,990	323,617	
20	Interest.	775,465		775,465	
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	9,375,553	1,942,110	7,433,443	
23	Insurance.	691,617	87,716	603,901	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a	MEDICAL SUPPLIES	19,468,784	18,346,709	1,122,075	
b	EQUIPMENT RENTAL & MAIN	2,730,712	1,514,921	1,215,791	
c	OTHER DIRECT EXPENSES	1,984,458	183,874	1,800,584	
d	ALLOCATION OF INDIRECT	0	13,192,396	-13,192,396	
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e.	157,363,893	121,370,161	35,993,732	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		13,268,418	1	20,513,401
	2	Savings and temporary cash investments		15,917,586	2	8,533,858
	3	Pledges and grants receivable, net		879,918	3	1,525,691
	4	Accounts receivable, net		31,719,757	4	32,490,435
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		1,404,501	8	1,629,682
	9	Prepaid expenses and deferred charges		1,496,937	9	1,763,562
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a235,551,746			
	b	Less accumulated depreciation	10b107,847,035	129,060,288	10c	127,704,711
	11	Investments—publicly traded securities		149,716,325	11	167,501,326
	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		2,672,073	15	2,950,422
	16	Total assets. Add lines 1 through 15 (must equal line 34)		346,135,803	16	364,613,088
Liabilities	17	Accounts payable and accrued expenses		12,913,077	17	16,049,733
	18	Grants payable			18	
	19	Deferred revenue		39,103	19	55,748
	20	Tax-exempt bond liabilities		65,400,000	20	53,500,000
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		6,446,695	25	6,319,388
	26	Total liabilities. Add lines 17 through 25		84,798,875	26	75,924,869
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		198,734,401	27	214,331,704
	28	Temporarily restricted net assets		20,070,512	28	31,395,760
	29	Permanently restricted net assets		42,532,015	29	42,960,755
	Organizations that do not follow SFAS 117 (ASC 958), 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		261,336,928	33	288,688,219
	34	Total liabilities and net assets/fund balances		346,135,803	34	364,613,088

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	166,929,791
2	Total expenses (must equal Part IX, column (A), line 25)	2	157,363,893
3	Revenue less expenses Subtract line 2 from line 1	3	9,565,898
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	261,336,928
5	Net unrealized gains (losses) on investments	5	8,257,979
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	9,527,414
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	288,688,219

Part XII Financial Statements and Reporting

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

		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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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	
3b	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.

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

OMB No 1545-0047

2013

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 described in 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 - Non-functionally integrated
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 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)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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 monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
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 2013 (line 6, column (f) divided by line 11, column (f))	14		
15 Public support percentage for 2012 Schedule A, Part II, line 14	15		
16a 33 1/3% support test—2013. 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—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			▶
17a 10%-facts-and-circumstances test—2013. 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—2012. 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 Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation	
------------------	-------------	--

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

OMB No 1545-0047

2013

Open to Public Inspection

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

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

If the organization answered "Yes" 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, Part V, line 35c (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 function activities	▶ \$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$
4	Did the filing organization file Form 1120-POL for this year?	☐ Yes ☐ No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

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

Part II-A

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

- A
- Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B
- Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		46,154													
b Total lobbying expenditures to influence a legislative body (direct lobbying)		12,256													
c Total lobbying expenditures (add lines 1a and 1b)		58,410													
d Other exempt purpose expenditures		121,311,751													
e Total exempt purpose expenditures (add lines 1c and 1d)		121,370,161													
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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable 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	49,024	56,528	70,818	58,410	234,780
d Grassroots nontaxable 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	42,730	44,752	56,006	46,154	189,642

Part II-B

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
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?			
j	Total. Add 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 carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

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

Part IV

Supplemental Information

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

Return Reference	Explanation
PART II-A SUPPLEMENTAL INFORMATION	SHEPHERD CENTER, INC EMPLOYS MARK JOHNSON AS DIRECTOR OF ADVOCACY DURING FISCAL YEAR 2014, HE AND ADVOCACY SPECIALIST, CAROL JONES, WERE INVOLVED IN THE FOLLOWING ACTIVITIES 1 MAINTAINED ADVOCACY LISTSERV, A LISTING OF ADVOCACY OPPORTUNITIES FOR STAFF AND CONSUMERS (GRASSROOTS - LINE 1A) 2 SUPPORTED EFFORTS TO INCREASE AND IMPROVE HOME AND COMMUNITY BASED SERVICES (GRASSROOTS - LINE 1A) 3 PARTICIPATED IN GEORGIA'S ANNUAL DISABILITY DAY AT THE CAPITOL, FEBRUARY 20, 2014 (DIRECT LOBBYING - LINE 1B) 4 PROMOTED PASSAGE OF THE DISABILITY TREATY, HTTP //DISABILITYTREATY.ORG 5 CHAIRED THE ADA LEGACY PROJECT, HTTP //ADALEGACY.COM 6 SERVED ON THE ADVISORY BOARD OF RESPECTABILITY, A NATIONAL, NON-PROFIT, NON-PARTISAN ORGANIZATION WHOSE MISSION IS TO RESHAPE THE ATTITUDES OF AMERICAN SOCIETY SO THAT PEOPLE WITH DISABILITIES CAN MORE FULLY PARTICIPATE AND CONTRIBUTE TO SOCIETY (GRASSROOTS - LINE 1A)

Part IV

[illegible]

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No	

Part II

Conservation Easements. Complete if the organization answered "Yes" 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 education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2

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

	Held at the End of the Year
a	Total number of conservation easements
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, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4

Number of states where property subject to conservation easement is located ▶ _____

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, 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 section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

Part III

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

1a

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

b

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

(i) 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 (ASC 958) 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table
- c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	
- 2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	42,532,015	42,320,276	41,432,723	43,555,890	43,196,059
b Contributions	428,740	211,739	887,553	-2,123,167	359,831
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	42,960,755	42,532,015	42,320,276	41,432,723	43,555,890

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a Board designated or quasi-endowment ▶

b Permanent endowment ▶ 100 000 %

c Temporarily restricted endowment ▶
The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		No
3a(ii)		No
3b		
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		16,628,506		16,628,506
b Buildings		101,422,890	35,726,265	65,696,625
c Leasehold improvements				
d Equipment		107,096,872	71,279,563	35,817,309
e Other		10,403,478	841,207	9,562,271
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				127,704,711

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XII

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

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XIII

Supplemental Information

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

Return Reference	Explanation
PART V, LINE 4	SHEPHERD CENTER HAS ESTABLISHED MULTIPLE PERMANENT ENDOWMENT FUNDS TO SUPPORT A VARIETY OF COMMUNITY FUNDED PROGRAMS SUCH AS RECREATION THERAPY, HOUSING, ASSISTIVE TECHNOLOGY AND MANY OTHER PROGRAMS THAT ARE NOT TRADITIONALLY OFFERED IN OTHER HOSPITALS. THESE PROGRAMS ENSURE SHEPHERD CENTER PROVIDES A FULL AND EXPANDED CONTINUUM OF CARE THAT HELPS FULFILL OUR MISSION OF HELPING PATIENTS REBUILD THEIR LIVES TO THE FULLEST EXTENT POSSIBLE.
PART X, LINE 2	THE CENTER APPLIES THE PROVISIONS OF ACCOUNTING STANDARDS FOR INCOME TAXES. THESE PROVISIONS REQUIRE 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 CENTER DOES NOT BELIEVE ITS CONSOLIDATED FINANCIAL STATEMENTS INCLUDE ANY MATERIAL UNCERTAIN TAX POSITIONS.

[illegible]

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.
► Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
SHEPHERD CENTER INC

Employer identification number
51-0141601

Part I

Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a Yes	
b	If "Yes," was it a written policy?	1b Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year ☐ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities		
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care ☐ 100% ☐ 150% ☐ 200% ☒ Other <u>25000 0000000000 %</u> b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____ % c If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care 4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	3a Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	3b	No
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	4 Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5a Yes	
6a	Did the organization prepare a community benefit report during the tax year?	5b Yes	
b	If "Yes," did the organization make it available to the public?	5c	No
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H	6a Yes	
		6b Yes	

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)	1	1,916	3,209,785	500	3,209,285	2 040 %
b Medicaid (from Worksheet 3, column a)	1	970	2,461,110		2,461,110	1 560 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs	2	2,886	5,670,895	500	5,670,395	3 600 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	69	16,995	5,939,230	222,356	5,716,874	3 630 %
f Health professions education (from Worksheet 5)	2	362	253,197		253,197	0 160 %
g Subsidized health services (from Worksheet 6)	9	4,311	867,683	406,783	460,900	0 290 %
h Research (from Worksheet 7)	37	350	3,394,892	85,002	3,309,890	2 100 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	1	61	20,000		20,000	0 010 %
j Total. Other Benefits	118	22,079	10,475,002	714,141	9,760,861	6 190 %
k Total. Add lines 7d and 7j	120	24,965	16,145,897	714,641	15,431,256	9 790 %

Part II

Community Building Activities

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing	1	1,500	670,662	46,650	624,012	0 400 %
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy	1	12,275	136,909	0	136,909	0 090 %
8 Workforce development						
9 Other	3	961	177,672		177,672	0 110 %
10 Total	5	14,736	985,243	46,650	938,593	0 600 %

Part III

Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1

Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?

1

No

2

Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount

2

831,862

3

Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit

3

0

4

Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements

Section B. Medicare

5

Enter total revenue received from Medicare (including DSH and IME)

5

14,030,613

6

Enter Medicare allowable costs of care relating to payments on line 5

6

20,462,447

7

Subtract line 6 from line 5 This is the surplus (or shortfall)

7

-6,431,834

8

Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used

☐

Cost accounting system

☒

Cost to charge ratio

☐

Other

Section C. Collection Practices

9a

Did the organization have a written debt collection policy during the tax year?

9a

Yes

b

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

9b

Yes

Part IV

Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

Part V

Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?
1

Name, address, primary website address, and state license number

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

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or facility reporting group

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A)1

	Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)		
1 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9 If "Yes," indicate what the CHNA report describes (check all that apply)	1 Yes	
a ☒ A definition of the community served by the hospital facility		
b ☒ Demographics of the community		
c ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d ☒ How data was obtained		
e ☒ The health needs of the community		
f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h ☒ The process for consulting with persons representing the community's interests		
i ☒ Information gaps that limit the hospital facility's ability to assess the community's health needs		
j ☐ Other (describe in Part VI)		
2 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>12</u>		
3 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3 Yes	
4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	No
5 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	5 Yes	
a ☒ Hospital facility's website (list url) <u>SHEPHERD ORG</u>		
b ☐ Other website (list url) _____		
c ☒ Available upon request from the hospital facility		
d ☐ Other (describe in Part VI)		
6 If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)		
a ☒ Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b ☒ Execution of the implementation strategy		
c ☒ Participation in the development of a community-wide plan		
d ☒ Participation in the execution of a community-wide plan		
e ☐ Inclusion of a community benefit section in operational plans		
f ☐ Adoption of a budget for provision of services that address the needs identified in the CHNA		
g ☒ Prioritization of health needs in its community		
h ☒ Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i ☐ Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7 Yes	
8a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	8a	No
b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b	
c If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V

Facility Information (continued)

Financial Assistance Policy		Yes	No	
9 Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?		9	Yes	
10 Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate the FPG family income limit for eligibility for free care <u>250 00000000000000</u> % If "No," explain in Part VI the criteria the hospital facility used		10	Yes	
11 Used FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u> </u> % If "No," explain in Part VI the criteria the hospital facility used		11		No
12 Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)		12	Yes	
a ☒ Income level				
b ☒ Asset level				
c ☒ Medical indigency				
d ☒ Insurance status				
e ☒ Uninsured discount				
f ☒ Medicaid/Medicare				
g ☒ State regulation				
h ☐ Residency				
i ☒ Other (describe in Part VI)				
13 Explained the method for applying for financial assistance?		13	Yes	
14 Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		14	Yes	
a ☒ The policy was posted on the hospital facility's website				
b ☐ The policy was attached to billing invoices				
c ☒ The policy was posted in the hospital facility's emergency rooms or waiting rooms				
d ☐ The policy was posted in the hospital facility's admissions offices				
e ☐ The policy was provided, in writing, to patients on admission to the hospital facility				
f ☒ The policy was available upon request				
g ☒ Other (describe in Part VI)				
Billing and Collections				
15 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?		15		No
16 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP				
a ☐ Reporting to credit agency				
b ☐ Lawsuits				
c ☐ Liens on residences				
d ☐ Body attachments				
e ☐ Other similar actions (describe in Section C)				
17 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged		17		No
a ☐ Reporting to credit agency				
b ☐ Lawsuits				
c ☐ Liens on residences				
d ☐ Body attachments				
e ☐ Other similar actions (describe in Section C)				

Part V

Facility Information (continued)

- 18
- Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a

☐

Notified individuals of the financial assistance policy on admission
- b

☐

Notified individuals of the financial assistance policy prior to discharge
- c

☐

Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- d

☐

Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- e

☐

Other (describe in Section C)

Policy Relating to Emergency Medical Care

	Yes	No
19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?		No
If "No," indicate why		
a ☒ The hospital facility did not provide care for any emergency medical conditions		
b ☐ The hospital facility's policy was not in writing		
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d ☐ Other (describe in Part VI)		

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b ☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d ☒ Other (describe in Part VI)		
21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	21	No
If "Yes," explain in Part VI		
22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	22	No
If "Yes," explain in Part VI		

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

[illegible]

Part V

Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 2

Name and address		Type of Facility (describe)
1	SHEPHERD PATHWAYS 1942 CLAIRMONT ROAD DECATUR,GA 30033	OUTPATIENT CENTER SERVING BRAIN INJURY PATIENTS
2	BEYOND THERAPY TENNESSEE 277 MALLORY STATION FRANKLIN,TN 37067	OUTPATIENT CENTER PROVIDING INTENSIVE REHABILITATION SERVICES
3		
4		
5		
6		
7		
8		
9		
10		

Part VI

Supplemental Information

Provide the following information

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

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	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 THE DISABILITY COMMUNITY 2 PROVIDE DAY-TO-DAY EXPERTISE ON DISABILITY RIGHTS ISSUES 3 PROMOTE DISABILITY RIGHTS 4 SUPPORT THE DEVELOPMENT OF LOCAL AND NATIONAL CAMPAIGNS RELATED TO HOME AND COMMUNITY BASED SERVICES (HCBS), ACCESSIBLE, AFFORDABLE, INTEGRATED HOUSING, AFFORDABLE, INTEGRATED HOUSING, REUSE EFFORTS AND INCLUSIVE EMERGENCY MANAGEMENT 5 SERVE ON AMERIGROUP'S AGING AND DISABILITY ADVISORY BOARD IN FYE 2014 MARK JOHNSON, DIRECTOR OF ADVOCACY AT SHEPHERD CENTER, PROMOTED EFFORTS TO INCREASE AND IMPROVE HOME AND COMMUNITY BASED SERVICES AND DISABILITY EMPLOYMENT AWARENESS 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 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 BRIDGET METZGER, A FORMER SPINAL CORD INJURY CASE MANAGER WAS HIRED IN OCTOBER, 2012 TO DIRECT SHEPHERD CENTER'S NEW INJURY PREVENTION PROGRAM MAJOR PROJECTS IN THE FIRST YEAR INCLUDED - MIDDLE SCHOOL TBI & SCI PREVENTION SCIENCE CURRICULUM, WHICH REACH APPROXIMATELY 1300 SEVENTH GRADE STUDENTS IN COBB COUNTY SCHOOLS - PRODUCTION OF TWO EXCELLENT 35-MINUTE VIDEOS OF OUR VISITS WITH FORMER PATIENTS AND STAFF TO CAMPBELL MIDDLE SCHOOL IN SPRING 2013 THE VIDEOS ARE A POWERFUL TOOL FOR SCHOOLS TO TEACH STUDENTS ABOUT TBI AND SCI, CAREERS IN THE FIELD, WHAT LIFE IS LIKE AFTER INJURY AND HOW YOUNG PEOPLE CAN AVOID GETTING HURT THEMSELVES - FIRST ANNUAL EMPLOYEE SAFE DRIVING WEEK, APRIL 2013 - PEDESTRIAN SAFETY CAMPAIGN WITH A FOCUS ON PEACHTREE STREET, SEPTEMBER 2013

Form and Line Reference	Explanation
PART III, LINE 4	AS STATED IN THE FOOTNOTES OF 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 2014 WERE \$8,752,406 AND \$3,198,195, RESPECTIVELY, RESULTING IN A 36 54% COST FACTOR THIS COST FACTOR WAS APPLIED TO GROSS BAD DEBT EXPENSE OF \$2,276,533 TO GET THE AMOUNT ON PART III, LINE TWO

Form and Line Reference	Explanation
PART III, LINE 9B	ACCORDING TO 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

Form and Line Reference	Explanation
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 FOR SPINAL CORD INJURY PATIENT ARE 87 PERCENT AS COMPARED TO THE NATIONAL AVERAGE OF 73 PERCENT AND FOR BRAIN INJURY PATIENTS 93 PERCENT AS COMPARED TO THE NATIONAL AVERAGE OF 65 PERCENT SHEPHERD CENTER'S CLINICAL OUTCOMES HAVE BEEN RECOGNIZED SINCE 2000 AS A TOP 10 REHABILITATION HOSPITAL BY U S WORLD & NEWS REPORT

Form and Line Reference	Explanation
PART VI, LINE 3	IT IS SHEPHERD CENTER'S 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 WILL BE CONSIDERED FOR FINANCIAL ASSISTANCE IT IS CRITICAL TO SAFEGUARD FUNDS AVAILABLE FOR THIS PURPOSE BY ASSURING THAT THIS ASSISTANCE PROGRAM IS THE "PAYER OF LAST RESORT" AND IS ONLY PROVIDED TO THOSE WHO HAVE PROVEN AN INABILITY TO PAY WHEN PATIENTS ARE SCHEDULED OR AN ADMISSION REFERRAL IS MADE, APPROPRIATE FINANCIAL SCREENING IS PROVIDED THE FIRST STEP OF THIS SCREENING WILL INCLUDE DETERMINING 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 AFTER 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 INCLUDES - 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 NEEDED" 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 APPROVES 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 THE USE OF FUNDS MEETS 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 FINANCIAL ASSISTANCE PROGRAM 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

Form and Line Reference	Explanation
PART VI, LINE 4	SHEPHERD CENTER DEFINES COMMUNITY BENEFIT AS A PLANNED, ORGANIZED, AND MEASURED APPROACH TO SERVICES AND ACTIVITIES THAT SPECIFICALLY ADDRESS THE HEALTHCARE NEEDS OF PEOPLE WITH SPINAL CORD AND BRAIN INJURY, MULTIPLE SCLEROSIS, CHRONIC PAIN, OTHER NEUROMUSCULAR DISEASES, AS WELL AS THE FAMILY OR LOVED ONES IMPACTED. PATIENTS AT SHEPHERD CENTER GET MORE THAN MEDICAL CARE, BUT RECEIVE THE FULL CONTINUUM OF CARE -- FROM EVALUATION AND MEDICAL TREATMENT TO REHABILITATION AND LIFELONG SUPPORT PROGRAMS -- THAT EXTENDS BACK TO THEIR COMMUNITIES. OUR PATIENT POPULATION HAS UNIQUE NEEDS THAT ARE TYPICALLY UNDERSERVED, WHICH MAKES SHEPHERD AN IMPORTANT LIFELINE AND 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 TAKES A LEADERSHIP ROLE IN EDUCATING HEALTHCARE PROFESSIONALS (PHYSICIANS, NURSES, AND THERAPISTS) WHO SPECIALIZE IN SPINAL CORD AND BRAIN INJURY REHABILITATION. WE ALSO SERVE AS A STRONG COMMUNITY ADVOCATE, MONITORING LEGISLATION AND RELATED ISSUES THAT IMPACT THE DISABILITY COMMUNITY. SHEPHERD CENTER'S REACH EXTENDS BEYOND METRO ATLANTA TO ALL OF GEORGIA, THE UNITED STATES AND THE WORLD, AS THE LEADING 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 NEARLY 50 FOREIGN COUNTRIES.

Form and Line Reference	Explanation
PART VI, LINE 7, REPORTS FILED WITH STATES	GA

Additional Data

Software ID:
Software Version:
EIN: 51-0141601
Name: SHEPHERD CENTER INC

990 Schedule H, Supplemental Information

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
SHEPHERD CENTER, INC	PART V, SECTION B, LINE 11 SEE PART VI, LINE 3 EXPLANATION FOR A COMPLETE DISCLOSURE OF HOW DISCOUNTED ELIGIBILITY IS DETERMINED
SHEPHERD CENTER, INC	PART V, SECTION B, LINE 12I FAMILY SIZE
SHEPHERD CENTER, INC	PART V, SECTION B, LINE 14G WHEN PATIENTS ARE SCHEDULED OR AN ADMISSION REFERRAL IS MADE, APPROPRIATE FINANCIAL SCREENING IS PROVIDED
SHEPHERD CENTER, INC	PART V, SECTION B, LINE 20D SHEPHERD CENTER DISCOUNTS CARE FOR PATIENTS WHO HAVE THE ABIL ITY TO PAY USING THE AVERAGE DISCOUNT APPLICABLE TO ALL OUR MANAGED CARE CONTRACTS

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

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 ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e g , maid, chauffeur, chef)		
b 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 of the expenses described above? If "No," complete Part III to explain.	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☒ Compensation committee ☒ Independent compensation consultant ☒ Form 990 of other organizations ☐ Written employment contract ☒ Compensation survey or study ☒ 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:		
a Receive a severance payment or change-of-control payment?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	No
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:		
a The organization?	5a	No
b Any related organization? If "Yes," to line 5a or 5b, describe in Part III.	5b	No
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:		
a The organization?	6a	Yes
b Any related organization? If "Yes," to line 6a or 6b, describe in Part III.	6b	No
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.	7	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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	No
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

For each individual whose compensation must be reported 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table								

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Return Reference	Explanation
PART I, LINE 6	THE SHEPHERD CENTER'S BOARD OF DIRECTORS APPROVED A "SHEPHERD SHARE" BONUS TO QUALIFIED EMPLOYEES FOR FY 2014, THAT WAS PAID IN FY 2015 THIS YEAR'S BONUS WAS BASED ON VARIOUS FACTORS, ALONG WITH NET EARNINGS THE BOARD'S DETERMINATION OF THE AWARD WEIGHED MORE HEAVILY ON PATIENT OUTCOMES, CUSTOMER SERVICE (INTERNAL AND EXTERNAL) AND OTHER JUDGMENTAL FACTORS SINCE BUDGETARY GOALS WERE NOT MET

Additional Data

Software ID:
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				
BROCK BOWMAN MD BOARD MEMBER	(i) (ii)	450,879 0	17,500 0	0 0	8,717 0	12,888 0	489,984 0	0 0
DONALD P LESLIE MD MEDICAL DIRECTOR	(i) (ii)	537,842 0	127,910 0	0 0	12,388 0	4,517 0	682,657 0	0 0
GARY ULICNY PHD PRESIDENT/CEO	(i) (ii)	525,316 0	180,310 0	0 0	18,712 0	12,715 0	737,053 0	0 0
JAMES H SHEPHERD JR CHAIRMAN	(i) (ii)	238,236 0	76,696 0	0 0	10,250 0	5,189 0	330,371 0	0 0
MICHAEL L JONES PHD VP RESEARCH	(i) (ii)	312,969 0	15,000 0	0 0	11,245 0	11,547 0	350,761 0	0 0
MITCHELL J FILLHABER VP MARKETING	(i) (ii)	269,277 0	37,500 0	0 0	4,150 0	12,715 0	323,642 0	0 0
SARAH MORRISON VP CLINICAL SERVICES	(i) (ii)	233,229 0	17,500 0	0 0	11,498 0	10,909 0	273,136 0	0 0
SCOTT H SIKES VP FOUNDATION	(i) (ii)	250,858 0	13,000 0	0 0	5,775 0	9,442 0	279,075 0	0 0
STEPHEN B HOLLEMAN CFO	(i) (ii)	299,928 0	76,101 0	0 0	11,058 0	12,715 0	399,802 0	0 0
TAMARA KING CHIEF NURSE EXECUTIVE	(i) (ii)	206,250 0	17,500 0	0 0	11,481 0	9,038 0	244,269 0	0 0
WILMA BUNCH VP FACILITIES	(i) (ii)	196,166 0	17,500 0	0 0	11,500 0	5,484 0	230,650 0	0 0
BEN THROWER MD PHYSICIAN	(i) (ii)	531,743 0	25,220 0	0 0	11,113 0	11,720 0	579,796 0	0 0
ERIK SHAW MD PHYSICIAN	(i) (ii)	527,124 0	20,200 0	0 0	6,124 0	8,632 0	562,080 0	0 0
JOHN LIN PHYSICIAN	(i) (ii)	426,196 0	16,500 0	0 0	6,084 0	4,517 0	453,297 0	0 0
JOHN MUSSER MD PHYSICIAN	(i) (ii)	483,043 0	5,000 0	0 0	0 0	8,499 0	496,542 0	0 0
SHERRILL LORING MD PHYSICIAN	(i) (ii)	464,205 0	18,450 0	0 0	6,113 0	0 0	488,768 0	0 0

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

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 Part VI.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
SHEPHERD CENTER INC

Employer identification number
51-0141601

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		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	DEVELOPMENT AUTHORITY OF FULTON COUNTY	58-1506878	359900ZT7	11-04-2009	56,000,000	PROVIDE FUNDS TO REFUND 4/20/05 ISSUE FOR HOSPITAL EXPANSION		X		X		X
B	DEVELOPMENT AUTHORITY OF FULTON COUNTY	58-1506878	359597EB3	12-02-2010	13,900,000	PROVIDE FUNDS TO REFUND 9/29/97 ISSUE FOR HOSPITAL RENOVATIONS		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	4,800,000		11,600,000					
2	Amount of bonds legally defeased								
3	Total proceeds of issue	56,000,000		13,900,000					
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds								
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	56,000,000		13,900,000					
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion	2007		1998		YesNoYesNo			
		Yes	No	Yes	No				
14	Were the bonds issued as part of a current refunding issue?	X		X					
15	Were the bonds issued as part of an advance refunding issue?		X		X				
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III

Private Business Use

		A		B		C		D	
		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		X				
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X			X				

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X			X				
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		X						
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
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	0 %		0 %					
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 %		0 %					
6	Total of lines 4 and 5	1 400 %		0 %					
7	Does the bond issue meet the private security or payment test?		X		X				
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X		X				

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X		X				
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X				
b	Exception to rebate?		X		X				
c	No rebate due?		X		X				
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X				
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		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?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X				
7	Has the organization established written procedures to monitor the requirements of section 148?		X		X				

Part V

Procedures To Undertake Corrective Action

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		X		X				

Part VI

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
------------------	-------------

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, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2013
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) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by 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-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?	(i) Written agreement?	
			To	From			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 assistance	(d) Type of assistance	(e) Purpose of assistance

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
(1) LINDA SHEPHERD	FAMILY MEMBER	37,351	EMPLOYEE		No
(2) JULIE WHITE	FAMILY MEMBER	69,532	EMPLOYEE		No

Part V Supplemental Information

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

Return Reference	Explanation
SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	(D) DESCRIPTION OF TRANSACTION EMPLOYEE COMPENSATION

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

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 or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		925	FAIR MARKET VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	34	1,027,080	FAIR 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	X	1	2,355	FAIR MARKET VALUE
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (VARIOUS GIFTS)	X	21	51,994	FAIR MARKET VALUE
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29

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

30a

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

30a

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?

31

Yes

32a

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

32a

No

b

If "Yes," describe in Part II

33

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

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

Cat No 51227J

Schedule M (Form 990) (2013)

Part II

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

Return Reference	Explanation
PART I, LINE 33	SHEPHERD CENTER USES THE ACCRUAL METHOD OF ACCOUNTING SECURITY DONATIONS ARE RECEIVED BY SHEPHERD CENTER FOUNDATION AND PASSED THROUGH TO SHEPHERD CENTER THESE SECURITIES ARE LIQUIDATED IMMEDIATELY AND THE PROCEEDS ARE RECORDED DIRECTLY TO THE TEMPORARILY AND PERMANENTLY RESTRICTED NET ASSETS PORTION OF THE BALANCE SHEET AS EXPENSES ARE INCURRED, THESE FUNDS ARE RELEASED FROM RESTRICTION AND ONLY THEN BECOME AN ELEMENT OF REVENUE WE REPORT THE ENTIRE AMOUNT OF THESE DONATIONS ON SCHEDULE M FOR TRANSPARENCY SINCE THE AMOUNT ON THE STATEMENT OF REVENUE, LINE 1G DOES NOT FULLY REPRESENT THE NON-CASH DONATIONS RECEIVED

2013

Open to Public Inspection

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

Name of the organization

SHEPHERD CENTER INC

Employer identification number

51-0141601

Return Reference	Explanation
FORM 990, PART III, LINE 3	SHEPHERD CENTER DISCONTINUED ITS OUTPATIENT SATELLITE PROGRAM IN FRANKLIN, TN, KNOWN AS BEYOND THERAPY TENNESSEE

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) FAMILY & BUSINESS RELATIONSHIP JULIE WHITE (EMPLOYEE) FAMILY & BUSINESS RELATIONSHIP REID ULICNY (EMPLOYEE) FAMILY & BUSINESS RELATIONSHIP MICHAEL MORRISON (EMPLOYEE) BUSINESS RELATIONSHIP JAMES E. STEPHENSON BUSINESS RELATIONSHIP DAVID H. FLINT BUSINESS RELATIONSHIP JULIAN B. MOHR BUSINESS RELATIONSHIP DAVID F. APPLE JR. MD

Return Reference	Explanation
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 THE 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 VICE PRESIDENT OF SHEPHERD CENTER FOUNDATION FOR THEIR INPUT AND APPROVAL THE SHEPHERD CENTER PROVIDES EACH MEMBER OF THE BOARD WITH A FINAL COPY OF THE FILED 990 UPON COMPLETION OF THE PROCESS

Return Reference	Explanation
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 REVIEW ALL 1099'S BEFORE DISTRIBUTION FOR BOARD MEMBER NAMES/COMPANIES. THE STAFF ALSO CHECK WITH THE DEVELOPMENT OFFICE FOR ANY ADDITIONAL INFORMATION REGARDING BOARD MEMBER AFFILIATIONS WITH OTHER ENTITIES WITH WHICH THE SHEPHERD CENTER DOES BUSINESS.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE 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' FORM 990 TO DETERMINE APPROPRIATENESS OF COMPENSATION. THE SHEPHERD CENTER UTILIZES TOWER WATSON DATA SERVICES COMPENSATION SURVEYS TO DETERMINE WHETHER OR NOT A COMPENSATION PACKAGE IS IN LINE WITH OUR REGION AND RELATIVE BED SIZE. THE HUMAN RESOURCES DIRECTOR ANALYZES THE DATA AND GETS APPROVAL FROM THE CEO.

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 18	AVAILABLE UPON REQUEST AND ALSO IS LISTED FOR PUBLIC USE ON GUIDESTAR.ORG

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	AVAILABLE UPON REQUEST

Return Reference	Explanation
FORM 990, PART IX	SHEPHERD CENTER HAS ALLOCATED A PORTION OF THE EXPENSES OF THESE INDIRECT COST CENTERS TO PROGRAM SERVICE EXPENSE. DEPRECIATION, ENGINEERING, INFORMATION SYSTEMS, COMMUNICATIONS, QUALITY AND OUTCOMES MANAGEMENT, SECURITY, SEATING CLINIC, TRANSPORATION, COMPLIANCE AND AUDIT, RISK MANAGEMENT, CODING AUDIT, AND RENOVATIONS

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGES IN TEMPORARILY RESTRICTED NET ASSETS 11,325,248 CHANGES IN INTERCOMPANY ACCOUNTS - 2,226,563 CHANGES IN PERMANENTLY RESTRICTED NET ASSETS 428,740 ROUNDING -11

Return Reference	Explanation
FORM 990, PART XI, LINE 2C	NO CHANGE HAS OCCURRED FROM PRIOR YEAR

Return Reference	Explanation
FORM 990, SCHEDULE M SUPPLEMENTAL INFORMATION	SHEPHERD CENTER USES THE ACCRUAL METHOD OF ACCOUNTING. SECURITY DONATIONS ARE RECEIVED BY SHEPHERD CENTER FOUNDATION AND SHEPHERD CENTER. THESE SECURITIES ARE LIQUIDATED IMMEDIATELY AND THE PROCEEDS ARE RECORDED DIRECTLY TO THE TEMPORARILY AND PERMANENTLY RESTRICTED NET ASSETS PORTION OF THE BALANCE SHEET. AS EXPENSES ARE INCURRED, THESE FUNDS ARE RELEASED FROM RESTRICTION AND ONLY THEN BECOME AN ELEMENT OF REVENUE. WE REPORT THE ENTIRE AMOUNT OF THESE DONATIONS ON SCHEDULE M FOR TRANSPARENCY. SINCE THE AMOUNT ON THE STATEMENT OF REVENUE, LINE 1G DOES NOT FULLY REPRESENT THE NON-CASH DONATIONS RECEIVED.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
SHEPHERD CENTER INC

Employer identification number
51-0141601

Part I Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

Part II Identification of Related Tax-Exempt Organizations

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) SHEPHERD CENTER FOUNDATION 2020 PEACHTREE ROAD NW ATLANTA, GA 30309 20-1238224	FUNDRAISING FOR SHEPHERD CENTER EXCLUSIVELY	GA	501(C)(3)	509(A)(1)	N/A		No

Part III

Identification of Related Organizations Taxable as a Partnership

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) SSC AFFILIATES INC 2020 PEACHTREE ROAD NW ATLANTA, GA 30309 58-1921355	RETAIL PHARMACY, MEDICAL SUPPLY, AND GIFT SHOP	GA	SHEPHERD CENTER INC	C	232,044	1,531,560	100 000 %		No

Part V

Transactions With Related Organizations

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

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

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

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a Yes

1b No

1c No

1d No

1e No

1f No

1g No

1h No

1i No

1j No

1k No

1l Yes

1m Yes

1n Yes

1o Yes

1p No

1q Yes

1r No

1s 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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

Schedule R (Form 990) 2013

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

[illegible]

Part VII

Supplemental Information

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

Return Reference	Explanation
------------------	-------------

Additional Data

Software ID:

Software Version:

EIN: 51-0141601

Name: SHEPHERD CENTER INC

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
SSC AFFILIATES INC	A	63,005	FMV
SSC AFFILIATES INC	L	64,170	FMV
SHEPHERD CENTER FOUNDATION INC	M	738,914	FMV
SHEPHERD CENTER FOUNDATION INC	N	11,908	FMV
SSC AFFILIATES INC	O	754,049	FMV
SHEPHERD CENTER FOUNDATION INC	O	1,535,087	FMV
SSC AFFILIATES INC	Q	571,261	FMV
SHEPHERD CENTER FOUNDATION INC	S	11,446,673	FMV

Shepherd Center, Inc. and Subsidiaries
(A Not-for-Profit Organization)

**Consolidated Financial Statements and
Compliance Reports**

March 31, 2014 and 2013

BENNETT **B | T** THRASHER

BETTER TOGETHER[®]

Shepherd Center, Inc. and Subsidiaries

(A Not-for-Profit Organization)

Table of Contents

March 31, 2014 and 2013

	Page
Independent Auditor's Report	2
Audited Consolidated Financial Statements	
Consolidated Statements of Financial Position	4
Consolidated Statements of Operations	5
Consolidated Statements of Changes in Net Assets	6
Consolidated Statements of Cash Flows	7
Notes to Consolidated Financial Statements	8
Supplemental Information	
Schedule of Expenditures of Federal Awards	26
Notes to Schedule of Expenditures of Federal Awards	28
Independent Auditor's Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with <i>Government Auditing Standards</i>	29
Independent Auditor's Report on Compliance for Each Major Federal Program and on Internal Control Over Compliance in Accordance with OMB Circular A-133	31
Schedule of Findings and Questioned Costs	33
Schedule of Prior Audit Findings	34



Independent Auditor's Report

To the Board of Directors of
Shepherd Center, Inc

Report on the Financial Statements

We have audited the accompanying consolidated financial statements of Shepherd Center, Inc and Subsidiaries (the Center) (a not-for-profit organization), which comprise the consolidated statements of financial position as of March 31, 2014 and 2013 and the related consolidated statements of operations and changes in net assets and cash flows for the years then ended, and the related notes to the consolidated financial statements

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.



Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Shepherd Center, Inc. and Subsidiaries as of March 31, 2014 and 2013 and the changes in their net assets and their cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Other Matters

Supplemental Information

Our audits were conducted for the purpose of forming opinions on the financial statements as a whole. The accompanying schedule of expenditures of federal awards, as required by Office of Management and Budget (OMB) Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*, is presented for purposes of additional analysis and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. Such information has been subjected to the auditing procedures applied in the audits of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the supplemental information is fairly stated, in all material respects, in relation to the consolidated financial statements as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated July 21, 2014, on our consideration of the Center's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Center's internal control over financial reporting and compliance.

Bennett Thacher LLP

July 21, 2014

Shepherd Center, Inc. and Subsidiaries
(A Not-For-Profit Organization)

Consolidated Statements of Financial Position
March 31, 2014 and 2013

	2014	2013
Assets		
Current assets		
Cash and cash equivalents	\$ 21,688,823	\$ 15,429,455
Patient accounts receivable, less allowance for doubtful accounts of \$2,272,140 in 2014 and \$1,944,406 in 2013	31,705,688	31,816,344
Contributions receivable, less discount of \$82,196 in 2014 and \$46,773 in 2013	1,811,338	1,421,105
Other current assets	<u>6,888,058</u>	<u>4,646,285</u>
Total current assets	62,093,907	53,313,189
Investments	175,772,924	164,411,185
Assets limited as to use	1,677,992	1,308,816
Property and equipment, at cost less accumulated depreciation	127,905,991	129,267,953
Noncurrent contributions receivable, less discount of \$34,836 in 2014 and \$66,840 in 2013	519,770	1,189,848
Other assets	<u>579,718</u>	<u>670,543</u>
Total assets	<u>\$ 368,550,302</u>	<u>\$ 350,161,534</u>
Liabilities and Net Assets		
Current liabilities		
Current portion of long-term debt	\$ -	\$ 1,900,000
Current portion of annuities payable	491,232	499,317
Accounts payable	3,727,684	2,501,317
Accrued compensation and expenses	12,326,357	10,347,949
Estimated third-party payor settlements	196,251	162,769
Deferred revenue	<u>134,074</u>	<u>152,415</u>
Total current liabilities	16,875,598	15,563,767
Annuities payable, less current portion	5,828,156	5,947,378
Long-term debt, less current portion	<u>53,500,000</u>	<u>63,500,000</u>
Total liabilities	76,203,754	85,011,145
Net assets		
Unrestricted	215,645,957	199,923,718
Temporarily restricted	33,447,989	22,278,169
Permanently restricted	<u>43,252,602</u>	<u>42,948,502</u>
Total net assets	<u>292,346,548</u>	<u>265,150,389</u>
Total liabilities and net assets	<u>\$ 368,550,302</u>	<u>\$ 350,161,534</u>

See accompanying notes to consolidated financial statements

Shepherd Center, Inc. and Subsidiaries
(A Not-For-Profit Organization)

Consolidated Statements of Operations
For the Years Ended March 31, 2014 and 2013

	2014	2013
Unrestricted revenues, gains and other support		
Patient service revenue, net of contractual allowances and discounts	\$ 151,058,074	\$ 148,756,389
Provision for bad debt	<u>(2,276,533)</u>	<u>(3,579,451)</u>
Net patient service revenue less provision for bad debt	148,781,541	145,176,938
Other revenue	18,282,384	16,755,502
Investment income	<u>3,503,904</u>	<u>3,104,842</u>
Unrestricted revenues, net of contractual allowances	170,567,829	165,037,282
Expenses		
Salaries	85,096,255	78,585,564
Payroll taxes and employee benefits	18,685,630	17,278,072
Patient, pharmacy and office supplies	24,759,126	22,659,720
Purchased services	19,033,604	16,650,325
Depreciation and amortization	9,389,704	8,442,931
Interest	775,465	936,898
Other	<u>5,862,562</u>	<u>6,118,691</u>
Total expenses	<u>163,602,346</u>	<u>150,672,201</u>
Excess of revenues, gains and other support over expenses	6,965,483	14,365,081
Change in net unrealized gains on investments	8,257,979	5,106,436
Contributions of property and equipment	55,274	76,409
Net assets released from restrictions used for purchase of property and equipment	<u>443,503</u>	<u>2,236,450</u>
Increase in unrestricted net assets	<u>\$ 15,722,239</u>	<u>\$ 21,784,376</u>

See accompanying notes to consolidated financial statements

Shepherd Center, Inc. and Subsidiaries
(A Not-For-Profit Organization)

Consolidated Statements of Changes in Net Assets
For the Years Ended March 31, 2014 and 2013

	2014	2013
Unrestricted net assets		
Excess of revenues, gains and other support over expenses	\$ 6,965,483	\$ 14,365,081
Change in net unrealized gains on investments	8,257,979	5,106,436
Contributions of property and equipment	55,274	76,409
Net assets released from restrictions used for purchase of property and equipment	<u>443,503</u>	<u>2,236,450</u>
Increase in unrestricted net assets	<u>15,722,239</u>	<u>21,784,376</u>
Temporarily restricted net assets		
Contributions	7,864,498	4,714,224
Investment income	2,809,651	2,557,063
Change in net unrealized gains on investments	6,566,959	2,971,242
Change in charitable gift annuities	(532,390)	(443,632)
Net assets released from restriction, used for operations	(5,095,395)	(6,086,272)
Net assets released from restriction, used for purchase of property and equipment	<u>(443,503)</u>	<u>(2,236,450)</u>
Increase in temporarily restricted net assets	<u>11,169,820</u>	<u>1,476,175</u>
Permanently restricted net assets		
Contributions	<u>304,100</u>	<u>101,620</u>
Increase in permanently restricted net assets	<u>304,100</u>	<u>101,620</u>
Increase in net assets	27,196,159	23,362,171
Net assets, beginning of year	<u>265,150,389</u>	<u>241,788,218</u>
Net assets, end of year	<u>\$ 292,346,548</u>	<u>\$ 265,150,389</u>

See accompanying notes to consolidated financial statements

Shepherd Center, Inc. and Subsidiaries
(A Not-For-Profit Organization)

Consolidated Statements of Cash Flows
For the Years Ended March 31, 2014 and 2013

	2014	2013
Cash flows from operating activities		
Change in net assets	\$ 27,196,159	\$ 23,362,171
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Net unrealized gains on investments	(14,824,938)	(8,077,679)
Contribution of investments	(1,277,371)	(149,586)
Restricted contributions	(6,891,227)	(4,666,258)
Net investment income and realized gains on investments	(3,537,089)	(2,699,622)
Provision for doubtful accounts	2,276,533	3,579,451
Discount on contributions receivable	(3,417)	(252,213)
Depreciation and amortization	9,389,704	8,442,931
Loss (gain) on disposal of property and equipment	(18,682)	133,220
Other	-	(8,094)
Actuarial change in gift annuity liability	372,753	434,302
Changes in operating assets and liabilities		
Patient accounts receivable	(2,165,877)	(6,145,373)
Contributions receivable	283,262	2,843,244
Estimated third-party payor settlements	33,482	181,665
Other assets	(2,150,948)	581,474
Accounts payable	1,226,367	(1,616,085)
Accrued compensation and expenses	1,978,408	464,187
Deferred revenue	(18,341)	(1,192,806)
Net cash provided by operating activities	<u>11,868,778</u>	<u>15,214,929</u>
Cash flows from investing activities		
Purchases of property and equipment	(8,027,742)	(11,124,022)
Proceeds from disposals of property and equipment	18,682	18,390
Purchases of investments	(26,089,213)	(46,260,270)
Proceeds from sale of investments	33,997,696	41,944,078
Payment of charitable gift annuities	(500,060)	(498,965)
Net cash used in investing activities	<u>(600,637)</u>	<u>(15,920,789)</u>
Cash flows from financing activities		
Proceeds from restricted contributions	6,891,227	4,666,258
Proceeds from offerings of charitable gift annuities	-	18,235
Payment of long-term debt	(11,900,000)	(1,800,000)
Net cash (used in) provided by financing activities	<u>(5,008,773)</u>	<u>2,884,493</u>
Net increase in cash and cash equivalents	6,259,368	2,178,633
Cash and cash equivalents at beginning of year	<u>15,429,455</u>	<u>13,250,822</u>
Cash and cash equivalents at end of year	<u>\$ 21,688,823</u>	<u>\$ 15,429,455</u>
Supplemental Disclosure of Cash Flow Information		
Cash paid for interest	<u>\$ 688,996</u>	<u>\$ 817,073</u>

See accompanying notes to consolidated financial statements

Shepherd Center, Inc. and Subsidiaries

(A Not-for-Profit Organization)

Notes to Consolidated Financial Statements

March 31, 2014 and 2013

Note 1: Description of Organization and Summary of Significant Accounting Policies

Principles of Consolidation

The accompanying consolidated financial statements include the accounts of Shepherd Center, Inc. (Shepherd) and its wholly owned subsidiaries, SSC Affiliates, Inc. (SSC) and Shepherd Center Foundation, Inc. (Foundation) (collectively, the Center). All significant intercompany accounts and transactions have been eliminated.

Description of Organization

Shepherd is a private not-for-profit hospital in Atlanta providing acute and rehabilitative care primarily to patients with traumatic spinal cord injuries and disease, acquired brain injury, multiple sclerosis and other neuromuscular disease. Shepherd was incorporated under the laws of the state of Georgia on April 21, 1975. SSC conducts a pharmacy and medical supply sales practice at the Center's premises. SSC was incorporated under the laws of the state of Georgia on November 16, 1990. Foundation raises funding for Shepherd by seeking potential donors and conducting fundraising activities in the community. Foundation was incorporated under the laws of the state of Georgia on May 26, 2004, and remained dormant until April 1, 2005.

Use of Estimates in Consolidated Financial Statements

The preparation of consolidated financial statements in conformity with generally accepted accounting principles (GAAP) in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Net Patient Service Revenue

Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, after contractual adjustments. Patient accounts receivable include charges for amounts due from Medicare, Medicaid, pending Medicaid benefits, other third-party payors and patients (Note 14). Contractual adjustments represent the differences between amounts billed as patient service revenue and amounts contracted with third-party payors, and are accrued on an estimated basis in the period in which the related services are rendered and adjusted in future periods as final settlements are determined. Contractual adjustments are included in the determination of net patient service revenue as reported in the accompanying consolidated statement of operations before the provision for bad debt.

The Center grants credit without collateral to its patients, most of whom are insured under third-party payor agreements. Patient accounts receivable are reported at their net realizable value from third-party payors, patients, residents and others for services rendered. Allowances are provided for third-party payors based on estimated reimbursement rates. Allowances are also provided for bad debts based on an estimate of uncollectible accounts. Write-off of uncollectible accounts is determined on a case-by-case basis after a review of the circumstances surrounding the individual patient accounts.

Charity Care

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, such amounts are not reported as net patient service revenue or patient accounts receivable (see Note 10).

Cash and Cash Equivalents

Cash and cash equivalents consist of cash in banks and highly liquid temporary investments with initial maturities of ninety days or less. The Center routinely invests its surplus operating funds in money market accounts. These funds generally invest in highly liquid U.S. government and agency obligations.

Investments

Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair value in the consolidated statements of financial position. Investment income or loss (including realized gains and losses on investments, interest and dividends) is included in the excess of revenues, gains and other support over expenses unless the income or loss is restricted by donor or law. Unrealized gains and losses on investments are excluded from the excess of revenues, gains and other support over expenses.

Property and Equipment

Property and equipment acquisitions are recorded at cost, net of accumulated depreciation expense. Depreciation is provided over the estimated useful life of each class of depreciable assets and is computed using the straight-line method. Interest cost incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets. A summary of the estimated useful lives of the various asset classes is as follows:

Land improvements	10 to 20 years
Building	10 to 40 years
Building services equipment	10 to 40 years
Fixed equipment	3 to 20 years
Major movable equipment	3 to 20 years

Gifts of long-lived assets such as land, buildings, or equipment are reported as unrestricted support, unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

Impairment of Long-lived Assets

Long-lived assets are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount of an asset may not be recoverable. When indicators of impairment are present, management evaluates the carrying amount of such assets in relation to the operating performance and future estimated undiscounted net cash flows expected to be generated by the assets or underlying operations. If such assets are considered to be impaired, the impairment to be recognized is measured by the amount by which the carrying amount of the assets exceeds the fair value of the assets. The assessment of the recoverability of assets will be impacted if estimated future operating cash flows are not achieved. In the opinion of management, no long-lived assets were impaired as of March 31, 2014 or 2013.

Inventory

Inventories of pharmaceuticals, supplies and equipment are valued at the lower of cost (as principally determined on the first-in, first-out method) or market.

Deferred Certificate and Bond Issuance Costs

Certificate and bond issuance costs were paid to a financial institution for structuring financing arrangements (see Note 6). These issuance costs are being amortized over the related debt terms ranging from 7 to 30 years. Interest expense includes amortization of certificate and bond issuance costs of \$89,449 in 2014 and \$120,864 in 2013.

The unamortized portions of the certificate and bond issuance costs are presented as other assets in the accompanying consolidated statements of financial position.

Fair Value of Financial Instruments

The following methods and assumptions were used by the Center in estimating the fair value of its financial instruments:

Cash and cash equivalents: The carrying amount reported in the consolidated statements of financial position for cash and cash equivalents approximates its fair value.

Investments: Fair value, which are the amounts reported in the consolidated statements of financial position, are based on quoted market prices, if available, or estimated using quoted market prices for similar securities.

Long-term debt: The fair value of the Center's long-term debt is estimated to approximate its carrying value as a result of the debt's variable interest rate.

Temporarily Restricted Net Assets

The use of temporarily restricted net assets has been limited by donors to a specific time period or purpose.

Endowment Funds

The Center's endowment funds consist of funds established for a variety of purposes (see Note 7). The endowment funds include only donor-restricted endowments. As required by GAAP, net assets associated with these endowment funds are classified and reported based on the existence or absence of donor-imposed restrictions.

Interpretation of Relevant Law related to Endowment Funds

The Center's Board of Directors has interpreted Georgia's adoption of the Uniform Prudent Management of Institutional Funds Act (UPMIFA) as requiring the preservation of the purchasing power of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary. Because of this, the Center classifies the original value of gifts (initial or subsequent) donated in accordance with the purpose established by the donor as permanently restricted net assets. To the degree that there are gains or other net income generated and potentially available for expenditure, these are classified as temporarily restricted net assets in accordance with the purpose established by the donor or until appropriated by the Board of Directors for endowments whose use is unrestricted.

Investment and Spending Policies of Endowment Funds

The Center has established prudent investment and spending policies related to the management of endowment funds and related amounts available for expenditure. These policies have been established and are continually reviewed and updated by the Center's Finance & Investment Committee and Board of Directors. With regard to investments, the Committee takes into account the need to preserve the donor principal, the purposes for which the fund was established, overall economic conditions (to include the effects of inflation and deflation), the expected total return from income as well as possible appreciation from investments, and other resources of the Center. The Center from time to time may also employ an outside investment consultant who assists with the overall asset allocation, investment manager selection, and monitoring and reporting of investment results. The Center's policies are set to achieve a return of at least 5% over inflation in an appropriately diversified portfolio over the long-term, and further allows for spending up to 10% of available earnings in a given year if the endowment earnings are greater than 10% of the principal balance. In so doing, the goal is to carefully manage the endowment funds such that the principal is preserved and earnings are available in most years for the appropriate purpose. Other goals of spending less than anticipated earnings are allowing for reasonable inflationary growth and helping to cushion against reasonable downturns in the economy. It is also understood that these assumptions and allocations may be revised from time to time as circumstances dictate, so that the Center may continually manage these assets in a prudent manner in accordance with UPMIFA.

Excess of Revenues over Expenses

The consolidated statements of operations include excess of revenues, gains and other support over expenses. Changes in unrestricted net assets which are excluded from excess of revenues, gains and other support over expenses, consistent with industry practice, include unrealized gains and losses on investments other than trading securities, permanent transfers of assets to and from affiliates other than goods and services, and contributions of long-lived assets (including assets acquired using contributions which by donor restriction were to be used for the purposes of acquiring such assets).

Donor-Restricted Contributions

Contributions (including unconditional promises to give, i.e., pledges) are recorded in the year they are received or pledged, with allowances provided for pledges estimated to be uncollectible. Unconditional pledges are recorded at the present value of their estimated future cash flows. The discounts on those amounts are computed using risk-free interest rates applicable to the years in which the promises are received. Amortization of the discounts is included in contributions in the accompanying statements of changes in net assets. The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations or time restrictions that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restrictions are accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the consolidated statements of operations as net assets released from restrictions.

Contributed Services

A substantial number of volunteers have donated significant amounts of their time to the Center and its various programs. However, these donated services are not reflected in the consolidated financial statements since these services do not meet the criteria for recognition as contributed services.

Income Taxes

Shepherd and Foundation have both been granted tax-exempt status under Section 501(a)(3) of the Internal Revenue Code (the Code) as organizations described in Section 501(c)(3) whereby only unrelated business income, as defined by Section 512(a)(1) of the Code, is subject to federal income tax. The Center had no significant unrelated business taxable income during 2014 and 2013; accordingly, no provision or benefit for income taxes has been included in the accompanying consolidated financial statements.

SSC is subject to federal and state income taxes (see Note 12).

The Center applies the provisions of Accounting Standards for income taxes. These provisions require 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 Center does not believe its consolidated financial statements include any material uncertain tax positions. The Center is no longer subject to federal or state income tax examinations by tax authorities for fiscal years before 2010.

Vacation and Earned Time Off

Vacation and earned time off benefits are accrued as earned by employees.

Insurance Claims and Related Insurance Recoveries

The Center evaluates its exposure to losses arising from claims and, if necessary, recognizes a liability separate from any related anticipated insurance recoveries. The liability, if any, is not presented net of anticipated insurance recoveries. There were no material claims liabilities or related insurance recoveries recorded as of March 31, 2014 and 2013.

Reclassifications

Certain prior year amounts have been reclassified to conform to the current year presentation. These reclassifications had no effect on previously reported results of operations or net assets.

Note 2: Assets Limited as to Use

Assets limited as to use comprised of a supplemental deferred compensation plan and consisted of mutual funds stated at fair value of \$1,677,992 and \$1,308,806 at March 31, 2014 and 2013, respectively.

Note 3: Cash and Investments

Cash and investments consisted of the following as of March 31, 2014 and 2013

	2014		2013	
	Cost	Fair Value	Cost	Fair Value
Fair value investments				
Equity securities	\$ -	\$ -	\$ 7,711,985	\$ 9,601,971
U S Government securities	7,235,985	7,301,099	17,734,335	17,840,022
Corporate bonds	15,995,532	16,446,313	15,084,061	15,796,275
Mutual funds				
Equity funds	103,618,282	125,841,325	81,324,216	95,366,041
Fixed income funds	<u>25,270,656</u>	<u>26,184,187</u>	<u>24,486,405</u>	<u>25,806,876</u>
Total	152,120,455	175,772,924	146,341,002	164,411,185
Total cash and cash equivalents	<u>21,688,823</u>	<u>21,688,823</u>	<u>15,429,455</u>	<u>15,429,455</u>
	<u>\$ 173,809,278</u>	<u>\$ 197,461,747</u>	<u>\$ 161,770,457</u>	<u>\$ 179,840,640</u>

Investment income (unrestricted) is comprised of the following for the years ended March 31, 2014 and 2013

	2014	2013
Investment income		
Interest and dividend income	\$ 1,607,039	\$ 1,761,398
Net realized gains on the sale of investments	<u>1,896,865</u>	<u>1,343,444</u>
	<u>\$ 3,503,904</u>	<u>\$ 3,104,842</u>
Other changes in unrestricted net assets		
Change in net unrealized gains on investments	<u>\$ 8,257,979</u>	<u>\$ 5,106,436</u>

Investment advisory fees are included in investment income and amounted to \$287,567 and \$297,061 in 2014 and 2013, respectively

Fair Value Measurement

The Center defines fair value as the price that would be received from selling an asset or paid to transfer a liability (i.e., the exit price) in an orderly transaction between market participants at the measurement date

When determining fair value, the Center uses various valuation approaches. The accounting standards establish a fair value hierarchy for inputs used in measuring fair value that maximizes the use of observable inputs and minimizes the use of unobservable inputs by requiring that the most observable inputs be used when available. Observable inputs are those that market participants would use in pricing the asset or liability based on market data obtained from sources independent of the Center.

Unobservable inputs reflect the Center's assumptions about the inputs that market participants would use in pricing the asset or liability developed based on the best information available in the circumstances.

The fair value hierarchy is categorized into three levels based on the inputs as follows

Level 1 - Valuations based on unadjusted quoted prices in active markets for identical assets or liabilities that the Center has the ability to access. Valuation adjustments and block discounts are not applied to Level 1 securities. Since valuations are based on quoted prices that are readily and regularly available in an active market, valuation of these securities does not entail a significant degree of judgment.

Level 2 - Valuations based on quoted prices in markets that are not active or for which all significant inputs are observable, either directly or indirectly.

Level 3 - Valuations based on inputs that are unobservable and significant to the overall fair value measurement.

The availability of valuation techniques and observable inputs can vary from security to security and is affected by a wide variety of factors, including the type of security, whether the security is new and not yet established in the marketplace, and other characteristics particular to the transaction. To the extent that valuation is based on models or inputs that are less observable or unobservable in the market, the determination of fair value requires more judgment. Those estimated values do not necessarily represent the amounts that may be ultimately realized due to the occurrence of future circumstances that cannot be reasonably determined. Because of the inherent uncertainty of valuation, those estimated values may be materially higher or lower than the values that would have been used had a ready market for the securities existed. Accordingly, the degree of judgment exercised by the Center in determining fair value is greatest for securities categorized in Level 3. In certain cases, the inputs used to measure fair value may fall into different levels of the fair value hierarchy. In such cases, for disclosure purposes, the level in the fair value hierarchy within which the fair value measurement falls in its entirety is determined by the lowest level input that is significant to the fair value measurement.

Fair value is a market-based measure considered from the perspective of a market participant rather than an entity-specific measure. Therefore, even when market assumptions are not readily available, the Center's own assumptions are set to reflect those that market participants would use in pricing the asset or liability at the measurement date. The Center uses prices and inputs that are current as of the measurement date, including during periods of market dislocation. In periods of market dislocation, the ability to observe prices and inputs may be reduced for many securities. This condition could cause a security to be reclassified to a lower level within the fair value hierarchy.

Valuation Techniques

Investments in equity securities, U.S. Government securities, corporate bonds, and mutual funds are valued at quoted market prices.

The Center's investments recorded at fair value have been categorized based upon a fair value hierarchy. The measurements of the fair values of the Center's investments in marketable securities are based on Level 1 inputs as of March 31, 2014 and 2013.

There were no assets classified as Level 2 or 3 at March 31, 2014 and 2013. Additionally, there were no assets transferred in or out of Level 2 or 3 classifications.

Note 4: Contributions Receivable and Conditional Promises Received

Contributions receivable, net of discount, at March 31, 2014 and 2013 are comprised of the following

	2014	2013
Unconditional promises expected to be collected in		
Less than one year	\$ 1,811,338	\$ 1,421,105
One to five years	<u>519,770</u>	<u>1,189,848</u>
	<u>\$ 2,331,108</u>	<u>\$ 2,610,953</u>

There was no allowance for unconditional pledges as of March 31, 2014 and 2013

Certain pledges receivable with due dates extending beyond one year are discounted using 5% as of March 31, 2014 and 2013

As of March 31, 2014 and 2013, the Center had also received conditional promises to give consisting primarily of bequests which, if received, would generally be restricted for specific purposes stipulated by the donors, including research, indigent care, or general operating support for a particular department of the Center. Conditional promises to give are not included in the accompanying consolidated financial statements

Note 5: Property and Equipment

A summary of property and equipment at March 31, 2014 and 2013, is as follows

	2014	2013
Land	\$ 16,810,106	\$ 16,810,106
Land improvements	1,162,269	1,160,444
Building	101,422,891	100,894,460
Building services equipment	50,839,070	50,257,267
Fixed equipment	2,660,530	2,629,300
Major movable equipment	<u>53,969,574</u>	<u>47,067,298</u>
	226,864,440	218,818,875
Less accumulated depreciation and amortization	<u>108,028,284</u>	<u>98,696,911</u>
	118,836,156	120,121,964
Construction in progress	<u>9,069,835</u>	<u>9,145,989</u>
	<u>\$ 127,905,991</u>	<u>\$ 129,267,953</u>

Construction in progress at March 31, 2014, is related to various Center facility and information technology projects. These projects have an estimated total remaining cost to complete of approximately \$4.7 million. Capitalized interest is not significant in either 2014 or 2013.

Depreciation and amortization expense for the years ended March 31, 2014 and 2013 amounted to \$9,389,704 and \$8,442,931, respectively.

Note 6: Long-Term Debt

Bonds Payable – Series 2009

Under a Trust Indenture, dated February 1, 2005, between Development Authority of Fulton County (Issuer) and a commercial bank (Trustee), Development Authority of Fulton County Revenue Bonds (Shepherd Center, Inc Project), Series 2005 (2005 Bonds) totaling \$56,000,000 were issued on April 19, 2005. The Issuer loaned the net proceeds of the sale of the Bonds to the Center, pursuant to a Loan Agreement, dated February 1, 2005 between the Issuer and the Center to enable the Center to finance the acquisition, construction and equipping of improvements to the Center.

Under a Trust Indenture, dated November 4, 2009, between Development Authority of Fulton County (Issuer) and a commercial bank (Trustee), Development Authority of Fulton County Refunding Revenue Bonds (Shepherd Center, Inc Project), Series 2009 (2009 Bonds) totaling \$56,000,000 were issued on November 4, 2009. The Issuer loaned the net proceeds of the sale of the 2009 Bonds to the Center, pursuant to a Loan Agreement, dated November 1, 2009, between the Issuer and the Center to enable the Center to use the proceeds of the sale of the 2009 Bonds for the purpose of refunding the 2005 Bonds.

Outstanding borrowings totaled \$51,200,000 and \$55,000,000 at March 31, 2014 and 2013, respectively.

The Bonds bear interest at a variable rate set not to exceed 12% per annum (0.05% at March 31, 2014) as determined by the remarketing agent (see below) and interest is paid weekly. The average interest rates during 2014 and 2013 were 0.08% and 0.16%, respectively. Interest expense, which included remarketing fees, letter of credit fees, and amortization of bond issuance costs, totaled \$613,045 and \$677,582 for 2014 and 2013, respectively.

The Bonds are redeemable at the option of the Center, in whole or in part, at various redemption prices on any interest payment date and have required escalating principal payments due annually beginning in December 2019 and maturing in December 2035. Fiscal year contractual maturities of the Bonds payable at March 31, 2014, are as follows:

Year Ending March 31,

2019	\$ 600,000
Thereafter	<u>50,600,000</u>
	<u>\$ 51,200,000</u>

In connection with the issuance of the 2009 Bonds, the Center obtained an irrevocable letter of credit in the initial amount of \$56,736,439 from a financial institution (Credit Provider). The letter of credit serves as a credit enhancement and as security for the bonds. The letter of credit, which is secured by the Center's revenues, was issued on November 4, 2009. The expiration date of the letter of credit is November 16, 2015. The balance at March 31, 2014 was \$51,873,315. For the years ended March 31, 2014 and 2013, the Center was subject to an annual fee of 0.95% of the letter of credit amount, payable semi-annually in advance.

In connection with the issuance of the 2009 Bonds and the irrevocable letter of credit, the Center also obtained an irrevocable standby letter of credit in the initial amount of \$56,736,439 from another financial institution (Confirming Bank). The standby letter of credit serves as an additional credit enhancement and as security for the 2009 Bonds. The standby letter of credit is issued in connection with the letter of credit agreement by and between the Center and the Credit Provider. The standby letter of credit has an annual fee of 0.05% and the same expiration date as the irrevocable letter of credit. The balance at March 31, 2014, was \$51,873,315.

In addition, the Center entered into a remarketing agent agreement with a financial institution. The remarketing agent determines the weekly variable interest rate and remarkets all Bonds redeemed at the option of the Bond holders for an annual fee of 0.08% of the weighted average daily principal amount of Bonds outstanding.

The Center is subject to certain financial and nonfinancial covenants under the various Bond loan agreements. At March 31, 2014, the Center was in compliance with these covenants.

Bonds Payable – Series 2010

Under a Trust Indenture, dated December 1, 2010, between Development Authority of Fulton County (Issuer) and a commercial bank (Trustee), Development Authority of Fulton County Revenue Bonds (Shepherd Center, Inc. Project), Series 2010 (2010 Bonds) totaling \$13,900,000 were issued on December 1, 2010. The Issuer loaned the net proceeds of the sale of the Bonds to the Center, pursuant to a Loan Agreement, dated December 1, 2010 between the Issuer and the Center.

Outstanding borrowings totaled \$2,300,000 and \$10,400,000 at March 31, 2014 and 2013, respectively.

The Bonds bear interest based on London Interbank Offered Rate (LIBOR) plus an applicable spread as defined (1.19% at March 31, 2014) and interest is paid monthly. The average interest rate during 2014 and 2013 was 1.19%. Interest expense, which included an annual administration fee and the amortization of bond issuance costs, totaled \$72,971 and \$138,452 for 2014 and 2013, respectively.

The Bonds are redeemable at the option of the Center, in whole or in part, at various redemption prices on any interest payment date. The bonds mature in September 2018 at which time the balance of \$2,300,000 is due.

The Center is subject to certain financial and nonfinancial covenants under the various Bond loan agreements. At March 31, 2014, the Center was in compliance with these covenants.

Note 7: Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are restricted for the following purposes at March 31, 2014 and 2013

	2014	2013
Temporarily Restricted		
Jesse Crawford Research Fund	\$ 3,574,993	\$ 3,210,534
Other Miscellaneous Funds	2,806,170	1,533,387
Transition Support	2,459,267	-
Charitable Gift Annuity Program	1,924,058	1,304,558
Share Initiative	1,073,002	639,844
SCI Research Program	908,108	1,083,451
Shepherd Center Fund	853,827	-
MS Rehab and Wellness Fund	722,112	1,006,608
Capital Projects and Maintenance	445,644	668,670
Housing/Transportation Fund	206,332	187,237
Beyond Therapy Tennessee Scholarship Fund	134,876	183,599
Prevention Fund	107,786	180,280
Therapeutic Recreation Fund	69,739	126,527
Assistive Technology Fund	46,539	106,045
Jesse Crawford Research Mentoring Fund	-	54,753
	<u>15,332,453</u>	<u>10,285,493</u>
Temporarily Restricted - Endowments		
Charity Care	\$ 4,173,577	\$ 3,181,434
Patient Equipment	2,860,450	2,005,564
Recreation Therapy	1,922,377	1,124,538
Anniversary Fund	1,951,869	1,111,342
Professional Development	1,080,617	700,534
Assistive Technology	1,073,884	666,067
Research	805,082	518,252
MS Research	785,653	501,911
Capital Projects and Maintenance	766,926	480,360
Other Miscellaneous Funds	702,253	462,977
Housing/Transportation	647,462	386,581
Vocational Services	444,507	275,445
Noble Learning Resource Center	395,166	242,576
Injury Prevention Program	269,388	182,520
Advocacy	165,765	101,605
Wishing Wall	70,560	50,970
	<u>18,115,536</u>	<u>11,992,676</u>
	<u>\$ 33,447,989</u>	<u>\$ 22,278,169</u>

During 2014 and 2013, net assets were released from donor restrictions by incurring expenses, purchasing equipment or completing other capital projects satisfying the restricted purposes in the amounts of \$5,538,898 and \$8,322,772, respectively. The releases generally related to the purposes listed above.

Permanently restricted net assets are restricted for the following purposes at March 31, 2014 and 2013:

	2014	2013
Charity Care	\$ 7,732,432	\$ 7,567,794
Recreation Therapy	6,441,605	6,312,010
Anniversary Fund	5,225,280	5,175,253
Patient Equipment	4,650,721	4,650,721
Assistive Technology	3,266,587	3,271,587
Housing/Transportation	2,509,849	2,489,424
Research	2,279,940	2,357,000
Professional Development	2,160,517	2,160,417
MS Research	1,960,111	1,960,111
Capital Projects and Maintenance	1,674,084	1,674,084
Other Miscellaneous Funds	1,478,284	1,461,909
Vocational Services	1,350,957	1,345,957
Noble Learning Resource Center	1,218,704	1,218,704
Injury Prevention Program	685,006	685,006
Advocacy	512,509	512,509
Wishing Wall	106,016	106,016
	<u>\$ 43,252,602</u>	<u>\$ 42,948,502</u>

Changes in endowment net assets for the fiscal year ended March 31, 2014, are as follows:

	Unrestricted Net Assets	Temporarily Restricted Net Assets	Permanently Restricted Net Assets	Total
Beginning of the year	\$ -	\$ 11,992,676	\$ 42,948,502	\$ 54,941,178
Contributions	-	-	304,100	304,100
Investment income	-	2,141,610	-	2,141,610
Unrealized gains	-	5,074,337	-	5,074,337
Expenditures	-	(1,093,087)	-	(1,093,087)
End of the year	<u>\$ -</u>	<u>\$ 18,115,536</u>	<u>\$ 43,252,602</u>	<u>\$ 61,368,138</u>

Changes in endowment net assets for the fiscal year ended March 31, 2013, are as follows

	Unrestricted Net Assets	Temporarily Restricted Net Assets	Permanently Restricted Net Assets	Total
Beginning of the year	\$ -	\$ 8,507,382	\$ 42,846,882	\$ 51,354,264
Contributions	-	-	101,620	101,620
Investment income	-	1,902,391	-	1,902,391
Unrealized gains	-	2,495,468	-	2,495,468
Expenditures	-	(912,565)	-	(912,565)
End of the year	<u>\$ -</u>	<u>\$ 11,992,676</u>	<u>\$ 42,948,502</u>	<u>\$ 54,941,178</u>

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the level of the donor's original gift. In accordance with GAAP, deficiencies of this nature are reported as unrestricted net assets.

Note 8: Net Patient Service Revenue

The Center has agreements with third-party payors that provide for payments to the Center at amounts different from its established rates. A summary of the payment arrangements with major third-party payors follows:

Services rendered to Medicare program beneficiaries are paid based on prospectively determined rates. These rates vary according to a patient classification system that is based on clinical, diagnostic and other factors.

Final settlements have not been reached for bad debt expense with Medicare for fiscal year 2014. Upon ultimate settlement, management expects that the amounts payable or receivable for the unsettled years will approximate the amounts included in the accompanying consolidated statements of financial position. Any adjustments to amounts previously recorded, based on final settlements, are recorded in the period of final settlement.

Medicaid inpatient services are paid on a prospective payment system. Outpatient services rendered to Medicaid program beneficiaries are reimbursed under a cost reimbursement methodology. The Center is reimbursed at a tentative rate with final settlement determined after submission of annual cost reports by the Center and audits thereof by the Medicaid fiscal intermediary.

Patients identified as low-income and that have not been approved for Medicaid benefits are classified as "Medicaid Pending." The Center assists the patients in obtaining these benefits from the Georgia Department of Medical Assistance. Approximately 5 percent and 4 percent of the Center's gross patient revenue was derived from Medicaid Pending patients in 2014 and 2013, respectively.

Final settlements have not been reached with Medicaid for fiscal years 2010, 2011, 2012, 2013 and 2014. Upon ultimate settlement, management expects that the amounts payable or receivable for the unsettled years will approximate the amounts included in the accompanying consolidated statements of financial position. Any adjustments to amounts previously recorded, based on final settlements, are recorded in the period of final settlement.

Revenue from the Medicare and Medicaid programs account for approximately 17 percent and 11 percent, respectively, of the Center's gross patient revenue for fiscal 2014, and approximately 13 percent and 10 percent from the Medicare and Medicaid programs, respectively, of the Center's gross patient revenue for fiscal 2013. Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term.

The Center also has entered into payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations. The basis for payment to the Center under these agreements includes prospectively determined rates per discharge, discounts from established charges, and prospectively determined daily rates. With respect to reserves for these agreements, the Center typically reserves a percentage of relevant revenues. The Center has historically provided such reserves in recognition of the complexity of relevant reimbursement regulations, the volatility of related settlement processes, and an increasingly provocative healthcare regulatory environment and believes that such policy provides the Center's routine exposures in this area consistent with industry-specific accounting principles and practices. In any event, the Center's estimates in this area may differ from actual experience, and those differences may be material.

Note 9: Functional Expenses

The costs of providing the various programs and other activities have been summarized on a functional basis in the accompanying consolidated statements of operations. Accordingly, certain costs have been allocated among the programs and supporting services benefited. Expenses related to providing these services are as follows:

	2014	2013
Health care services	\$ 108,988,753	\$ 100,796,962
Administrative services	28,112,978	25,627,279
Facilities and other expenses	20,395,334	18,239,062
Research	3,848,332	3,800,650
Fundraising	<u>2,256,949</u>	<u>2,208,248</u>
	<u>\$ 163,602,346</u>	<u>\$ 150,672,201</u>

Note 10: Charity Care

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 cost of those services and supplies. The following information measures the Center's charity care provided during the years ended March 31, 2014 and 2013.

	2014	2013
Charges foregone, based on established rates	<u>\$ 8,752,406</u>	<u>\$ 9,057,392</u>
Estimated costs and expenses incurred to provide charity care	<u>\$ 3,198,195</u>	<u>\$ 3,723,058</u>

The Center determined estimated costs and expenses incurred to provide charity care by applying charity care Medicare and Medicaid ratio of costs to charges percentages to charges foregone related to inpatients, and day patients and outpatients, respectively.

In addition to charity care, the Center provides many other services not typically paid for by insurance or government payors. During the year ended March 31, 2014 and 2013, the Center incurred \$7,901,229 and \$7,949,411, respectively, in expenses supporting programs including, but not limited to, therapeutic recreation, patient equipment, assistive technology, housing, vocational services, research, the Marcus Community Bridge Program, the Noble Learning Resource Center, professional development, injury prevention and advocacy.

Note 11: Benefit Plan

The Center provides a defined contribution plan for substantially all employees. The amount of employer contribution is determined by the Board of Directors annually. Employees are one hundred percent vested in employer contributions after three full years of service. Amounts charged to expense for the plan were \$2,157,430 and \$1,881,056 in 2014 and 2013, respectively.

Note 12: Commitments and Contingencies

Industry

The health care industry is subject to laws and regulations of federal, state and local governments. These laws and regulations include, but are not necessarily limited to, matters such as licensure, accreditation, government health care program participation requirements, reimbursement for patient services, and Medicare and Medicaid fraud and abuse. Over the past several years, government activity has increased with respect to investigations and allegations concerning possible violations of fraud and abuse statutes and regulations by health care providers. Violations of these laws and regulations could result in expulsion from government health care programs together with the imposition of significant fines and penalties, as well as significant repayments for patient services previously billed. Management believes that the Center is in compliance with fraud and abuse statutes as well as other applicable government laws and regulations. The Center has established an Ethics in Business program in order to help ensure compliance with applicable laws and regulations.

Operating Leases

The Center leases various equipment and facilities under noncancelable lease agreements expiring at various dates through May 2019. Total rental expense in 2014 and 2013 was \$1,053,141 and \$1,112,176, respectively. Management expects that in the normal course of business, leases that expire will be renewed or replaced by other leases.

Future minimum rental payments under all noncancelable operating leases were as follows as of March 31, 2014:

Year Ending March 31,

2015	\$ 567,559
2016	485,355
2017	413,530
2018	394,620
2019	14,040
Thereafter	<u>2,340</u>
	<u>\$ 1,877,444</u>

Total rent expense includes month-to-month rental expense as well as contingent rental expense of approximately \$330,000 and \$340,000 for 2014 and 2013, respectively.

Litigation

The Center, at times, is involved in litigation arising in the ordinary course of business. After consultation with legal counsel, management estimates that these matters will be resolved without material adverse effect on the Center's financial position, change in net assets or cash flows.

Note 13: Concentrations of Credit Risk

The Center grants credit without collateral to its patients, most of whom participate under third-party payor agreements (see Note 8). The mix of receivables from patients and third-party payors at March 31, 2014 and 2013, was as follows:

	2014	2013
Medicare	19%	16%
Medicaid	13%	10%
Pending Medicaid benefits	8%	5%
Other third-party payors	58%	67%
Patients	<u>2%</u>	<u>2%</u>
	<u>100%</u>	<u>100%</u>

At March 31, 2014 and 2013, the Center has cash and cash equivalent balances in major financial institutions which exceed federal depository insurance limits. Management believes that credit risk related to these deposits is minimal.

Investment securities are exposed to various risks such as interest rate, market and credit. Market values of securities fluctuate based on the magnitude of changing market conditions; significant changes in market conditions could materially affect portfolio value in the near term.

Note 14: Related Party Transactions

Shepherd Center Auxiliary (the Auxiliary) is a non-profit organization that sponsors several events which raise contributions on behalf of the Center for various purposes. The Auxiliary raised \$171,100 and \$175,025 in 2014 and 2013, respectively. In 2014 and 2013, the effect of these contributions was to increase temporarily restricted assets by \$171,100 and \$175,025, respectively.

Note 15: Gift Annuities

The Center enters into agreements with donors in which the donors contribute Annuity Gifts to the Center in exchange for an annuity to be paid to the donor or their designee for a specified period of time. The assets received for an annuity are recorded at fair value at the date of the gift. The liability associated with Annuity Gifts is recorded at present value based on Internal Revenue Service mortality tables and prevailing interest rates. The difference constitutes an increase to temporarily restricted net assets. At March 31, 2014 and 2013, the liability associated with received Annuity Gifts was estimated to be \$6,319,388 and \$6,446,695, respectively, and is shown as annuities payable in the accompanying consolidated financial statements.

Note 16: Subsequent Events

The Center has evaluated for subsequent events between the balance sheet date of March 31, 2014, and the report date, the date the financial statements were available for issuance. The Center has concluded there were no recognized subsequent events or unrecognized subsequent events requiring disclosure.

* * * * *

Supplemental Information

Shepherd Center, Inc. and Subsidiaries
(A Not-For-Profit Organization)

Schedule of Expenditures of Federal Awards
For the Year Ended March 31, 2014

Federal Grantor/Pass-through Grantor/Program Title	Federal CFDA Number	Federal Expenditures
U.S. Department of Education		
Direct Programs		
National Institute on Disability and Rehabilitation Research Spinal Cord Injury Model Demonstrations, Award No H133N110005	84 133N	\$ 473,938
National Institute on Disability and Rehabilitation Research TBI Safe at Home, Award No H133G130149	84 133G	21,606
Total Direct Programs		<u>\$ 495,544</u>
Pass-through Programs from		
<i>Georgia Institute of Technology</i>		
National Institute on Disability and Rehabilitation Research Rehabilitation Engineering Research Center on Mobile Wireless Technologies for Persons with Disabilities Pass-through #H133E0110002, Sub-Award No RC307-G1	84 133E	\$ 434,327
National Institute on Disability and Rehabilitation Research Rehabilitation Engineering Research on Wheeled Mobility Pass-through #H133E080003, Sub-Award No T6904-G3	84 133E	473
<i>Medical University of South Carolina</i>		
National Institute on Disability and Rehabilitation Research Rehabilitation and Research Training Center on Secondary Conditions in Individuals with Spinal Cord Injuries Pass-through #H133B090005-11, Sub-Award No MUSC09-137	84 133B	32,624
<i>The Ohio State University Research Foundation</i>		
National Institute on Disability and Rehabilitation Research Individual Planning after Traumatic Brain Injury Pass-through #H133A080023, Sub-Award No 60016791	84 133A	71,557
Total Pass-through Programs		<u>\$ 538,981</u>
<i>Total U.S. Department of Education</i>		<u>\$ 1,034,525</u>
National Institutes of Health (NIH)		
Pass-through Programs from		
<i>University of Georgia</i>		
NIH/Muscle Plasticity, Fitness, and Health after Spinal Cord Injury Pass-through #2 R01 HD039676-06A2, Sub-Award No RR234-212/3840828	93 865	\$ 88,868
<i>Total National Institutes of Health</i>		<u>\$ 88,868</u>

Shepherd Center, Inc. and Subsidiaries
(A Not-For-Profit Organization)

Schedule of Expenditures of Federal Awards
For the Year Ended March 31, 2014 - Continued

Federal Grantor/Pass-through Grantor/Program Title	Federal CFDA Number	Federal Expenditures
Department of Defense (DOD)		
Pass-through Program from <i>University of Maryland</i>		
A Comparison of Robotic Body Weight Supported Locomotor Training & Aquatic Therapy in Chronic Motor Incomplete Spinal Cord Injuries, Pass-through #W81XWH-10-01-0981, Sub-Award No. SR00001541	12-420	\$ 93,163
<i>University of Miami</i>		
Obesity/Overweight in Persons with Early & Chronic Spinal Cord Injuries: A Randomized Multi-center Controlled Lifestyle Intervention Award No. IW81 XWH-10-1-1044, Sub-Award No. SC090095	12-420	265,589
<i>Total Department of Defense</i>		<u>\$ 358,752</u>
Social Security Administration (SSA)		
Direct Program Benefits Planning, Assistance and Outreach Program for Disabled Georgians, Award No. 1 C76HF19681-01-00	96-008	\$ 171,420
<i>Total Social Security Administration</i>		<u>\$ 171,420</u>
National Institute of Child Health and Human Development		
Pass-through Program from <i>Vanderbilt University</i>		
I-Step Long-leg Orthosis Award No. ROI HD059832, Sub-Award No. VU-D5R 20247-51	93-865	\$ 90,000
<i>Total National Institute of Child Health and Human Development</i>		<u>\$ 90,000</u>
Centers for Disease Control (CDC)		
Pass-through Program from <i>Christopher Reeve Foundation & University of Louisville</i>		
Neuro Recovery Network Grant Award No. UC10-CCU220379	93-184	\$ 43,615
<i>Total for Centers for Disease Control</i>		<u>\$ 43,615</u>
<i>Total Expenditures of Federal Awards</i>		<u>\$ 1,787,180</u>

See independent auditor's report and accompanying notes to consolidated financial statements

Shepherd Center, Inc. and Subsidiaries
(A Not-for-Profit Organization)

Notes to Schedule of Expenditures of Federal Awards
For the Year Ended March 31, 2014

Note A: Basis of Presentation

The accompanying schedule of expenditures of federal awards includes the federal grant activity of Shepherd Center, Inc. and Subsidiaries (the Center) and is presented on the accrual basis of accounting. The information in this schedule is presented in accordance with the requirements of OMB Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*. Some amounts presented in this schedule may differ from amounts presented in, or used in the preparation of, the consolidated financial statements.

Note B: Federal Pass-through Funds

The Center is the subrecipient of federal funds, which have been subject to testing and are reported as expenditures and listed as federal pass-through funds in the accompanying schedule. Federal awards other than these are considered direct.

See independent auditor's report and accompanying notes to consolidated financial statements.



Independent Auditor's Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with *Government Auditing Standards*

To the Board of Directors of
Shepherd Center, Inc

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the consolidated financial statements of Shepherd Center, Inc. and Subsidiaries (the Center) (a not-for-profit organization), which comprise the statement of financial position as of March 31, 2014, and the related statements of operations and changes in net assets, and cash flows for the year then ended, and related notes to the consolidated financial statements, which collectively comprise the Center's consolidated financial statements, and have issued our report thereon dated July 21, 2014.

Internal Control Over Financial Reporting

In planning and performing our audit of the consolidated financial statements, we considered the Center's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the consolidated financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Center's internal control. Accordingly, we do not express an opinion on the effectiveness of the Center's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.



Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Center's consolidated financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Center's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Center's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Bennett Thasher LLP

July 21, 2014



Independent Auditor's Report on Compliance for Each Major Federal Program and on Internal Control Over Compliance Required by OMB Circular A-133

To the Board of Directors of
Shepherd Center, Inc

Report on Compliance for Each Major Federal Program

We have audited Shepherd Center, Inc and Subsidiaries' (the Center) (a not-for-profit organization) compliance with the types of compliance requirements described in the *OMB Circular A-133 Compliance Supplement* that could have a direct and material effect on the Center's major federal program for the year ended March 31, 2014. The Center's major federal program is identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

Management's Responsibility

Management is responsible for compliance with the requirements of laws, regulations, contracts, and grants applicable to its federal programs.

Auditor's Responsibility

Our responsibility is to express an opinion on compliance for the Center's major federal program based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America, the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States, and OMB Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*. Those standards and OMB Circular A-133 require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about the Center's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for its major federal program. However, our audit does not provide a legal determination of the Center's compliance.

Opinion on Each Major Federal Program

In our opinion, the Center complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on its major federal program for the year ended March 31, 2014.



Report on Internal Control Over Compliance

Management of the Center is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit, we considered the Center's internal control over compliance with the types of requirements that could have a direct and material effect on its major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for its major federal program and to test and report on internal control over compliance in accordance with OMB Circular A-133, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of the Center's internal control over compliance.

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. *A material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. *A significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of OMB Circular A-133. Accordingly, this report is not suitable for any other purpose.

Bennett Thasher LLP

July 21, 2014

Shepherd Center, Inc. and Subsidiaries
(A Not-for-Profit Organization)

Schedule of Findings and Questioned Costs
For the Year Ended March 31, 2014

Section I – Summary of Auditor’s Results

Financial Statements

Type of auditor’s report issued Unqualified

Internal control over financial reporting

Material weaknesses identified? No

Significant deficiencies identified? None reported

Noncompliance material to financial statements noted? No

Federal Awards

Internal control over major programs

Material weaknesses identified? No

Significant deficiencies identified? None reported

Type of auditor’s report issued on compliance for all major programs Unqualified

Any audit findings disclosed that are required to be reported in accordance with section 510(a) of OMB Circular A-133? No

Identification of major program

<u>CFDA Number</u>	<u>Name of Federal Program</u>
84 133N	National Institute on Disability and Rehabilitation Research Spinal Cord Injury Model Demonstrations, Award No H133N110005
96 008	Social Security Administration Benefits Planning, Assistance and Outreach Program for Disabled Georgians. Award No 1 C76HF19681-01-00

Dollar threshold used to distinguish between type A and type B programs \$300,000

Auditee qualified as low-risk auditee? Yes

Section II – Financial Statement Findings

No matters were reported

Section III – Federal Award Findings and Questioned Costs

No matters were reported

Shepherd Center, Inc. and Subsidiaries
(A Not-for-Profit Organization)

Schedule of Prior Audit Findings
For the Year Ended March 31, 2014

Findings from the year ended March 31, 2013

None